Present:

Committee Members

Regular:
Wendy Macy – Personnel Department
Cheryl Parisi – AFSCME, Council 36
Tony Royster – General Services Department
David Sanders – SEIU Local 721
Richard Llewellyn – City Administrative Office
Matthew Rudnick – Recreation and Parks

Alternates:
Ramon Rubalcava – SEIU Local 721
Norma Gutierrez – Fire Department
Marleen Fonseca – Engineers and Architects Association
Paul Bechely – Laborers’ Local 777
Chris Hannan – Building & Construction Trades Council

Personnel Department Staff
Jody Yoxsimer – Assistant General Manager
Steven Montagna – Chief Personnel Analyst
Jenny Yau – Senior Management Analyst II
Paul Makowski – Senior Personnel Analyst I
Daisy Tam – Personnel Analyst II
Russell Escueta – Management Assistant
Ted Vasquez – Management Assistant

Office of the City Attorney
Curtis Kidder – Assistant City Attorney

The Segal Group
Stephen Murphy

Keenan Associates
Steven Balentine
Laurie LoFranco
1. Call to Order

Cheryl Parisi called the meeting to order at 2:05 p.m.

2. Public Comments

There were no public comments.

3. Committee Report 17-26: 2017 LAwell Civilian Benefits Program Annual Service Provider Rate Renewals, Contracts, and Plan Design Changes for Plan Year 2018

Steven Montagna introduced this report. He noted that the report included recommendations for adoption of the renewals and plan design changes for the 2018 plan year.

Steve Murphy from Segal Consulting (Segal) next presented the 2018 Health Plan Rate Renewals analysis. Starting with Kaiser, he noted that the total cost per member per month (PMPM) had increased 3.3%, but was performing better than Kaiser’s overall book of business. He stated that pharmacy scripts were flat at 5.6% per member per year. He further stated that inpatient admissions per 1,000 members were down 15%, but the average length of stay increased 11% due to a higher number of severe cases. Mr. Murphy also stated that large claims increased from five in 2015 to eight in 2016 and there was one catastrophic case in which the claimant incurred almost $2.6 million in expenses.

Mr. Murphy then discussed the elements that comprise the 2018 rate renewal proposed by Kaiser. He stated that the 1.9% premium rate increase was the result of the following primary factors: 1) Affordable Care Act (ACA) fees that were suspended in 2017, 2) a required increase to the non-preventive service pediatric co-pays to comply with the ACA’s non-discrimination provisions with respect to age, and 3) Kaiser’s commitment to providing $1 million in annual discretionary funds for the City’s Wellness Program. He then discussed several factors relating to the renewal calculations, the first being claims trend. He noted that most of the renewal is based on projections made using past claims experience and that Kaiser’s claims trend tends to be lower than the national average due to their integrated model and different approach to managing care. With respect to margin, he stated that because the City has a large population, there is no margin in Kaiser’s renewal. He also stated that because Kaiser is designated as a tax exempt non-profit insurer, their unique formula for calculating the insurer fee results in a lower fee compared to other health insurance carriers such as Aetna or Anthem. In terms of retention rates, He stated that Kaiser’s overall retention expenses increased from 5% to 5.6%.

Mr. Montagna next discussed the term of the Kaiser contract. He stated that during the healthcare Request for Proposals (RFP) vendor selection in 2016, the Committee had expressed some concerns that Kaiser had not included within its proposal the
same level of wellness funding and on-site member advocate resources offered by
the non-staff model RFP respondents. He explained that in subsequent weeks
following the JLMBC meeting, the City negotiated with Kaiser to increase its wellness
funding for this calendar year from $250,000 to $350,000 and to provide an on-site
advocate resource at City Hall. He stated that in 2018, Kaiser will be providing $1
million of wellness funding and continuing with this amount ongoing. As a result of
Kaiser’s ongoing cooperation in addressing the City’s needs, he stated that staff
recommended that Kaiser’s contract term be extended to three years through 2019
to be on par with Anthem’s contract term. He added that the JLMBC will have to
decide next year whether to extend these contracts for two additional years given
that the City has the ability to enter into 5-year contract terms for all of its benefit
service providers.

David Sanders asked how the $1 million discretionary wellness funding is expended
and if the remaining funds will rollover to the next year. Mr. Montagna replied that the
funds are given to the City through a check and deposited to a wellness sub-account
within the Employee Benefits Trust Fund. He stated that this allows for tracking
wellness income and expenses over time. He added that a budget had been
presented to the JLMBC at the beginning of the year that outlined expenses for the
Wellness Program in calendar year 2017. He mentioned that the funds received from
Blue Shield were deposited into the account and any unused wellness funds will
continue to roll forward to the extent that they are unused.

Mr. Montagna next discussed the Anthem rate renewals. He stated that at the May
23rd meeting, the JLMBC had considerable discussion regarding Anthem’s renewal
proposal and had requested further analysis regarding the renewal. He stated that
the Anthem rate cap places a ceiling on the overall renewal and results in savings of
approximately $11.5 million next year. He explained that the City explored with
Anthem the prospect of removing the rate cap from the proposal and reallocating the
premium increases among the various Anthem plans, with the PPO plan ultimately
absorbing a much larger increase, but found that this approach would place too high
a burden on PPO members.

Mr. Murphy continued by presenting the Blue Shield claims experience. He stated
that the HMO plan had a 2.1% increase in paid claims PMPM and the PPO plan saw
a significant increase at 25.7%. He stated that Anthem uses a $300,000 catastrophic
pooling level and that City claims in the PPO plan that exceeded the pooling level
increased from five claims in 2016 to 18 in 2017. He reiterated that the rate cap is an
aggregate increase for all plans at 9% and the ACA fees are in addition to the 9%
since they were suspended for 2016. He discussed different illustrations of the
impact of the rate cap and noted that Segal and Anthem looked at Blue Shield’s
claim experience with a series of rate development premium factors to determine
their renewal projections. He stated that Segal’s total projected increase for all plans
was a little below 15%, and Anthem, without the benefit of the rate cap, projected a
21% increase. He stated that with the rate cap, the total rate increase is around
12.4%. He further stated Anthem was absorbing the additional cost over the course of this year, and moving forward the rate will become linked to the City’s experience.

Mr. Murphy stated that the negotiated rate cap provided rate stability during the transition from Blue Shield to Anthem. He further stated it is important to find the right balance between ensuring the financial stability of the PPO plan without unnecessarily burdening those enrolled in the HMO plan when working within the framework of the rate cap.

Mr. Murphy next discussed the comparison between Segal’s projections and Anthem’s projections without a rate cap. He stated that Segal projected a rate increase of 4% for the Vivity plan while Anthem projected 8.5%. He added that there were some differences in approach between Segal and Anthem with one factor being capitation, which is how much Anthem prepays providers to provide care and coverage to subscribers. He further explained that from a Segal projection, 4% for Vivity and 8% for the Full and Narrow networks are a variance from Anthem’s projection of 8% and 14%, respectively. He also discussed the projections for the PPO plan and stated that the distribution of enrollment for the City is unique in that approximately 60% of PPO enrollees are in employee only coverage. He stated that Segal concurred with staff’s recommendation to learn more about what drives enrollment in the PPO plan and to utilize Anthem’s tactics to reduce claims costs.

Mr. Murphy recapped the initial Anthem rate renewal presented to the City. He explained that aggregate premiums on page 16 of the Segal presentation represent a combination of City and participant costs. He stated that the City is covering approximately 90% of the premium costs. He stated that because the Kaiser family rate increase was only 1.9%, there was less City subsidy to absorb the increase for the member. He next provided an analysis on the impact of the premium rate increases by LAwell group and level of coverage. He stated that staff’s and Segal’s recommendation was to adopt Anthem’s initial renewal offer and discussed strategies for managing PPO claims costs including implementing Anthem’s Health Guide in 2018 at no cost to the City, monitoring large claims trends, assessing participation levels in Anthem’s chronic condition management programs, and evaluating potential plan design changes.

Matthew Rudnick asked if the PPO rate increase is primarily driven by claims experience. Mr. Murphy replied that the claims experience drives the rate considerably and in 2016 there were 18 high cost claimants compared to five in 2015. He added that if the member population declines, there are fewer people to spread the risk over. Mr. Rudnick asked how much the population is declining. Mr. Montagna responded that there was a small movement of PPO members to Vivity but overall the PPO member population had historically been relatively stable. Mr. Rudnick asked why a disproportionate number of employees who are enrolled in employee only coverage would affect the rate increase significantly. Mr. Murphy opined that it’s possible the population that is electing employee only coverage is more mature and have additional healthcare needs. He also added that the families
electing PPO coverage could have children attending schools out-of-state, leaving them with PPO as the only option since HMO is not sufficient for their situation.

Ramon Rubalcava stated that he agrees with Mr. Murphy’s recommendation that the only way to improve the rate renewals is to improve the health of the population. He further stated that a more aggressive approach to managing care and the Anthem Health Guide are needed to improve the general health of the population. He then asked for clarification on Segal’s rate projections. Mr. Murphy explained that Segal’s projection was based on rate development factors outlined on pages 23 to 24 of the report and took into consideration the effect of the rate cap. Mr. Rubalcava asked what will happen to the rates next year when there is no rate cap. Mr. Murphy replied that there will still be a rate cap but the formula for calculating the premium will be different. He added that the premium rate for next year would be based on actual City experience with Anthem. Mr. Rubalcava stated it is important for Anthem to communicate and work with members to manage and improve their overall health.

Mr. Rubalcava then asked if this is the first year the City has experienced subsidization of the PPO plan by the other HMO plans. Mr. Montagna replied that he did not believe cross-plan subsidization in some form was uncommon. Mr. Rubalcava stated that PPO members would face large increases and that more discussion should be held to address rising costs. Mr. Montagna indicated he agreed, but noted that PPO rate changes have historically been volatile. He added that the City should be prepared for the next plan year in the event that the PPO claim numbers are not favorable.

Cheryl Parisi asked what the rate would be for the HMO plans if only the HMO numbers were considered. Mr. Murphy shared information from Segal’s report indicating what the HMO increases would be if unbundled from the PPO plan under various scenarios.

Ms. Parisi asked why Anthem considers a large cost claimant at $300,000 when Kaiser sets the bar at $650,000. Mr. Murphy replied that the $650,000 threshold has been in place for a number of years based on the number of covered members in Kaiser’s plan. Ms. Parisi asked for clarification on how Anthem’s lower large cost claimant threshold contributes to a higher rate renewal. Mr. Murphy answered by providing an example that instead of Anthem quoting $1,000,000 dollars toward the City’s renewal, only $300,000 is applied. Mr. Murphy further added that as a result, more members are added into the high risk pool.

Ms. Parisi next asked what would happen to the ACA taxes charged by Anthem and Kaiser if Washington D.C. repeals the ACA. Mr. Murphy replied that repeal of the ACA could potentially cause a large number of individuals to become uninsured. He added that it is too early to project what will happen and the current renewals will reflect some of that legislation in terms of premiums, taxes, etc. Mr. Montagna added that if the ACA was repealed and there was some value to come back to the plan, it would presumably be reflected in the subsequent renewal.
David Sanders asked if the rate renewals needed to be decided in June. Mr. Montagna replied that the plan needs to be adopted in July in order for the Third Party Administrator to program the rate changes and for the payroll system to implement the new rates timely. He further added that decisions need to be made in July to communicate any changes in the upcoming Open Enrollment materials. Ms. Parisi expressed concern that the rate increases could potentially cause a mass migration out of the PPO plan. Richard Llewellyn asked how the City’s PPO rate increase compares to LA County and other employers. Mr. Murphy replied that the national trend is between 9-12% for PPO plans. Ms Parisi stated that the rate increases are troubling because it has always been the City’s policy to maintain a PPO option for its employees. She added that it will be increasingly difficult to maintain the PPO option if rates continue to increase. Mr. Montagna noted that volatility in PPO premiums is not new, including a 20% rate increase occurring in one of the renewals within the last ten years. He added that until more communication and outreach with the population is conducted, it is not known how these increases may impact enrollment.

Ms. Parisi stated that she agrees but that she does not want to be facing the same situation a year from now, with a recommendation to drop the PPO plan because it is unaffordable. Mr. Llewellyn added that he understands Ms. Parisi’s concern and knows that the Committee wants to continue to provide a PPO option. Mr. Murphy replied that the Anthem Health Guide is a tool that can be utilized to assist members in managing their conditions by linking them to the right resources. Ms. Parisi asked if there is a point-of-service option feature in the PPO plan to keep costs down. Mr. Murphy replied that 95% of claims are taking place in-network. He continued that Segal will validate that information when they receive reports from Anthem on the City’s claims data. Wendy Macy mentioned that the plan A, B, and C options have a higher proposed rate increase in the PPO plan than the HMO. She then stated that if a majority of the 2,500 PPO members have employee only coverage, then a large portion of the employees would not be impacted. Mr. Murphy confirmed and added that 60% of the PPO plan members have employee only coverage.

Andrew Richards from Anthem appeared before the Committee to answer questions. He began by stating that Anthem’s rate renewals were based solely on Blue Shield’s data. He mentioned that he and Dr. Pryor, who presented before the Committee a few months ago, discussed prevalent conditions that were surprising to them relative to what Anthem considers its benchmark. He stated that based on trend analysis, they are seeing a high prevalence of cancer in the City’s population. He continued that in terms of the financial proposal, he has the same concerns as the Committee in terms of managing care and claims costs. He explained several ways that Anthem could assist high cost claimants such as managing care gaps through a referral to a clinical coach and/or enrollment in a condition management program. He further added that Anthem’s case management tools will enable them to identify and reach out to a member if they anticipate they will have high cost claims.
Ms. Parisi asked when Anthem will be ready to come back to the Committee with a
deep analysis of the nature of claims in the PPO plan. Mr. Richards replied that
Anthem conducts an annual clinical review and another one will be conducted once
Anthem has its own claims data. He added there are some chronic conditions that
are not yet considered to be on the high end of the claims spectrum. He continued
that Anthem’s approach is to treat a PPO plan more like an HMO plan. He added
that it changes the compensation model by pre-paying primary care physicians and
care teams similar to a capitation, in order to give physicians an incentive to keep
members healthy. Ms. Parisi asked when the Committee could expect to hear a
report back regarding the surveys and forensics about the PPO population. Mr.
Montagna responded that the survey can begin to be worked on now.

Following this discussion, a motion was made by Richard Llewellyn and seconded
by Ramon Rubalcava for Part A, items 1-6, that the Joint-Labor Management
Benefits Committee (JLMBC) recommend to the General Manager Personnel
Department approval of annual service provider rate renewals for the following
LAwell Civilian Benefits Program service providers; the Committee adopted the
motion with Marleen Fonseca opposed:

(1) Kaiser Permanente for a 1.9% premium rate increase for Plan Year 2018
    for the LAwell Civilian Benefits Program Staff Model Health Maintenance
    Organization (HMO).
(2) Anthem Blue Cross for premium rate increase for Plan Year 2018 for the
    LAwell Civilian Benefits Program Preferred Provider Option (PPO)
    (12.7%), Full Network HMO (12.7%), Narrow Network HMO (12.7%), and
    Vivity HMO (8.5%) plans.
(3) Delta Dental for a 0% premium rate change renewal for Plan Year 2018.
(4) Managed Health Network for a 0% premium rate change renewal for Plan
    Year 2018.
(5) WageWorks for a 0% premium rate change renewal for Plan Year 2018.
(6) EyeMed for a 0% premium rate change renewal for Plan Year 2018.

B. Kaiser Permanente Contract Term – A motion was made by Paul Bechely
   and seconded by Richard Llewellyn that the JLMBC recommend to the
   General Manager Personnel Department that the contract term length for
   Kaiser Permanente to provide the LAwell Civilian Benefits Program Staff
   Model HMO plan be extended to three years (January 1, 2017 through
   December 31, 2019); the Committee unanimously adopted this motion.

C. Plan Design Changes – A motion was made by Richard Llewellyn and
   seconded by Matthew Rudnick that the JLMBC approve the following
   recommended plan design changes for Plan Year 2018; the Committee
   unanimously adopted this motion:

(1) Increase the monthly basic disability maximum benefit amount for Plan
    Year 2018 by $35 from $3,166 to $3,201.
(2) Increase the annual maximum contribution for Healthcare Flexible Spending Account (HFSA) by $50 from $2,550 to $2,600.


Daisy Tam presented this report. She began by stating that, as part of the LAwell Civilian Benefits Program design review for plan year 2018, staff reviewed the criteria for the Cash-in-Lieu program to determine if eligibility should be expanded to employees who have medical coverage through government sponsored healthcare programs such as Medi-Cal and TRICARE. She explained that the review was prompted in part by inquiries staff received periodically from employees who were interested in opting out of City health coverage because they have coverage under government sponsored health care programs other than Medicare such as Medi-Cal. She stated that those employees have dual coverage and the City’s coverage was considered primary. She further explained that based on salary information from the City’s payroll system, minimally 1,600 employees might be eligible for Medi-Cal based on their 2016 gross earnings. She added there may be additional employees at higher income levels eligible for Medi-Cal due to family size, or who may be eligible for TRICARE. She continued that expanding Cash-in-Lieu eligibility can financially benefit employees who have free government sponsored health coverage and that expansion of the program may eliminate premium sharing costs for those employees in the LAwell Pay Plan. She also added that expanding eligibility will provide a cash benefit to low-income employees.

Ms. Tam stated that staff considered this issue as it related to compliance with the Affordable Care Act (ACA), and stated that almost all types of coverage offered under government sponsored healthcare programs qualify as minimum essential coverage under the ACA. She continued that should the program be expanded, the Cash-in-Lieu affidavit would be modified to include language requiring employees to certify that they have government sponsored healthcare coverage that would qualify as minimum essential coverage and to provide proof of that coverage.

Ms. Tam next discussed how the City’s Cash-in-Lieu eligibility criteria compared to other governmental peers. She stated that expanding the eligibility for the program would be similar to the rules currently in place for Los Angeles County’s Cash-in-Lieu program. She stated that expanding program eligibility would provide a cost savings to the member and the City and that this plan design option is viable based on review conducted by Segal and the City Attorney’s Office.

Norma Gutierrez asked if employees who lose their other governmental coverage will be able to go back on the City’s medical plans. Ms. Yau confirmed that if an employee loses coverage, it will be considered a life event change and the employee will be able to enroll in the City’s medical plan options again. Ms. Parisi stated concerns about lower income employees and their eligibility to enroll in healthcare plans. She asked if staff has specific examples of employee’s requesting this. Ms. Yau responded with an example of an employee who qualified to have medical coverage through Medi-Cal but since the current rules of the Cash-in-Lieu program did not allow him to enroll, the
employee was defaulted into the City’s medical plan. She stated the employee was considered to have dual coverage due to his enrollment in both Medi-Cal and the City’s health insurance, that there are some co-pays with certain procedures which Medi-Cal would normally cover without a co-pay, and that the employee had to pay because the Medi-Cal coverage was not considered primary. She stated there may be other employees in the LAwell Pay Plan who may have Medi-Cal coverage that is free to them, but are required to pay for health coverage because they are in an MOU that contributes a percentage toward medical coverage. Marleen Fonseca asked if there was a breakdown by unions on the 1,600 employees who were identified as being potentially eligible for Medi-Cal based on their 2016 gross salary. Ms. Tam reviewed data broken down by MOU and job classification.

Ms. Parisi stated her concerns regarding working hours being possibly reduced for employees and its effect on members in her represented unit. She requested more time to review expansion of the Cash-in-Lieu program and cited ongoing legislation in Washington D.C. that may affect government sponsored healthcare programs, and asked if a decision must be made now. Mr. Montagna stated that time was short to implement a change for 2018, and that the Committee may prefer proceeding incrementally with Cash-in-Lieu expansion. Ms. Fonseca agreed and stated that she would like to see which units and classifications were affected.

A motion was then made by Paul Bechely, seconded by Marleen Fonseca, to expand eligibility for the Cash-in-Lieu (CIL) program effective January 1, 2018 to permit employees to opt out of LAwell medical coverage if they can demonstrate coverage through TRICARE health coverage which qualifies as minimum essential coverage (MEC) in accordance with the individual shared responsibility provision of the Affordable Care Act; the Committee unanimously adopted this motion.

### 5. Committee Report 17-28: Short-Term and Long-Term Disability Claims Taxation Matter

Mr. Montagna presented this report. He stated that this matter was brought to the attention of the JLMBC at its last meeting and that staff was still in the process of gathering data to review and understand the issues and develop a recommended course of action. He further stated that staff hopes to be able to report back at July’s JLMBC meeting.

### 6. Committee Report 17-29: LIVEwell Wellness Program

Joan Centanno presented this report. She began by updating the Committee about the completion of the employee wellness survey. She noted that interest in wellness was high and that employees were aware of the program and its name. She reported that the survey revealed two different audiences, one of which representing two-thirds of the total response was interested in wellness but did not know how to execute their wellness goals. She stated that the second audience, the remaining one-third, stated
they live a healthy lifestyle. She continued that in her estimation, the results mean that an evidence based program can be developed.

Ms. Centanno next discussed communication initiatives and how the wellness champions can assist in establishing the program. Matthew Rudnick asked if wellness champions will be self-identified and if there will be an adequate wellness champion distribution among the employee population. Ms. Centanno replied that of the 750 responses received expressing interest to serve as a wellness champion, all City departments were represented. She continued that there would be an opt-in step and communications to engage wellness champions moving forward. Mr. Rudnick stated he would encourage the Personnel Department to communicate the purpose of the wellness champions to individual departments so that supervisors are aware of the time and effort being put in by these individuals. Ms. Centanno replied that there is a communications strategy in place for this purpose.

Ms. Centanno next discussed the proposed Kaiser Walking Program. She noted that it is a fully integrated and automated program provided through “Health Trails” and is fully customizable by allowing 1) the Wellness Program to choose which behaviors are rewarded and 2) access to support with a dedicated account manager and individual training materials. She stated the program will cost just under $50,000 for a 52-week period and that there is flexibility to determine the length of the walking program. She added that the best feature is that the data is trackable and will give the JLMBC the ability to benchmark its results against other employers that participate in the program. She added that a walking program was chosen because the wellness survey indicated that 70% of the population was interested in this activity.

Mr. Sanders asked why an Anthem member would go to Kaiser. Ms. Centanno replied that the Health Trails program will be branded under the LIVEwell brand, not Kaiser, will be made available to both Anthem and Kaiser members. Ms. Fonseca asked if it is a mobile application or accessed through a regular website. Ms. Centanno replied that it can be accessed through either. Ms. Fonseca asked if it is only available for City employees. Ms. Centanno replied it is designed as a City program for employees and that City employees could form teams with fellow City employees. Ms. Fonseca asked if people can see progress of other teams. Ms. Centanno replied that teams can opt in to share their progress but it is not mandatory they do so. Ms. Fonseca asked for clarification that a tracked distance does not necessarily mean employees on the same team walked together, which Ms. Centanno confirmed. Mr. Montagna added that if someone walked on the weekend they could add it to the team total. Ms. Centanno replied that each person’s progress contributes to the team total.

Mr. Sanders asked if there is any information on outcomes after participation in regards to lower risk of disease for the population. Ms. Centanno cited studies that reflect influence on chronic conditions. She noted diabetes as an example and mentioned that when someone is identified as at high risk for the disease, the types of programs that people enroll in are those such as walking program. Ms. Fonseca asked if the progress would be measurable in terms of influencing changes in a person’s daily activities. Ms.
Centanno replied that the wellness program would like to correlate activities with changes in health that could be measured by metrics such as BMI and weight. She continued that some of the measurable data will be self-reported.

Ms. Parisi asked if the health plans would be integrated in the walking program by communicating to members with chronic conditions or high BMI to participate. Ms. Centanno replied that integration can be made in the form of other educational workshops that staff was developing. Mr. Hannan asked if an employee’s health plan would have access to the results. Ms. Centanno indicated they would not. Mr. Montagna added that the walking program is not the wellness program itself but it is a step forward in creating a culture of wellness within the City.

Ms. Parisi mentioned the presentation that LACERS gave at the budget hearing on the success of their wellness program. She asked if it was possible to draw on LACERS’ experience. Ms. Centanno replied that staff has met with LACERS and stated they been a great resource in terms of sharing information. Ms. Parisi responded that she would like to see involvement of LACERS as evaluators in the RFP process. Mr. Montagna responded that outreach can be made to see if LACERS could commit that assistance.

A motion was made by Paul Bechely and seconded by Matthew Rudnick to (a) receive and file the staff report regarding LIVEwell Wellness Program (LIVEwell) development, updates and activities; and (b) approve implementation of a Walking Program funded by Kaiser Permanente’s 2017 Wellness funding; the Committee unanimously adopted this motion.

7. REQUEST FOR FUTURE AGENDA ITEMS

Cheryl Parisi asked that a report on default medical plan options be considered at the next JLMBC meeting.

8. NEXT MEETING DATE

A meeting was noted for July 6, 2017 at 9:00 a.m.

9. ADJOURNMENT

The meeting was adjourned at 4:11 p.m.

Minutes prepared by staff member Russell Escueta.