

**School Employees Benefits Board**  
**Meeting Minutes**

July 22, 2021  
Health Care Authority  
Zoom Attendance Only  
Olympia, Washington  
9:00 a.m. – 11:30 p.m.

The Briefing Book with the complete presentations can be found at:  
<https://www.hca.wa.gov/about-hca/school-employees-benefits-board-sebb-program/meetings-and-materials>

**Members Present via Zoom**

Lou McDermott, Chair  
Terri House  
Pete Cutler  
Alison Poulsen  
Katy Henry  
Wayne Leonard  
Kerry Schaefer  
Dawna Hansen-Murray  
Dan Gossett

**SEB Board Counsel**

Katy Hatfield

**Call to Order**

**Lou McDermott, Chair**, called the meeting to order at 9:01 a.m. Sufficient members were present to allow a quorum. Board introductions followed. Due to COVID-19 and Governor's Proclamation 20-28, the Board meeting was via Zoom only.

**Meeting Overview**

**Dave Iseminger**, Director, Employees and Retirees Benefits (ERB) Division, provided an overview of the agenda.

Today we highlight Franklin, Adams, and Whitman Counties on our tour around Washington. The presenters' Zoom background is an image of Palouse Falls.

About 10% of the population of Franklin County, 10% of Adams County, and about 7% of Whitman County are covered by the PEBB and SEBB Programs. For Medicaid, it's about 16% of Whitman County, 37% of Franklin County, and 49% of Adams County. Between the PEBB Program, the SEBB Program, and Medicaid together, the Health Care Authority covers a third of the residents of Whitman County, almost half the

residents of Franklin County, and 60% of the residents of Adams County. Quite an extensive population served for this three-county area.

Looking at the metrics for unemployment, uninsured, and poverty rates, in comparing each county to statewide averages, almost universally all of the metrics are higher in these three counties compared to the statewide average. For unemployment, Franklin County is slightly higher than the statewide average, Whitman County is at 9%, compared to 5.3%, and Adams County is in the middle, about 1% more than the statewide average. What is starker is the uninsured rate, interestingly. The statewide average is 6.8%. Whitman County has a lower uninsured rate at 4.4%, but Franklin and Adams County have between two and three times the statewide average of uninsured individuals, about 15% of Franklin County uninsured and almost 20% of Adams County uninsured.

From the poverty metric we reviewed, the statewide average is 15%, Franklin County has a 20% poverty rate, and Adams and Whitman County each have roughly a 32% rate. We see a lot of variance and higher unemployment, uninsured, and poverty rates.

In the three-County area, they all have lower rates of cancer diagnosis but higher rates of cardiac diagnoses. As we talk about value-based purchasing, risk arrangements, and trying to encourage health systems to change some of their delivery metrics in more value-based ways, we have robust discussions with different parts of this region. The infrastructure hasn't been there to support a lot of those changes at this point; however, we are excited as we move forward in some of our primary care and rural transformation work at the Health Care Authority. This region will be a definite part of the state that we focus on with that work.

It's interesting to note that as might be expected in rural areas, there are a lot of referral patterns for complex cases. We see similar referral patterns to four completely different parts of the region, whereas normally referral patterns go in one or two directions. But here, it's North, South, East, *and* West. It's Spokane, Seattle, Idaho, and Oregon. Depending on where the individual lives and what's the best area for service, there are a lot of referral patterns going in a lot of different geographic directions.

We are at the end of Board season, and we obviously didn't hit all parts of the state. A suggestion from some stakeholders was, at the beginning of next Board season, do a visual of a couple of metrics for all 39 counties and some nice visuals to wrap up with a full statewide comparison. You will see that at the start of next Board season, materials that ties us together and covers the other parts of the states not covered.

I want to acknowledge our meeting is being supported physically here in Olympia on the traditional territories of the Coast Salish people. This area was the primary portage way to and from the Puget Sound, and these lands were shared by several tribes, including those we know today as the Squaxin Island Tribe and the Nisqually Tribe. The HCA honors and thank their ancestors and leaders who have been stewards of these lands and waters since time immemorial.

#### **Approval of April 7, 2021 Meeting Minutes**

Wayne Leonard moved, and Pete Cutler seconded a motion to approve. Minutes approved as written by unanimous vote.

## **Chiropractic, Acupuncture, and Massage (CAM) Utilization Summary & Benefit Proposal for Uniform Medical Plan (UMP)**

**Selena Davis**, UMP Senior Account Manager, Employees and Retirees Benefits Division (ERB) and **Sara Whitley**, Fiscal Information and Data Analyst, ERB Division.

**Selena Davis:** Today we ask you to take action on the proposed resolution introduced at the last meeting that had changes to the chiropractic, acupuncture, and massage therapy benefits specific to the UMP plan. HCA received one stakeholder question asking for further explanation around the copay approach and how it works. We provided the stakeholder some insights around that, but there was no change to the resolution resulting in this feedback.

**David Iseminger:** The feedback was not pro or con. It did raise the concern of whether the copay amount could put somebody in a position where they are paying more than they are today. We reminded and provided feedback about how the copay was set at \$15, which is lower than the average expenditure.

**Lou McDermott:** Hearing no objections from the Board, I'm going to use the voting process we used in April for the Dual enrollment Policy Resolution votes. I will not read the full text of the resolution, which is allowed under Robert's Rules. This resolution was distributed to the Board Members last meeting in advance of this meeting, and it was published for public view on Monday, July 19.

## **Lou McDermott: Vote – Resolution SEBB 2021-17 – UMP Chiropractic, Acupuncture, and Massage Benefit Design**

### **Resolved that:**

1. This benefit design resolution applies only if a comparable version is approved by both the PEB Board and the SEB Board;
2. Effective January 1, 2022, the Uniform Medical Plan (UMP) benefit design, for all UMP offerings, of the Chiropractic, Acupuncture, and Massage (CAM) benefits included in prior Board policy decision and resolutions is rescinded and replaced with the following CAM benefit design:
  - a) Treatment limitations will be as follows:
    - o Chiropractic visits are limited to 24 per plan year
    - o Acupuncture visits are limited to 24 per plan year
    - o Massage visits are limited to 24 per plan year
  - b) Cost-sharing for all UMP plans will be as follows:
    - o In-network services will have a copay and neither the services nor the copay will apply toward the deductibles (except for UMP Consumer Driven Health Plan (CDHP) as described below), but the copay will apply toward the annual out-of-pocket maximums;
  - c) Out-of-network services will not have copays and will have:

- A 40%-member coinsurance of the allowed amount for all UMP plans except UMP Plus, which will be a 50%-member coinsurance, applies after the deductible is met and the coinsurance applies to the annual out-of-pocket maximum;
  - No charges above the allowed amount apply toward UMP plan deductibles or the annual out-of-pocket maximum; and
  - Coverage only for Chiropractic and Acupuncture services; and
- d) UMP CDHP members need to meet their deductible before the plan will pay any portion of the allowed amount for any claim, for both in-network and out-of-network services.

Dan Gossett moved, and Kerry Schaefer seconded a motion to adopt.

Voting to Approve: 9

Voting No: 0

**Lou McDermott:** Resolution SEBB 2021-17 passes.

### **2022 Premium Resolutions**

**Tanya Deuel**, ERB Finance Manager, Financial Services Division. I'm here to ask the Board to take action on the 2022 Premium Resolutions presented at our last Board meeting. There is one resolution per carrier. By the Board adopting each of the carrier resolutions, you are adopting each of the plans that carrier offers, as well as the underlying plan design for that carrier.

### **Lou McDermott: Vote – Premium Resolution SEBB 2021-18 – KPNW Medical Premiums**

**Resolved that**, the SEB Board endorses the Kaiser Foundation Health Plan of the Northwest employee premiums.

Wayne Leonard moved, and Katy Henry seconded a motion to adopt.

Voting to Approve: 9

Voting No: 0

**Lou McDermott:** Premium Resolution SEBB 2021-18 passes.

### **Lou McDermott: Vote – Premium Resolution SEBB 2021-19 – KPWA Medical Premiums**

**Resolved that**, the SEB Board endorses the Kaiser Foundation Health Plan of Washington employee premiums.

Pete Cutler moved, and Wayne Leonard seconded a motion to adopt.

Voting to Approve: 9  
Voting No: 0

**Lou McDermott:** Premium Resolution SEBB 2021-19 passes.

**Lou McDermott: Vote – Premium Resolution SEBB 2021-20 – KPWAO Medical Premiums**

**Resolved that,** the SEB Board endorses the Kaiser Foundation Health Plan of Washington Options, Inc. employee premiums.

Dawna Hansen-Murray moved, and Kerry Schaefer seconded a motion to adopt.

Voting to Approve: 9  
Voting No: 0

**Lou McDermott:** Premium Resolution SEBB 2021-20 passes.

**Lou McDermott: Vote – Premium Resolution SEBB 2021-21 – Premera Medical Premiums**

**Resolved that,** the SEB Board endorses the Premera employee premiums.

Katy Henry moved, and Terri House seconded a motion to adopt.

Voting to Approve: 9  
Voting No: 0

**Lou McDermott:** Premium Resolution SEBB 2021-21 passes.

**Lou McDermott: Vote – Premium Resolution SEBB 2021-22 – UMP Medical Premiums**

**Resolved that,** the SEB Board endorses the Uniform Medical Plan (UMP) employee premiums.

Dan Gossett moved, and Kerry Schaefer seconded a motion to adopt.

Voting to Approve: 9  
Voting No: 0

**Lou McDermott:** Premium Resolution SEBB 2021-22 passes.

## **Northwest Prescription Drug Consortium**

**Luke Dearden**, Clinical Pharmacist, Clinical Quality and Care Transformation Division, will provide an update about the Northwest Prescription Drug Consortium and how it will affect UMP's pharmacy benefit and the member experience.

Slide 2 – Background.

Slide 3 – Consortium Participating Program.

Slide 4 – Overview of Moda's Structure. Moda is ultimately responsible for all Pharmacy Benefit Manager Functions as outlined in our contract. Moda administers most aspects of UMP's prescription drug benefit in-house, which includes overall pharmacy services, including account management support for HCA, member facing customer service, and overall benefit design, clinical management referring to clinical prior authorization review and determination, other clinically-focused programs, and specialty pharmacy services. Moda does subcontract with MedImpact, a pharmacy benefit manager (PBM), to carry out behind-the-scenes functions.

Slide 5 – What is Changing? The changes on this slide become effective January 1, 2022. UMP will obtain access to a real-time enhanced reporting feature, which will help gain better visibility into UMP's prescription utilization in a timely manner.

Slide 6 – How is Member Experience Affected? Members should experience minimal disruption. Each member will receive a new identification card. Their ID number will not change, but the numbers the pharmacy uses to process claims at their level will change. The member will need to bring their new ID card to their pharmacy upon their first fill in plan year 2022.

**David Iseminger:** The new ID cards was one of the reasons we are doing this presentation. When people get new ID cards, it can prompt questions asking what is changing. The new card will have the new PBM information. There are new federal regulations applying to ID cards, too. In the future, ID cards are required to have both the deductible and out-of-pocket maximum limits for the plan printed on the card. This is a step forward in helping people have robust access to those key accumulator features of their insurance. The three changes happening this fall when ID cards are issued will be the deductible, the out-of-pocket maximum, and the updated information pharmacies use for claims process adjudication.

**Luke Dearden:** Disruption analyses will be performed to fully assess member impact. HCA is very optimistic that Navitus will provide greater access for our members in terms of network pharmacies.

Slide 7 – Communications Timeline for 2022 Plan Year.

Slide 8 – Benefits of Navitus. Navitus is the new subcontractor to the UMP pharmacy program.

**Pete Cutler:** Luke, Moda administers the formulary that the UMP uses. Can you remind us, who develops that formulary and what process is used?

**Luke Dearden:** Moda works with HCA to develop the formulary. There are two processes. HCA reviews several different drug classes in-house through our Washington State Pharmacy & Therapeutics (P&T) Committee and Washington Prescription or Preferred Drug List Program, which accounts for a lot, but not all drug classes. Moda fills in the rest of the medications through their P&T process and consults with us. That's how we maintain the formulary.

**Pete Cutler:** As follow-up, do the Oregon programs participate? Do all the Washington agencies that participate use the same formulary as UMP, at least for those classes where it would be for both? Is it the same? Or does Moda have one formulary for SEBB or for UMP, and a different formulary for the Oregon agencies?

**Luke Dearden:** I can't speak to how other programs might customize their formularies in various different ways, but I can follow up with you.

**Pete Cutler:** I'm just a little curious about that. And the last question is, I noticed that the Oregon Educators Benefits Program is in Moda's Administer Pharmacy Program. Do they have a PEBB Program, self-funded plan equivalent to UMP? Is it included?

**Luke Dearden:** I will follow up with you on that, as well.

**David Iseminger:** Pete, I don't believe there is a self-insured comparable product or the equivalent of Oregon PEBB, but we will verify this. The last conversation I had with counterparts in Oregon, I believe their suite is fully insured in its entirety. But we'll double check that.

**Pete Cutler:** Okay. Thank you.

**Lou McDermott:** I believe SEBB and PEBB are the same thing as far as the formulary. Right?

**Luke Dearden:** For UMP, that is correct. PEBB and SEBB have the same formularies.

### **Long-Term Disability (LTD) Implementation Update**

**Kimberly Gazard**, Contract Manager, ERB Division. I am providing a brief update on the LTD redesign implementation.

Slides 2 and 3 – Implementation Communication Strategy details our communication strategies for communicating the LTD redesign.

Slides 4 and 5 – Implementation Key Messages in Communications.

Slide 6 – LTD Elections in SEBB My Account.

Slide 7 – Next Board Season.

**Pete Cutler:** Kimberly, I'm curious. The provision that says in order to reduce or terminate your LTD coverage, you need to file a paper form. Is that due to limits in what

programming can be done with the SEBB My Account? Or was there a policy decision behind that?

**Kimberly Gazard:** That's the way SEBB My Account is currently set up. Employees who are newly eligible within their 31-day newly-eligible period, they can go to SEBB My Account and make elections, not just specific to LTD, but any benefit. Historically HCA had open enrollment take place in SEBB My Account. It's the same structure that is programmed currently.

**Pete Cutler:** As applies to other benefits. Okay. Thank you.

### **SEBB My Account Enhancements**

**Jerry Britcher,** Chief Information Officer, Enterprise Technology Services Division. I'm here to talk about enhancements made and/or in the process of completing in SEBB My Account.

Slides 2 and 3 – Completed Enhancements. Some changes were in response to subscriber frustrations. These updates should simplify some of the processes and allow Benefits Administrators to download needed reports. We also made updates for special open enrollments.

Slides 4 and 5 – Planned Enhancements for Open Enrollment and dual enrollments.

**David Iseminger:** I just want to dovetail Jerry that this is in no way a comprehensive list. This was a view at the 60,000-foot level, some of the big pieces. It is important to hear that a variety of enhancements have been made as a result of a wide range of stakeholder feedback, whether it's individual members, Business Administrators, or school districts. There are more suggestions for opportunities to modify SEBB My Account than hours in the day and days in the week. We prioritize and address some of the biggest items and update as fast as we can. I just want to give you assurances of progress on various pieces that you may or may not have heard of, but we certainly hear about these things on a regular basis.

### **2022 SEB Board Meeting Schedule and January 2022 Retreat Topics**

**David Iseminger,** Director, ERB Division. The last page of your book is the schedule for our 2022 Board season. Please earmark your calendars accordingly.

I want to give the Board an opportunity to share ideas of topics for our January Retreat or for discussion at some point during next year's Board season.

**Alison Poulsen:** I would love to continue the deep dive around the health equity work. I really appreciated the presentations from a couple of months ago and would love to see more of that.

**David Iseminger:** Noted. Wayne, we'll definitely be doing our 2.0 version of the financial metrics that Tanya did last month.

**Lou McDermott:** I assume you're going to do the open enrollment switching?

**David Iseminger:** We will definitely do a debrief of open enrollment and what data we have available on long-term disability results from the end of the year. And another topic we are looking at is the Health Care Authority also manages and administers the Board for the health care cost transparency work assigned by the Legislature. We thought about sharing with the Board what that work entails and looks like as one of the educational topics.

**Lou McDermott:** Board Members, between now and the end of the year, if you see things in the news, if topics interest you, feel free to email us and we'll see what we can do about bringing that to the retreat. It is obviously a very dynamic, ever-moving environment that we work in.

**Pete Cutler:** Along that line, I think for me some of the most encouraging activities the Health Care Authority is involved with are those which attempt to promote greater coordination. The right care by the right provider at the right time, or whatever the Triple Aim is. And especially with UMP. I don't want to call them limited networks with the Puget Sound Network and the UW one. I would be curious to hear how those efforts are coming along now that we are a few years in. I don't have particular details, but the Health Care Authority, specifically the PEBB and SEBB Programs, how do those efforts seem to be coming along?

**David Iseminger:** Are we moving the needle? Right, Pete?

**Pete Cutler:** Yes, that would be it in essence.

### **Public Comment**

**Julie Salvi:** Good morning. I wanted at the close of your Board season first to say thank you for the progress that we did see this year on benefit improvements with the long-term disability option coming forward and the change in CAM therapies. As you were talking about the next Board retreat, I had a few ideas I wanted to share. I wanted to echo Alison's comment about continuing the conversations about equity in health care and the policies that could be set in the SEBB to improve equity in health care. Our members would be interested in continued oversight on the consistent application of the eligibility rules across districts, coverage areas, the expansion of coverage areas, we did see some improvement this year, but there will be some parts of the state that will still be looking to see additional health provider options in their areas.

Our members have an interest in continued benefit improvements, especially in dental and vision, where they are feeling that some of the benefits they have today are not what they had prior to the SEBB Program. And so, we would like to continue to enter into those discussions. There is also, I think in health care in general, a lot of confusion around the prescription drug formularies. And to have a continued eye on that of how it is working and where we can make it easier for those who are trying to navigate the system to understand what the processes are would be helpful.

And finally, as you have heard me say before, our members continue to have an interest in dual enrollment. I understand that how the state deals with a secondary insurance and coordination benefits are different than how our members used to experience that in their prior benefits. Having some education piece on that may be

helpful in that conversation because that is a conversation we still enter into in the field regularly. So, thank you for your time. We appreciate the progress you made this year.

### **Next Meeting**

January 27, 2022

### **2021 Board Season Concluding Remarks**

**Dave Iseminger**, Director, ERB Division. I want to take a few moments to reflect as we end this Board season. It has been a long six months, but it has also been a really long 15 months for everyone. There has been a lot of success, and the resilience of school districts, HCA staff, Board, it has been quite incredible when you start to list some of the big things we accomplished despite the challenges of the world being very different, and the world continues to change in ways that we just aren't able to anticipate.

As I look back and see some of that big picture work 15 months ago, it started with emergency eligibility provisions and making sure that COBRA opportunities were still available, if that was something that could be helpful for people's circumstances. Then fast forward to now. We are in the midst of operationalizing the current subsidy work from the federal government. There was advocacy and continued changes and flexibility within the FSA and DCAP benefit process. Now we have from the last meeting the eminent changes in 2022 to the structure of going from the grace period to the carryover rule for FSA and introducing the limited purpose FSA that will dovetail with high-deductible health plans. When I went back and looked at it, the Health Care Authority implemented grace periods in the FSA benefit in 2008. That was the last time there were changes to the FSA/DCAP benefits. It's the first time in almost 12 years since there has been changes to that benefit.

Obviously, the SEBB Program hasn't been around for 40 years, but the LTD benefit that was leveraged from the PEBB Program predates my birth. I was happy to have a pivot point for that benefit. Again, I don't want to say that the journey is over for LTD. There is still a strong commitment to engaging about how to improve the employer portion of that benefit, but yet, there is a revamp and a change to how things are done in LTD that is decades in the making and several years of hopefully avoiding challenges on the SEBB side.

We had two complicated rate negotiation seasons that we were trying to account for very unique circumstances in the world. I think, overall, our finance team has done a great job in managing the ambiguity that we are in now in insurance. There was complicated work on dual enrollment. I never imagined there would be a suite of nine resolutions per Board that had the level of detail necessary to bring to the Board. I certainly underestimated the challenges inherent to that process, but we were able to get through that work with both Boards.

On the IT side, our IT team was working on a new platform and modernizing the PEBB My Account from that same team's experience with SEBB My Account. On the PEBB side, we also introduced two new retiree plans that were several years in the making and evaluation. Medicare Advantage Part D plans that represent the first expansion of retiree plans in many, many years.

There is also some progress on a few long-standing member requests. Some of them echo things that we have been hearing at PEBB, and we're happy to address them. On the PEBB side, there was the requirement for retirees that if they enrolled in dental plan they had to enroll for at least two-year increments. We were able to roll that back to being a one-year increment.

Something else impacted all retirees, but especially some of the dynamics pre-SEBB for K-12 retirees. There is a deferral rule that allows a person to hold their place in line for eligibility for retiree benefits. There were some circumstances where people had a gap in coverage that was even less than 30 days, they lost their eligibility. It needed complete continuous coverage. We began to see more examples in the last year or two of individuals who had maybe a 15-day gap because their spouse went from one employer to the next, and their benefits didn't line up. We believe there was no intent the individuals would lose eligibility with that short break when it was really just a matter of circumstance of the employment situation. The PEBB Board addressed that and created a 30-day gap that wouldn't eliminate that eligibility.

And then, of course, CAM therapies. Now that you have acted as the PEBB Board acted last week, we know that CAM therapy changes are on the horizon.

When I look back at the Board season, both Boards since the pandemic began met 14 times each. You acted on 35 resolutions, and the PEBB Board acted on 44 resolutions. There is a whole lot of work between both Boards, and it's an incredible amount of staff work. It doesn't capture everything that was done, but I do want to thank the Board, HCA team members, stakeholders, our school districts, state agencies, higher-education institutions, benefit staff, our members, and everyone else who engaged in the work for the PEBB and SEBB Programs while the pandemic has been occurring. I want to thank them all for their patience, understanding, grace, compassion, and, of course, all of the hard work during these really difficult and challenging times. It's really incredible the amount of things that we continue to achieve and move forward despite all of these challenges. I'm really proud of the Health Care Authority, the team of everyone with the programs, being able to make headway on long-standing issues and just keep moving forward despite the changing world we live in. I just want to thank everybody.

I also want to acknowledge that at the end of the Board season, we move into the natural time for reappointments. I will be reaching out to some of you about reappointments. But I do know of a few people who are leaving the Board as of this meeting, and I wanted to acknowledge their service with the program since 2017. First is Wayne Leonard. Wayne is already a retiree, but he finished out this month. He has been a retiree for a month. I just want to acknowledge that Wayne is wrapping up his tenure on the Board, and we'll have a new representative nominated by WASBO next Board season. I really appreciate all of the conversations we've had on a wide range of topics both in one-on-one meetings as well as throughout the Board development process of the SEBB Program. I appreciate your work, Wayne.

Katy Henry was originally supposed to cycle off last year, but we were able to squeeze one more year out of her! I do believe there is a successor nominee identified for Katy, as well. So, Katy, thank you for your multiple years of service to the Board.

And then, same thing to Pete Cutler. He was also destined to leave last year, but I roped him into one more year. And I'm committed to helping him, although I don't have a nominee quite yet, like I do for Wayne and Katy. I have every commitment to helping Pete get back into full retirement before the next Board season. I'm not sure about everybody, but I knew all three of those are unlikely to be here come January. I wanted to take the time to thank all of you, as some of the founding Board Members who have been here since October 2017, for the work that you have done. The concept of a Board season didn't exist from 2007 through 2020. It was every four to five weeks for that entire two-and-a-half-year duration. That was an important commitment that the taxpayers of Washington may not know everything that went into it, but all of us here on the Board, stakeholders, as well as HCA, understand the importance of the work and commitment and volunteering that you have done as service to the Board to the State for the launching of this program that took decades. So, again, thank you for your commitment and service on the Board.

**Lou McDermott:** I want to thank Wayne, Pete, and Katy especially for all the work they have done. I don't think most people understand what it's like to serve on a Board. It's very difficult because there isn't that daily interaction with Board Members where you can evolve a thought process together. You are doing a bunch of work over here and then coming together and sharing it with the Board and seeing how it goes. I have seen some extremely rough Boards. I have heard about them throughout the state that are very hard on staff, and it makes it a grind. There is a lot of work that gets done behind the scenes, so I appreciate while the Board was honest and deliberate and tough on issues, always respectful, always kind to the Agency, always working together, and that means a lot to staff.

So, Wayne, Katy, and Pete, especially, thank you for the role that you played, and hopefully your replacements will be good to work with as well. I want to thank the Board for everything they have done, and Dave, you, and your staff for all the work that has been done in the public, a lot of folks in the public that have been along for the ride with us. Thank you, all. It's been an honor to Chair this Board, and I'm looking forward to seeing you all next season, or most of you.

Meeting adjourned at 10:12 a.m.