

STATE OF CALIFORNIA  
**Budget Change Proposal - Cover Sheet**  
 DF-46 (REV 08/15)

Fiscal Year	Business Unit	Department	Priority No.
FY 2016-17	4260	Health Care Services	
Budget Request Name		Program	Subprogram
4260-401-BCP-BR-2016-MR		3960010	

Budget Request Description

Medi-Cal: Managed Care Enrollment Tax (SBX2 2)

Budget Request Summary

The DHCS requests three-year limited-term expenditure authority of \$240,000 (\$120,000 GF/\$120,000 FF) to support the implementation and oversight of the managed care enrollment tax as established by SBX2 2 (Hernandez, Chapter 2, Statutes of 2016).

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed
---	--

Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date
--	----------------	------

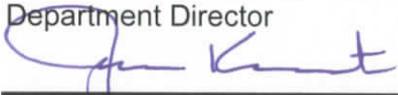
For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance.

FSR     SPR                      Project No.                                      Date:

If proposal affects another department, does other department concur with proposal?       Yes     No

*Attach comments of affected department, signed and dated by the department director or designee.*

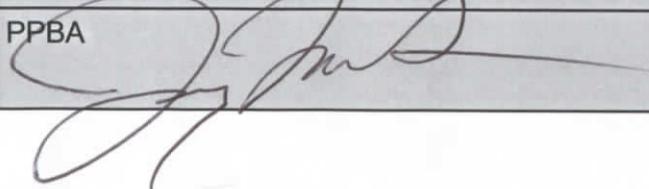
Prepared By	Date	Reviewed By	Date
-------------	------	-------------	------

Department Director 	Date 5/12/16	Agency Secretary 	Date 5/12/16
--	-----------------	--	-----------------

**Department of Finance Use Only**

Additional Review:  Capital Outlay     ITCU     FSCU     OSAE     CALSTARS     Dept. of Technology

BCP Type:       Policy       Workload Budget per Government Code 13308.05

PPBA 	Date submitted to the Legislature 5-13-16
---	--

# BCP Fiscal Detail Sheet

BCP Title: Managed Care Enrollee Tax Administration (SBX2 2)

DP Name: 4260-401-BCP-DP-2016-MI

## Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Salaries and Wages						
Earnings - Temporary Help	0	124	124	124	0	0
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$124</b>	<b>\$124</b>	<b>\$124</b>	<b>\$0</b>	<b>\$0</b>
Total Staff Benefits	0	60	60	60	0	0
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$184</b>	<b>\$184</b>	<b>\$184</b>	<b>\$0</b>	<b>\$0</b>
Operating Expenses and Equipment						
5301 - General Expense	0	12	8	8	0	0
5302 - Printing	0	4	4	4	0	0
5304 - Communications	0	4	4	4	0	0
5322 - Training	0	2	2	2	0	0
5324 - Facilities Operation	0	18	18	18	0	0
5344 - Consolidated Data Centers	0	2	2	2	0	0
539X - Other	0	14	0	0	0	0
<b>Total Operating Expenses and Equipment</b>	<b>\$0</b>	<b>\$56</b>	<b>\$38</b>	<b>\$38</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Budget Request</b>	<b>\$0</b>	<b>\$240</b>	<b>\$222</b>	<b>\$222</b>	<b>\$0</b>	<b>\$0</b>

## Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	120	111	111	0	0
0890 - Federal Trust Fund	0	120	111	111	0	0
<b>Total State Operations Expenditures</b>	<b>\$0</b>	<b>\$240</b>	<b>\$222</b>	<b>\$222</b>	<b>\$0</b>	<b>\$0</b>
<b>Total All Funds</b>	<b>\$0</b>	<b>\$240</b>	<b>\$222</b>	<b>\$222</b>	<b>\$0</b>	<b>\$0</b>

## Program Summary

Program Funding						
3960010 - Medical Care Services (Medi-Cal)	0	240	222	222	0	0
<b>Total All Programs</b>	<b>\$0</b>	<b>\$240</b>	<b>\$222</b>	<b>\$222</b>	<b>\$0</b>	<b>\$0</b>

**Personal Services Details**

Salaries and Wages

VR00 - Various (Eff. 07-01-2016)(LT 06-30-2019)

	CY	BY	BY+1	BY+2	BY+3	BY+4
VR00 - Various (Eff. 07-01-2016)(LT 06-30-2019)	0	124	124	124	0	0
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$124</b>	<b>\$124</b>	<b>\$124</b>	<b>\$0</b>	<b>\$0</b>

Staff Benefits

5150350 - Health Insurance

5150600 - Retirement - General

5150350 - Health Insurance	0	30	30	30	0	0
5150600 - Retirement - General	0	30	30	30	0	0
<b>Total Staff Benefits</b>	<b>\$0</b>	<b>\$60</b>	<b>\$60</b>	<b>\$60</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$184</b>	<b>\$184</b>	<b>\$184</b>	<b>\$0</b>	<b>\$0</b>

## Analysis of Problem

### A. Budget Request Summary

The Department of Health Care Services (DHCS) requests three-year limited-term expenditure authority of \$240,000 (\$120,000 GF/\$120,000 FF) to support the implementation and oversight of the managed care enrollment tax established by SBX2 2 (Hernandez, Chapter 2, Statutes of 2016).

This funding would provide the resources necessary to facilitate the tax and complete the necessary administrative duties to ensure payment, collection, and use of the tax. As the tax will be assessed on managed care plans through capitation rates, the Capitated Rates Development Division and Third Party Liability & Recovery Division will require resources to perform administrative duties related to collecting the tax.

### B. Background/History

Medi-Cal provides health care services to more than 13 million beneficiaries through two distinct health care delivery systems: the traditional fee-for-service system and the managed care system. Over 80 percent of Medi-Cal beneficiaries receive health services by enrolling in contracted Medi-Cal managed care plans (MCPs) in 58 counties. These MCPs offer established networks of organized systems of care, which emphasize primary and preventive care. Most health care plans contracting with the Medi-Cal program are licensed under the Knox-Keene Health Care Service Plan Act of 1975 (Health and Safety Code, Section 1340 et seq.).

In 2005, California enacted a Quality Improvement Fee (QIF) on Medi-Cal Managed Care Organizations (MCOs). Based on federal rules, the fee was assessed on all premiums paid to legal entities providing health coverage to Medi-Cal enrollees. When the fee was established, 75 percent of the revenue generated was matched with federal funds and used for payments to MCOs and the remaining 25 percent was retained by the state General Fund. Effective October 1, 2007, as part of the implementation of the State's new managed care rate methodology, this arrangement changed and 50 percent of the revenue generated by the QIF was matched with federal funds and used for payments to MCOs and the remaining 50 percent was retained by the state General Fund (GF). Changes in federal law resulted in this fee to sunset on October 1, 2009, as it no longer complied with federal requirements. New federal law required that provider fees be broad based and uniformly imposed throughout a jurisdiction, meaning that they cannot be levied on a subgroup of providers, such as only those enrolled in Medicaid programs.

Subsequently, AB 1422 (Bass, Chapter 157, Statutes of 2009) imposed a gross premiums tax on the total operating revenue of Medi-Cal MCPs until July 1, 2011. The proceeds from the tax were continuously appropriated (1) to DHCS for purposes of the Medi-Cal program in an amount equal to 38.41% of the proceeds from the tax and (2) to the Managed Risk Medical Insurance Board (MRMIB) for purposes of the Healthy Families Program in an amount equal to 61.59% of the proceeds from the tax. The tax was extended by ABX1 21 (Chapter 11, Statutes of 2011) until July 1, 2012 and updated the sharing percentages for DHCS and MRMIB. Finally, SB 78 (Chapter 33, Statutes of 2013) extended the sunset date to June 30, 2013. After the Healthy Families transition to Medi-Cal in 2013, MRMIB's portion of the tax was then used to offset GF cost for Medi-Cal program.

**Analysis of Problem**

This was followed by SB 78 (Committee on Budget and Fiscal Review, Chapter 33, Statutes of 2013), which imposed a sales tax of 3.975 percent on Medi-Cal MCPs' gross receipts effective July 1, 2013 through June 30, 2016. The revenue derived from this sales tax was continuously appropriated to DHCS to be used solely for the purpose of funding the non-federal share of managed care rates for health care services for children, seniors, persons with disabilities and dual eligibles in the Medi-Cal program that reflect the cost of services and acuity of the population served.

In July 2014, CMS issued guidance indicating that MCO taxes similar to California's were no longer permissible for the purposes of funding the Medi-Cal program, and in turn, required states with such taxes to make appropriate modifications prior to the end of their next legislative session.

Senate Bill 2 of the Second Extraordinary Session implements a tax reform proposal to restructure the taxes paid by MCPs in response to the Governor's call for a special session of the Legislature to consider and act upon legislation necessary to enact permanent and sustainable funding from a new MCO tax and/or alternative funding sources. SBX2 2 includes a replacement managed care enrollment tax for the tax expiring at the end of June 2016 and other taxes currently paid by the health plan industry.

SBX2 2 stabilizes funding for the Medi-Cal program and provides rate increases for providers of Medi-Cal and developmental services. SBX2 2 is intended to:

- Generate the amount of non-federal funds for the Medi-Cal program that is equivalent to the amount of funds generated by the current tax on Medi-Cal MCPs.
- Complies with federal Medicaid requirements applicable to permissible healthcare related taxes.

**Resource History**

<b>Capitated Rates Development Division (CRDD)</b>						
<b>Program Budget</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
Authorized Expenditures	N/A	N/A	N/A	6,571	8,005	7,871
Actual Expenditures	N/A	N/A	2,807	6,571	8,005	6,652
Revenues	N/A	N/A	N/A	N/A	N/A	N/A
Authorized Positions	N/A	N/A	N/A	37.5	37.5	45.0
Filled Positions	N/A	N/A	N/A	29.1	31.6	30.0
Vacancies	N/A	N/A	N/A	8.4	5.9	15.0

*\*Effective FY 2012-13, CRDD split from Medi-Cal Managed Care Division. CRDD figures only.*

**Analysis of Problem**

<b>Third Party Liability &amp; Recovery Division</b>						
<b>Program Budget</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
Authorized Expenditures	13,865	12,563	12,521	13,355	13,706	15,038
Actual Expenditures	11,773	12,563	12,360	12,942	13,611	15,038
Revenues	N/A	N/A	N/A	N/A	N/A	N/A
Authorized Positions	212.8	199.3	198.1	184.3	184.3	183.0
Filled Positions	184.7	175.5	168.8	174.2	169.1	183.0
Vacancies	28.1	23.8	29.3	10.1	15.2	0.0

**C. State Level Considerations**

As stated in the DHCS Strategic Plan, DHCS is committed to improving access to high quality healthcare in the Medi-Cal program. The tax reform would provide three years of critical funding for the Medi-Cal program, allow for continued expanded health care coverage to millions of Californians, and protect programs from cuts during future budget deficits. DHCS supports creating a stable funding source for health care services furnished to children, adults, seniors and persons with disabilities, and persons dually eligible for Medi-Cal and Medicare.

**D. Justification**

The managed care enrollment tax is a complex initiative that will require significant workload in implementation and administrative capacities. Overall, the tax has the following attributes:

- The tax would apply to all full-service health plans licensed by the Department of Managed Health Care (DMHC) and/or plans contracted with DHCS to provide services to Medi-Cal beneficiaries, except that plans licensed to provide care across international borders and locally operated non-profit health plans in Sacramento and San Diego would be exempt from the tax.
- The tax would be assessed on a per enrollee basis for each month of enrollment on all enrollees in taxable plans in the base year with the exception of:
  - Individuals enrolled in a plan for Medicare services
  - Plan-to-plan enrollees (individuals enrolled in a MCP who are enrolled through a subcontract from another MCP)
  - Individuals enrolled in a Federal Employees Health Benefit Plan
- For all three years of the tax, the tax would be assessed based on cumulative enrollment for the base year (October 1, 2014 through September 30, 2015), collected on a quarterly basis and would be determined by the following taxing tiers and amounts

**Analysis of Problem**

	<b>Medi-Cal Tier 1</b>	<b>Medi-Cal Tier 2</b>	<b>Medi-Cal Tier 3</b>	<b>Other Tier 1</b>	<b>Other Tier 2</b>	<b>Other Tier 3</b>	<b>AHCSP Tier</b>
Cumulative Enrollment	<2,000,001	2,000,001 - 4,000,000	>4,000,000	<4,000,001	4,000,001 - 8,000,000	>8,000,000	<8,000,001
<b>Tax Amounts</b>							
FY 2016-17	\$40.00	\$19.00	\$1.00	\$7.50	\$2.50	\$1.00	\$2.00
FY 2017-18	\$42.50	\$20.25	\$1.00	\$8.00	\$3.00	\$1.00	\$2.25
FY 2018-19	\$45.00	\$21.00	\$1.00	\$8.50	\$3.50	\$1.00	\$2.50

- Cumulative enrollment would be based on quarterly health plan data reported to DMHC retrieved by the department as of January 1, 2016, adjusted as necessary by DHCS and supplemented by Medi-Cal enrollment data for the base year as maintained by DHCS.
- The legislation requires the assumption of the tax liability in the event of a merger, acquisition or establishment of a health plan.
- Additionally, it establishes interest and penalties for overdue tax amounts, and provides the director of DHCS the discretion to waive any interest/penalties and/or develop an alternative payment schedule as determined appropriate to prevent significant harm to the plan or impact on services

A Health and Human Services Fund has been established and all revenues from the tax will be deposited in the fund.

- The fund will be continuously appropriated to DHCS for purposes of funding the non-federal share of Medi-Cal managed care rates for health care services furnished to children, adults, seniors and persons with disabilities, and persons dually eligible for Medi-Cal and Medicare.
- DHCS is required to provide an annual report to all health plans accounting for the funds deposited in the Health and Human Services Fund.

Administrative staffing costs related to implementation and operationalization of the tax would include three-year limited term authority to develop, implement and oversee policies and procedures required for tax assessment and collection, provide financial analysis, management reports and policy analysis, plan reporting, providing customer service to providers and stakeholders, and work with the actuarial consultants to ensure rates to Medi-Cal MCPs accurately reflect the tax amount.

Capitated Rates Development Division (CRDD)

*Limited Term Funding Equivalent To:*

*1.0 Associate Governmental Program Analyst (AGPA)*

CRDD oversees the calculation and setting of managed care capitation rates for the Medi-Cal program and ensures certification of capitation rates in accordance with federal requirements and actuarial principles. The tax will be built into the capitation rates paid to Medi-Cal managed care health plans for the purpose of providing additional funding to the Medi-Cal program.

## Analysis of Problem

### **CRDD primary responsibilities will include:**

- Conducting analyses of tax adjustments to comply with federal requirements, as well as sending notifications to plans and relevant state organizations in case of an adjustment.
- Reviewing financial information, and consulting with plans concerning tax adjustment amounts and overall methodology.
- In collaboration with Third Party Liability & Recovery Division (TPLRD), constructing an annual report for health plans that outlines the amount of tax in the fund, how much each plan was assessed, and how fund expenditures were used.
- Providing assistance to actuaries to ensure capitation rates are developed to correctly account for tax funding.
- Analyzing the base data from DMHC for the tax model and associated rate development.
- Participating in work groups with other DHCS divisions and external organizations. Answering any emails or contact from stakeholders, health plans, and other interested parties.
- Posting on the DHCS website for any tax-related matters, including but not limited to the federal Certification of the tax.

### Third Party Liability & Recovery Division (TPLRD)

#### *Limited Term Funding Equivalent To:*

#### *1.0 Associated Governmental Program Analyst (AGPA)*

In order to maintain the tax over the next three years, TPLRD will perform administrative activities relating to accounting, monitoring, and collecting the tax. In addition, TPLRD will monitor for delinquent payments, provide notifications to plans of any additional funds they may incur due to time penalty, and provide any other administrative remedies that will continue over the length of the program.

### **TPLRD primary responsibilities will include:**

- Sending notices to plans informing them of their annual tax amount to be due in four installments and when it is due.
- Developing, implementing and overseeing policies and procedures and performing database design required to implement the tax collection process.
- Providing financial and policy analysis related to the tax.
- Performing any repayments due to dispute or collecting additional interest payment due to late penalties.

## **E. Outcomes and Accountability**

These resources would be essential to help enact the tax in response to federal requirements to revise California's existing tax structure and would allocate the funding directly to the Medi-Cal managed care program. The revenue generated by enacting this tax will help provide care for the most underserved and neediest communities in California, encourage California's continued successful implementation of the Affordable Care Act, and minimize the need for reductions to the program.

**Analysis of Problem**

The outcomes of managed care enrollment tax reform under this proposal for FY 2016-17 are as follows:

- \$2.38 billion in total revenues to the state
  - \$740 million to fund the required capitation adjustments to Medi-Cal MCPs for the Medi-Cal cost of the tax
  - \$1.27 billion to fund Medi-Cal managed care
- \$2.38 billion in tax liability for health plans
  - \$2.11 billion on Medi-Cal business for which the state is required to reimburse the health plans
  - \$267 million on other lines of business for the health plan

Program/division specific projected outcomes are below:

**Projected Outcomes**

**Capitated Rates Development Division**

<b>Workload Measure</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Analysis of tax adjustments and related notifications	5	5	5	0	0	0
Annual report on tax	1	1	1	0	0	0
Tax financial information review	43	43	43	0	0	0
Tax recovery for non-compliant plans	4	4	4	0	0	0
Base data adjustments	4	4	4	0	0	0
Work groups and stakeholder communication	100	100	100	0	0	0
DHCS website	5	5	5	0	0	0
Tax-related policy or all-plan letters, Budget Change Proposals, legislative analysis, etc.	10	10	10			

**Analysis of Problem**

**Third Party Liability & Recovery Division**

<b>Workload Measure</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Sending notices to plans about tax amount	172	172	172	0	0	0
Author annual report on tax	1	1	1	0	0	0
Providing plan and tax date information to the Franchise Tax Board	1	1	1	0	0	0
Developing policies and procedures for performing database design related to the tax.	10	10	10	0	0	0
Providing financial and policy analysis related to the tax.	10	10	10	0	0	0
Performing any repayments due to dispute or collecting additional interest payments due to late penalties.	10	10	10	0	0	0

**F. Analysis of All Feasible Alternatives**

Alternative 1: Approve three-year limited-term expenditure authority of \$240,000 (\$120,000 GF/\$120,000 FF), equivalent to 2.0 AGPA.

**Pros:**

- Would provide the resources necessary to perform all tax related calculations, initiate required public notices, and develop and initiate all internal data processing, collection, and accounting procedures and processes required to implement the tax.
- Would allow DHCS to properly notify all managed care organizations of their applicable tax amount.
- Allows for the appropriate building of managed care rates.
- Ensures that DHCS have the resources to, through the tax, receive additional federal funding to ensure access to Medi-Cal beneficiaries
- Allows for additional revenue to the General Fund.

**Cons:**

- Difficult to recruit and keep staff for limited term opportunities as they are generally seen as less desirable and secure than permanent opportunities.
- Cost to the general fund, albeit limited.

Alternative 2: Approve limited-term resources at half the level requested.

**Pros:**

- Ensures that DHCS have some resources receive additional federal funding to ensure access to Medi-Cal beneficiaries.

**Analysis of Problem**

Cons:

- Require the redirection of existing staff to deal with tax related activities which would delay their other workload and responsibilities.
- Could cause delays in implementation due to lack of necessary resources.
- Possible delay of increased tax collection from managed care plan and subsequent tax related payments.

Alternative 3: Deny resource request and direct workload to existing DHCS resources. No additional costs.

Pros:

- No additional costs to the General Fund.

Cons:

- Negative impact on other mandatory programs by depleting their resources and obtaining staff possibly unfamiliar with the tax.
- Probable delays in implementation due to lack of necessary resources.
- Probable delay of increased tax collection from managed care plan and subsequent tax-related payments.

**G. Implementation Plan**

Milestones for implementation of the first year of the tax:

<b>Date</b>	<b>Milestone</b>
Before July 1	DHCS submits tax structure and requests approval by CMS
“ “	DHCS maintains base data and creates schedule for plan payment
“ “	If necessary, DHCS adjusts methodology to meet federal regulations
July 1, 2016*	Tax begins
October 1, 2016*	DHCS certifies federal approval and releases certification
October 14, 2016*	DHCS notifies plans of tax amounts due for FY
December 1, 2016**	DHCS provides tax and plan information to Franchise Tax Board

\*Or at the date wherein CMS provides approval for the tax.

\*\*Annually until end of tax

**H. Supplemental Information**

DHCS is currently at capacity and will need cubicle build outs including cabling at an estimated one-time cost of \$14,000.

**I. Recommendation**

Alternative 1: Approve three-year limited-term expenditure authority of \$240,000 (\$120,000 GF/\$120,000 FF), equivalent to 2.0 AGPA.

The managed care enrollment tax provides an enormous benefit to the state and the Medi-Cal program through its ability to drawdown of over a billion dollars in federal funds. If the tax is not implemented and overseen due to a lack of resources, federal funding may be lost which would reduce the State’s ability to provide adequate services to Medi-Cal beneficiaries, the uninsured, and the general public.

**WORKLOAD STANDARDS**  
**Third Party Liability & Recovery Division**  
**3-Year Limited Term Resources (7/1/16 – 6/30/19)**

<b>Activities</b>	<b>Number of Items Weekly, Monthly, Etc.</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Coordinate payments to the Health and Human Services Fund.	200	4	800
Sending notices to plans informing them of their annual tax amount to be due in four installments and when it is due.	172	5	860
In collaboration with CRDD, constructing an annual report for health plans that outlines the amount of tax in the fund, how much each plan was assessed, and what fund expenditures were used for.	1	50	50
Providing plan and tax date information to the Franchise Tax Board in accordance with statute.	1	50	50
Developing, implementing and overseeing policies and procedures and performing database design required to implement the tax collection process.	10	10	100
Providing financial and policy analysis related to the tax.	10	1	10
Performing any repayments due to dispute or collecting additional interest payment due to late penalties.	10	4	40
<b>Total hours worked</b>	404		1,910
<b>1,800 hours = 1 Position</b>			
<b>Actual number of Positions requested</b>	1.0		1,910

**WORKLOAD STANDARDS**  
**Capitated Rates Development Division**  
**3-Year Limited Term Resources (7/1/16 – 6/30/19)**

<b>Activities</b>	<b>Number of Items</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Conducting analyses of tax adjustments to comply with federal requirements, as well as sending notifications to plans and relevant state organizations in case of an adjustment.	5	20	100
Reviewing financial information, and consulting with plans concerning tax adjustment amounts and overall methodology.	43	8	344
In collaboration with Third Party Liability Division (TPLD), constructing an annual report for health plans that outlines the amount of tax in the fund, how much each plan was assessed, and how fund expenditures were used.	1	100	100
Providing assistance to actuaries to ensure capitation rates are developed to correctly account for tax funding.	43	20	860
Assisting TPLD with the recovery process for non-compliant plans that fail to provide the assessed tax amount to DHCS.	4	20	80
Analyzing the base data from DMHC for the tax model and associated rate development.	4	50	200
Participating in work groups with other DHCS divisions and external organizations. Answering any emails or contact from stakeholders, health plans, and other interested parties.	150	1	150
Posting on the DHCS website for any tax-related matters, including but not limited to the federal Certification of the tax.	5	10	50
Developing tax-related policy letters, All Plan Letters, Budget Change Proposals, legislative analysis, etc.	10	10	100
<b>Total hours worked</b>	215		1984
<b>1,800 hours = 1 Position</b>			
<b>Actual number of Positions requested</b>	1.0		1984