

The PsychU Guide To The North Carolina Mental Health System

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice.

You should seek independent, qualified professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

Except as otherwise indicated, the information provided is accurate to the best of Otsuka's knowledge as of September 2016.

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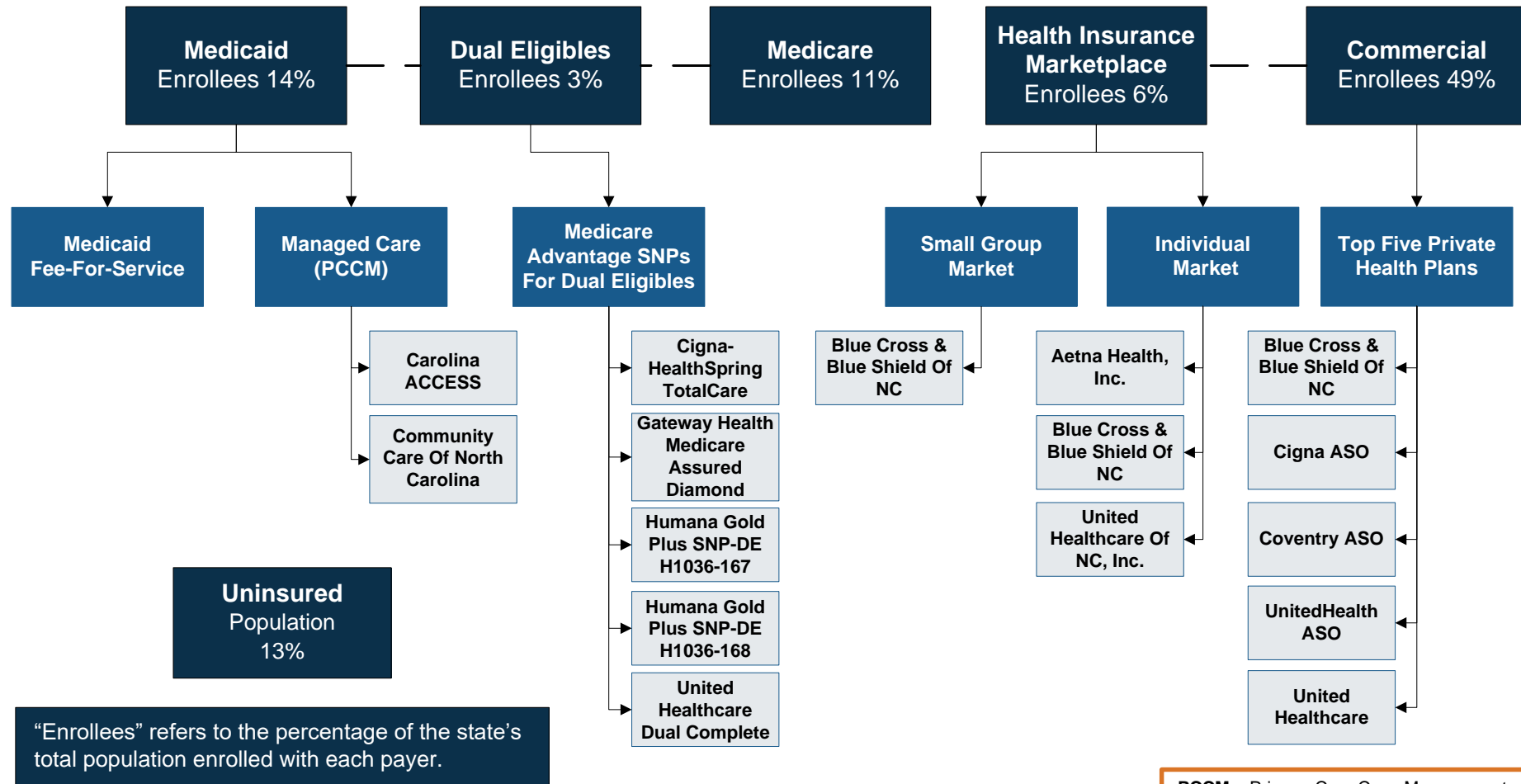
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ACOs = Accountable Care Organizations
BH = Behavioral Health
DHHS DMH/DD/SA = Department Of Health & Human Services, Division Of Mental Health, Developmental Disabilities & Substance Abuse Services
DOMA = Division Of Medical Assistance
DOHB = Division Of Health Benefits
FFS = Fee-For-Service
LME-MCOs = Local Management Entities-Managed Care Organizations
SMI = Serious Mental Illness

A. NORTH CAROLINA HEALTH CARE MARKETPLACE OVERVIEW

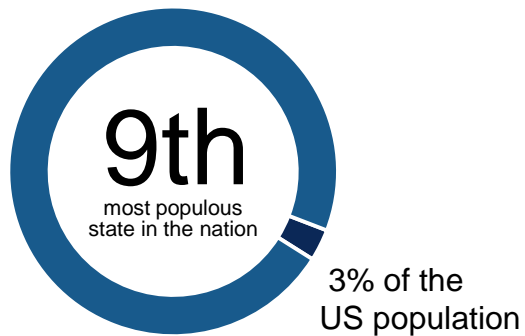
1. Physical Health Care Coverage Map



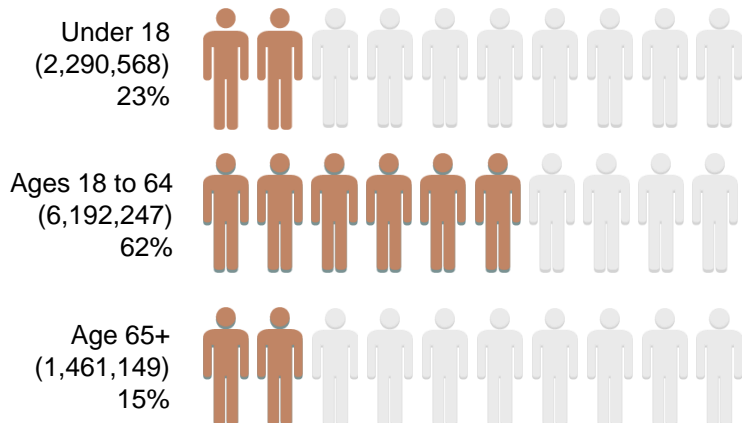
PCCM = Primary Care Case Management
SNP = Special Needs Plan

2. Population Demographics

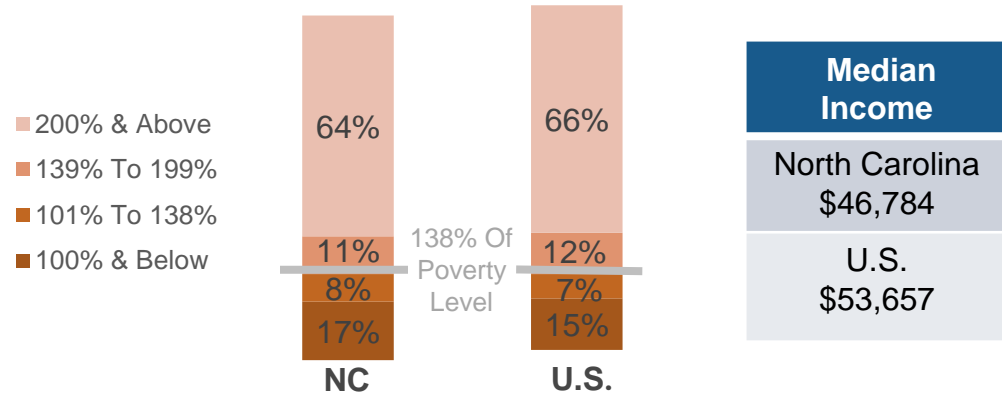
Total North Carolina Population - 9,943,964
SMI Population - 448,360



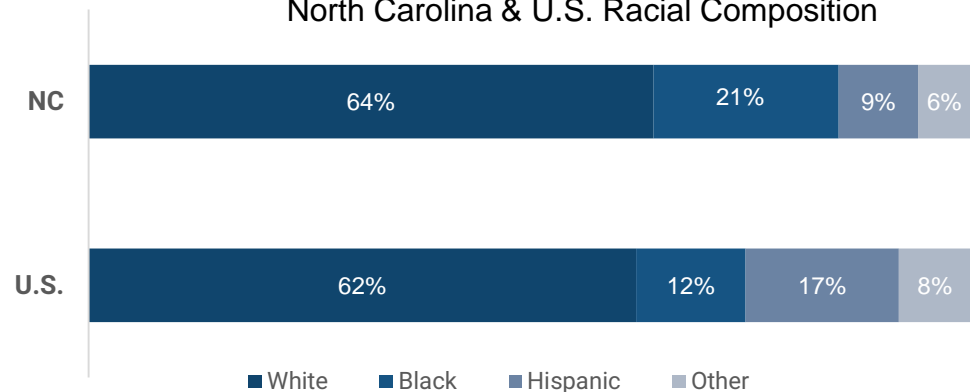
Population Distribution By Age



Population Distribution By Income To Poverty Threshold Ratio

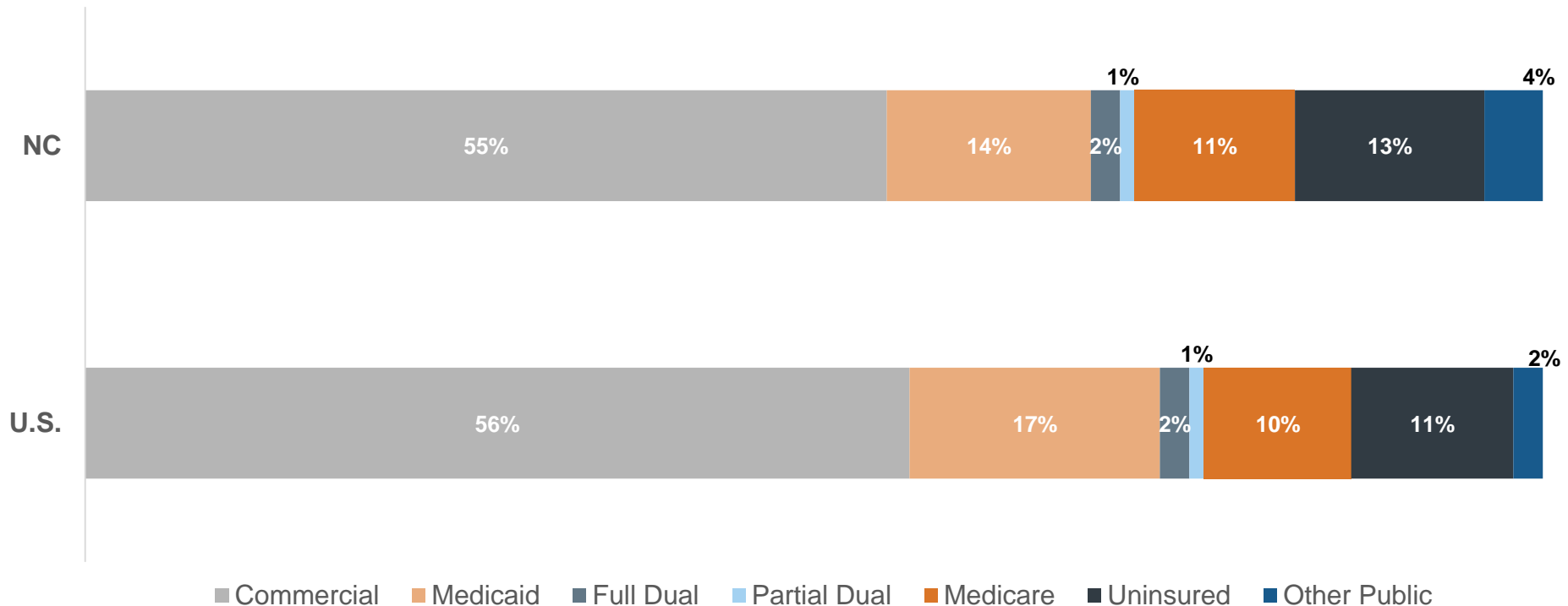


North Carolina & U.S. Racial Composition



SMI = Serious Mental Illness

3. Population Distribution By Payer: United States v. North Carolina



4. Largest Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross Blue Shield Of North Carolina	Commercial	3,890,000
Carolina ACCESS & Community Care Of North Carolina	Medicaid PCCM	1,534,885
Medicare FFS	Medicare	1,041,868
TRICARE	Other Public	510,614
Cigna	Commercial ASO	467,054
UnitedHealth	Commercial ASO	443,686
Medicaid FFS	Medicaid	376,553
Coventry	Commercial ASO	178,435
UnitedHealthcare	Commercial	112,693
Coventry Health Care Of The Carolinas	Commercial	80,091

*Commercial enrollment as of fourth quarter 2014. Medicaid enrollment as of January 2016.
TRICARE enrollment as of December 2015.

ASO = Administrative Services Only
FFS = Fee-For-Service
PCCM = Primary Care Case Management

5. Largest Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,041,868	148,987
Blue Cross Blue Shield Of North Carolina	Commercial	3,890,000	92,193
Carolina ACCESS & Community Care Of North Carolina	Medicaid PCCM	1,534,885	90,036
TRICARE	Other Public	510,614	28,594
Medicaid FFS	Medicaid	376,553	20,200
Cigna	Commercial ASO	467,054	11,069
UnitedHealth	Commercial ASO	443,686	10,515
Humana Medical Plan, Inc.	Medicare	70,887	10,137
Blue Cross Blue Shield Of North Carolina	Medicare	69,494	9,938
Humana Insurance Company	Medicare	63,443	9,072

*Commercial enrollment as of fourth quarter 2014. Medicaid enrollment as of January 2016.
TRICARE enrollment as of December 2015.

ASO = Administrative Services Only
FFS = Fee-For-Service
PCCM = Primary Care Case Management
SMI = Serious Mental Illness

6. Health Insurance Marketplace Overview

Health Insurance Marketplace	
Type Of Marketplace	<ul style="list-style-type: none">Federal
Individual Enrollment Contact	<ul style="list-style-type: none">www.healthcare.gov1-800-318-2596
Small Business Enrollment Contact	<ul style="list-style-type: none">www.healthcare.gov/small-businesses1-800-706-7893

7. Health Insurance Marketplace Plans

Individual Market Health Plans

- Aetna Health, Inc.
- Blue Cross & Blue Shield Of North Carolina
- UnitedHealthcare Of North Carolina, Inc.

Small Group Market Plans

- Blue Cross & Blue Shield Of NC

B. NORTH CAROLINA MEDICAID SYSTEM OVERVIEW

8. Delivery System, Risk, & Federal Participation

Medicaid Financial Delivery System	
Is Managed Care Mandatory For Populations With SMI?	Yes
Is Managed Care Mandatory For Dual-Eligibles?	No
Total Medicaid Population Distribution	<ul style="list-style-type: none"> • 20% in FFS • 80% in managed care
Medicaid Beneficiaries With SMI: <i>Primary Service System</i>	Because the SMI population must enroll in managed care unless they meet one of the FFS qualifications, the majority of the SMI population is served by managed care.
Medicaid Financing & Risk Arrangements: Behavioral Health	
Traditional Behavioral Health Services	<ul style="list-style-type: none"> • FFS and PCCM population: Provided through at-risk managed behavioral health organizations called LME-MCOs.
Specialty Behavioral Health Services	
Pharmaceuticals	<ul style="list-style-type: none"> • Provided through the state's PCCM on a FFS basis.
Federal Financial Participation	
FY 2017 Federal Medical Assistance Percentage (FMAP)	66.88%
CY 2016 Newly Eligible FMAP (Expansion Population)	Not applicable

FFS = Fee-For-Service
LME-MCOs = Local Management Entities / Managed Care Organizations
PCCM = Primary Care Case Management
SMI = Serious Mental Illness

9. Expansion Decision

State Medicaid Expansion Decision	
Participating In Expansion?	No
Date Of Expansion	Not Applicable
Medicaid Eligibility Income Limit For Able-Bodied Adults	44% of FPL; 0% for other adults
Legislation Used To Expand Medicaid	Senate Bill 4, 2013-2014 session explicitly rejected Medicaid expansion under the PPACA

FPL = Federal Poverty Level

PPACA = Patient Protection & Affordable Care Act

10. Care Coordination Entities

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)

Managed Care Plan		North Carolina's proposed section 1115 waiver
Accountable Care Organization (ACO) Program		None
Health Home	✓	North Carolina operates health homes for persons with or at risk of two or more chronic conditions. SMI is not a covered condition.
Medical Home	✓	The state's PCCM operates under a medical home model.
Primary Care Case Management Model (PCCM)	✓	North Carolina operates the Community Care Of North Carolina PCCM program, which it considers managed care.

SMI = Serious Mental Illness

PCCM = Primary Care Case Management

11. The Uninsured

State Agency Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services	The North Carolina Department Of Health & Human Services (DHHS) Office Of Rural Health & Community Care operates the NC HealthNet program. The program grants funds to Community Care Of North Carolina, a public-private partnership organization operating throughout the state on a regional basis, to provide medical homes and health care services to the uninsured population.
Mental Health Services	The DHHS DMH/DD/SA and the DHHS DOMA contract with LME-MCOs to provide mental health services to the safety-net population.
Addiction Treatment Services	The DHHS DMH/DD/SA and the DHHS DOMA contract with LME-MCOs to provide substance abuse treatment services to the safety-net population.

DHHS DMH/DD/SA = Department Of Health & Human Services, Division Of Mental Health, Developmental Disabilities & Substance Abuse Services

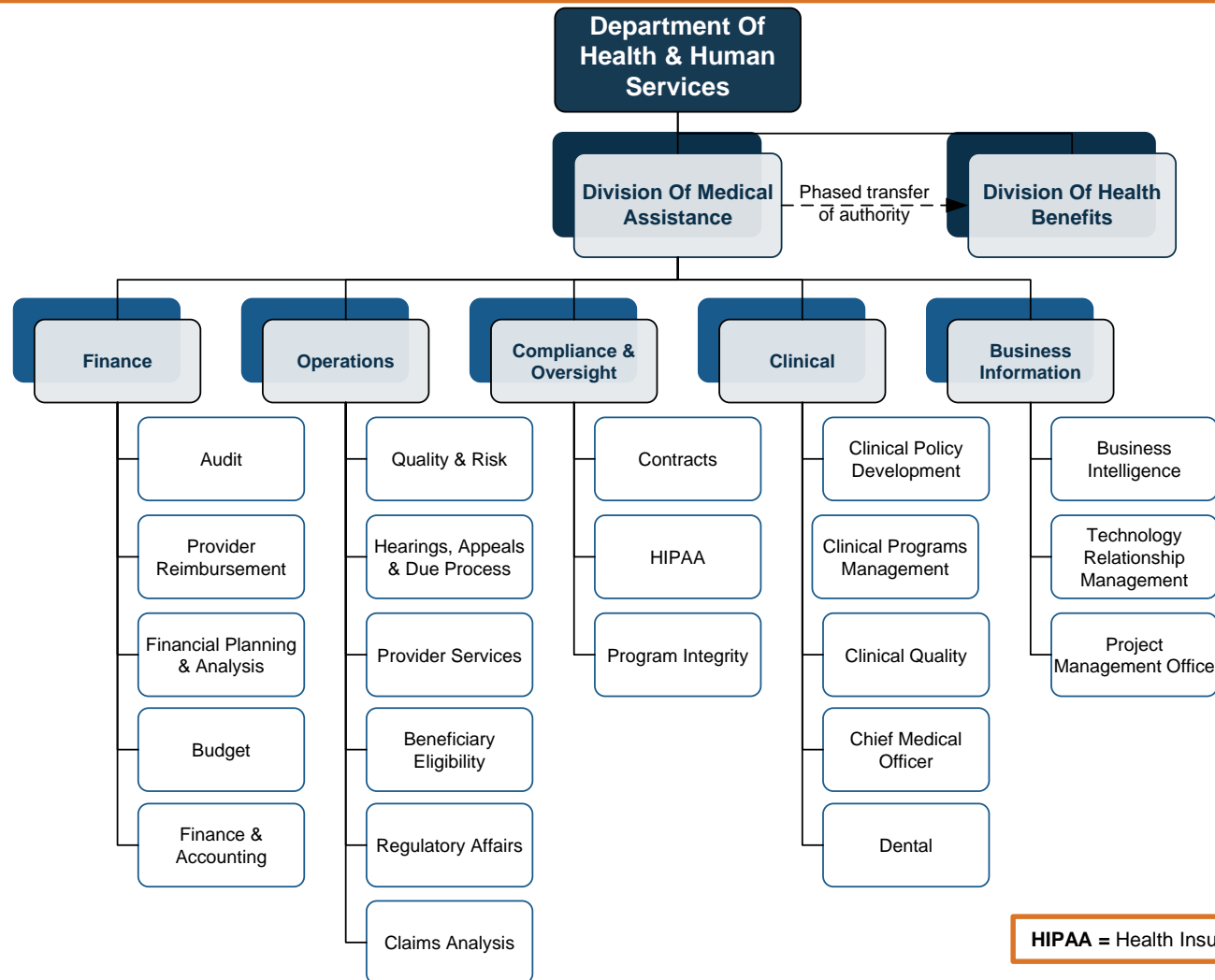
DOMA = Division Of Medical Assistance

LME-MCOs = Local Management Entities-Managed Care Organizations

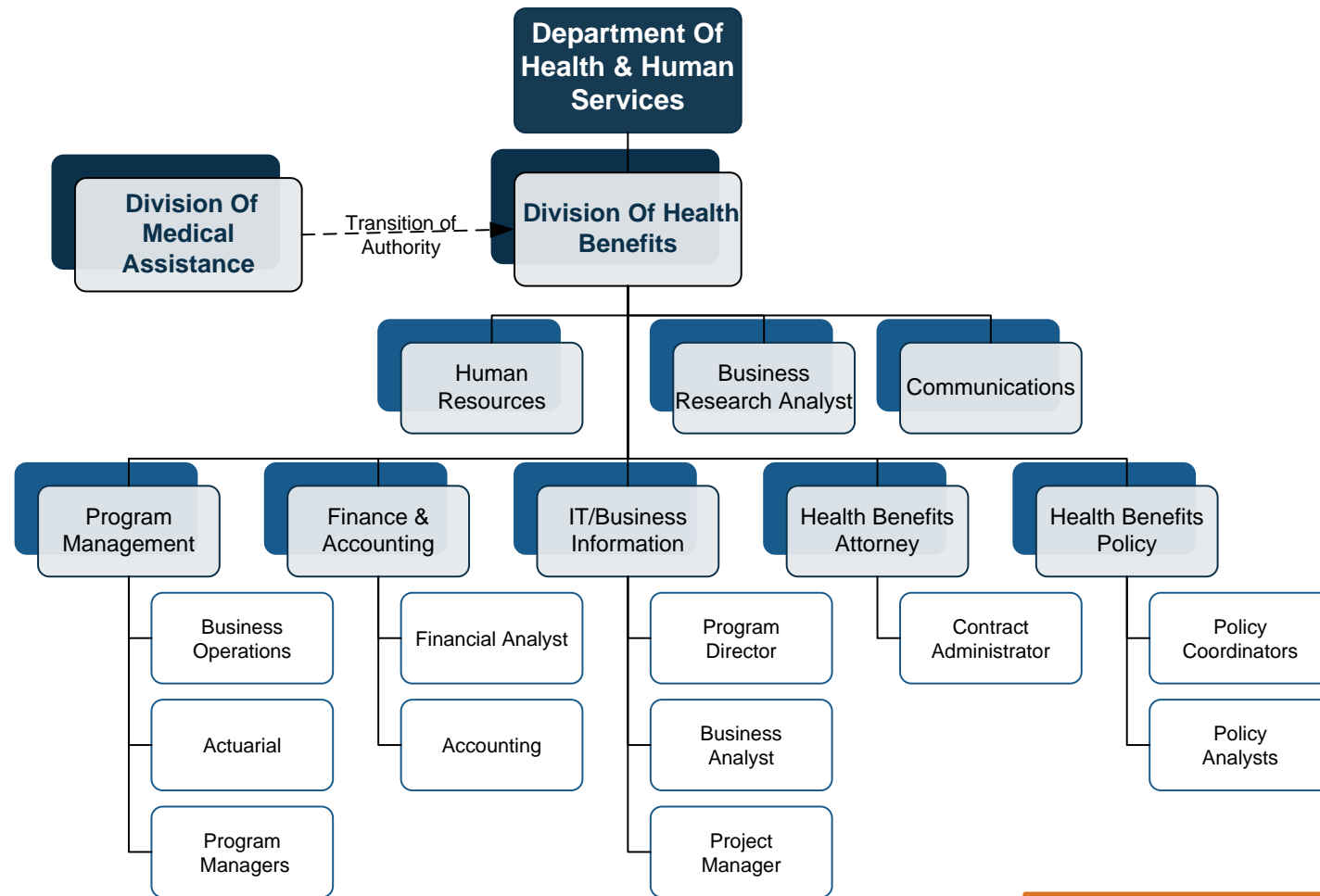
12. Medicaid Governance

- North Carolina Medicaid reform legislation, passed in September 2015, transitioned responsibility for the state Medicaid program from the existing Division Of Medical Assistance (DOMA) to a new entity called the Division Of Health Benefits (DOHB).
- DOHB is tasked with overseeing the transition to the new Medicaid managed care delivery system described in the state's section 1115 waiver proposal, while DOMA continues providing the day-to-day management of the state's current Medicaid system.
- Once the capitated managed care organization (MCO) contracts under the new managed care program are in effect, DOHB will take over administration of the state's Medicaid program, and DOMA will cease to exist.
 - The state anticipates a July 2019 effective date of the MCO contracts, contingent on the Centers for Medicare & Medicaid Services (CMS) approval of the section 1115 waiver in January 2018.
 - DOHB workforce assignments began in October 2015. DOHB is expected to be fully staffed by June 2017.

13. Organizational Chart: Division Of Medical Assistance



14. Organizational Chart: Division Of Health Benefits



IT = Information Technology

15. Key Leadership

Division Of Medical Assistance	
Name	Position
Dave Richard	Deputy Secretary
Steve Tedder	Director, Business Information
Nancy Henley, M.D.	Chief Medical Officer
Sandy Terrell	Director, Clinical
Rob Kindsvatter	Director, Compliance & Program Integrity
Trey Suttan	Director, Finance
Division Of Health Benefits	
Name	Position
Dee Jones	Chief Operation Officer
Jamal Jones	Business Operations Senior Program Manager
Julia Lerche	Actuarial Senior Program Manager
Donald Browning	Project Manager

16. Program Benefits

Federally Mandated Services

- Inpatient hospital services other than services in an institution for mental disease (IMD)
- Outpatient hospital services
- Rural Health Clinic services
- Federally Qualified Health Center (FQHC) services
- Laboratory and X-ray services
- Nursing facilities for individuals 21 and over
- Early & Periodic Screening & Diagnosis & Treatment (EPSDT)
- Family planning services and supplies for individuals of child-bearing age
- Physician services
- Medical and surgical services of a dentist
- Home health services
- Nurse midwife services
- Nurse practitioner services
- Pregnancy services, including tobacco cessation programs
- Free standing birth centers
- Non-emergency transportation to medical care

North Carolina's Optional Services

- Podiatrists' services
- Optometrists' services
- Chiropractors' services
- Other practitioners' services
- Private duty nursing
- Clinic services
- Dental services
- Prescribed drugs
- Dentures, prosthetic devices, and eyeglasses
- Diagnostic, screening, and preventive services
- Rehabilitative services
- Inpatient institutions for mental diseases and intermediate care facility services for persons over 65
- Public institution services for intellectual and developmental disabilities (I/DD)
- Inpatient psychiatric facility for individuals under 22
- Hospice care
- Case management
- Nursing facility services for patients under 21
- Personal care services

C. NORTH CAROLINA MEDICAID FINANCING & SERVICE DELIVERY SYSTEM

17. Overview

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (August 2016)*	376,553	1,534,885
SMI Enrollment	Because the SMI population must enroll in managed care unless they meet one of the FFS qualifications, the majority of the SMI population is served by managed care.	
Management	<ul style="list-style-type: none"> • <u>Primary Care</u>: DOMA • <u>Behavioral Health</u>: LME-MCOs 	<ul style="list-style-type: none"> • <u>Primary Care</u>: North Carolina Community Care Network & CCNC regional networks • <u>Behavioral Health</u>: LME-MCOs
Payment Model	<ul style="list-style-type: none"> • <u>DOMA</u>: FFS • <u>LME-MCOs</u>: Capitated Rate 	<ul style="list-style-type: none"> • <u>CCNC</u>: Care Management PMPM & FFS • <u>LME-MCOs</u>: Capitated Rate
Geographic Service Area	<ul style="list-style-type: none"> • <u>DOMA</u>: Statewide • <u>LME-MCOs</u>: Statewide with regional networks 	<ul style="list-style-type: none"> • <u>CCNC</u>: Statewide with regional networks • <u>LME-MCOs</u>: Statewide with regional networks

Total Medicaid Beneficiaries: 1,911,438 | Total Medicaid With SMI Beneficiaries: 110,236

*FFS/Managed care breakdown estimated using 2014 enrollment percentages

CCNC: Community Care Of North Carolina
DOMA = NC Division Of Medical Assistance
LME-MCOs = Local Management Entities-Managed Care Organizations
PMPM = Per Member Per Month
SMI = Serious Mental Illness

18. Enrollment By Eligibility Group

Mandatory Fee-For-Service (FFS) Enrollment

1. Children with disabilities who qualify for a hospital, nursing facility, or intermediate care facility/intellectual and developmental disability (ICF/IDD) level of care.

Option To Enroll In FFS Or Managed Care

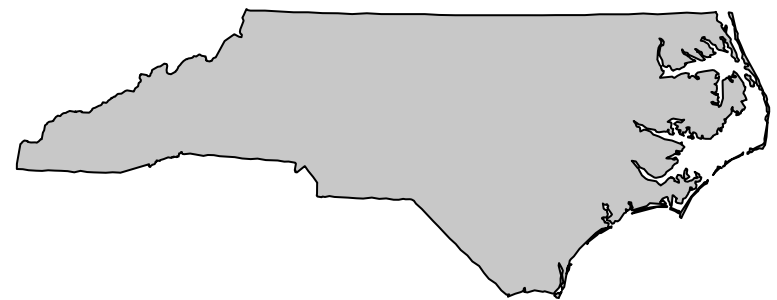
1. Other children with disabilities
2. Children in foster care
3. Children receiving adoption assistance
4. Dual eligibles
5. American Indians

Mandatory Managed Care Enrollment

1. Children and families
2. Aged, blind, and disabled populations
3. Residents of adult care homes
4. Special assistance in-home beneficiaries
5. Qualified aliens

19. Fee-For-Service (FFS) Program: Program Overview

OPEN MINDS estimates
the fee-for-service
enrollment as of August
2016 to be 376,553*

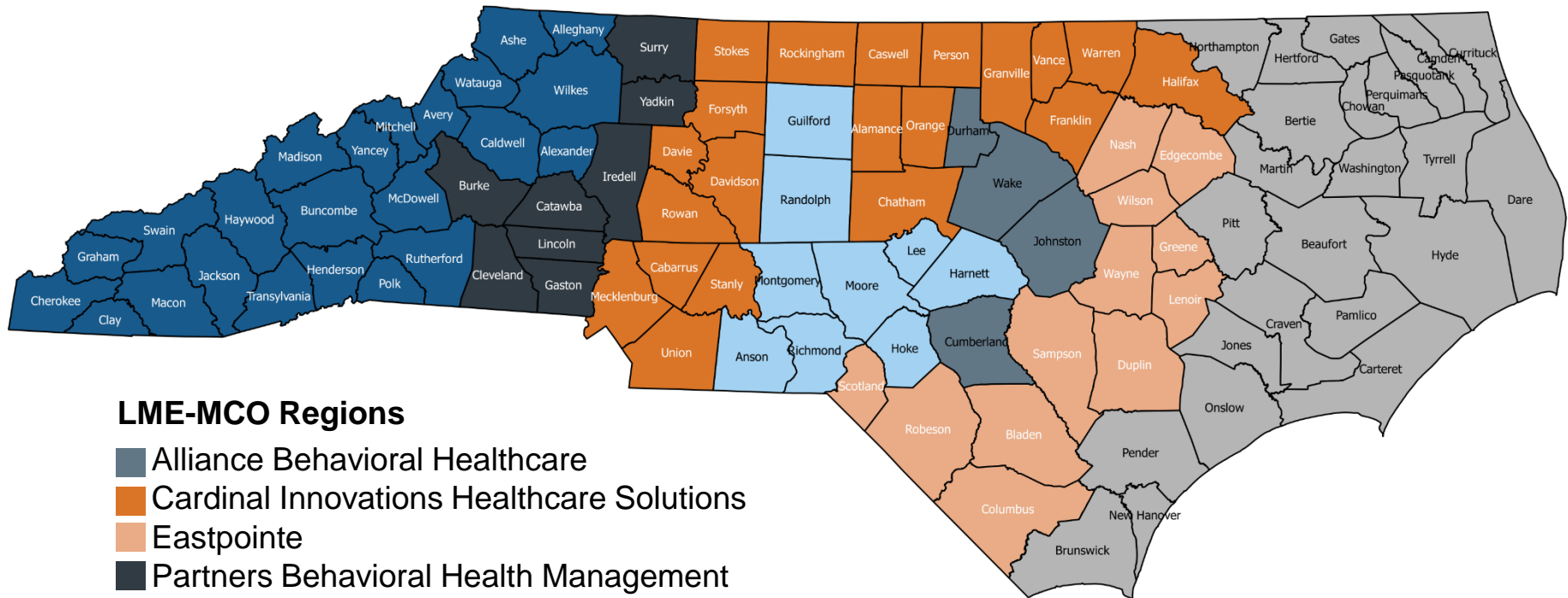


*Estimate based on reported 2014 managed care enrollment as a percentage of total enrollment.

20. Fee-For-Service (FFS) Program: Behavioral Health Overview

1. Behavioral health services are provided by Local Management Entities-Managed Care Organizations (LME-MCOs).
2. LME-MCOs are sole-source, prepaid inpatient health plans, which operate in specific regions throughout the state. Individuals do not have a choice of plan, but are able to choose their providers within the LME-MCO's network.
3. The LME-MCO has eight primary functions:
 - a. 24/7 access to care
 - b. Provider development, endorsement, and support
 - c. Utilization review and management
 - d. Management of state facility services and Community Alternative Placement Program For Children & Adults With Mental Retardation Or Developmental Disabilities (CAP-MR/DD)
 - e. Care coordination and quality management
 - f. Community collaboration and consumer services
 - g. Financial management and accountability
 - h. Information management and analysis
4. Excluded from the LME-MCO model are SCHIP Title XXI Children, qualified Medicare beneficiaries, and children under three. These groups receive all behavioral health benefits through the FFS delivery system.
5. Psychotropic medications are the responsibility of the state, not the LME-MCOs, and are provided FFS.

21. Fee-For-Service (FFS) Program: LME-MCO Regions



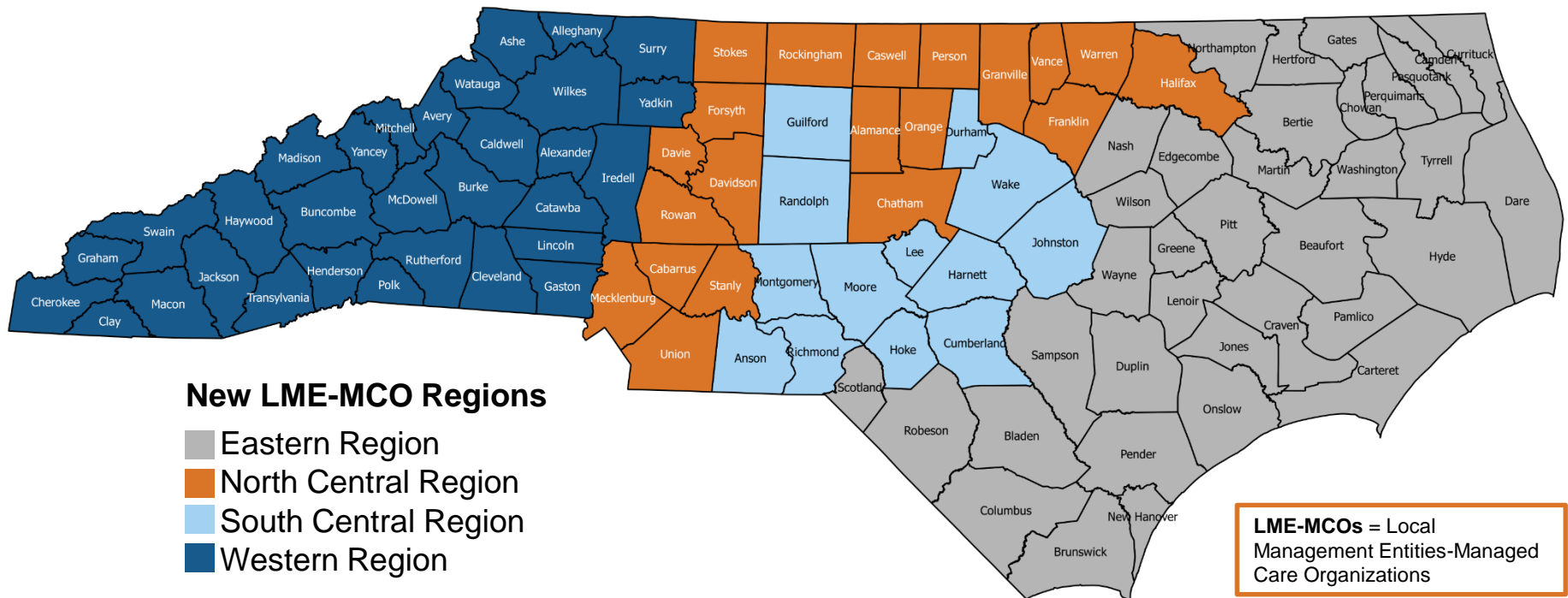
LME-MCO Regions

- Alliance Behavioral Healthcare
- Cardinal Innovations Healthcare Solutions
- Eastpointe
- Partners Behavioral Health Management
- Sandhills Center
- Smoky Mountain LME-MCO
- Trillium Health Resources

LME-MCOs = Local
Management Entities-Managed
Care Organizations

22. Fee-For-Service (FFS) Program Changes: New LME-MCO Regions

1. In March 2016, the state officially announced that the eight LME-MCOs would begin consolidating into four in summer 2016.
2. In July 2016, CenterPoint Human Services merged into Cardinal Innovations. LME-MCO operations for the North Central region have continued under the name Cardinal Innovations.
3. The state expects plans for the remaining mergers to be submitted by September 2016.



23. Fee-For-Service (FFS) Program: Behavioral Health Benefits

Mental Health Benefits Provided By LME-MCOs

- Inpatient and emergency treatment
- Outpatient treatment provided by a psychiatrist
- Mobile crisis management
- Diagnostic assessment
- Community support team
- Psychosocial rehabilitation
- Partial hospitalization
- Residential treatment services

Substance Abuse Treatment Benefits Provided By LME-MCOs

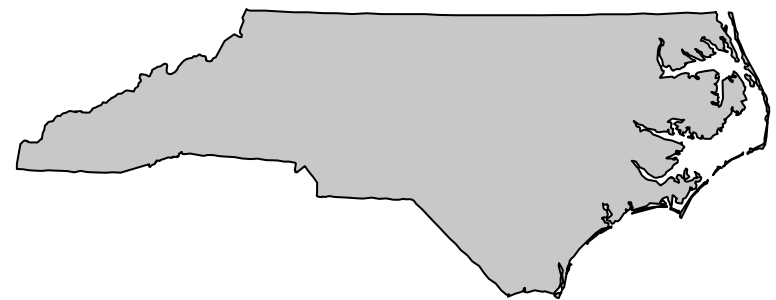
- Inpatient and emergency treatment
- Mobile crisis management
- Diagnostic assessment
- Community support team
- Residential treatment services
- Comprehensive and intensive outpatient services
- Medically monitored treatment
- Ambulatory and non-hospital detoxification
- Crisis stabilization
- Outpatient opioid treatment

Excluded from the LME-MCO model are SCHIP Title XXI Children, qualified Medicare beneficiaries, and children under three. These groups receive all behavioral health benefits through the FFS delivery system.

LME-MCOs = Local Management Entities-
Managed Care Organizations

24. Fee-For-Service (FFS) Program: Serious Mental Illness (SMI) Population

- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- Individuals with SMI receive behavioral health benefits through the LME-MCOs and are eligible to receive the following services not available to others:
 - Supported employment
 - Employment specialist services
 - Personal care
 - Individual support



LME-MCOs = Local Management Entities-
Managed Care Organizations

25. Managed Care Program: Program Overview

- *OPEN MINDS* estimates North Carolina's Medicaid managed care program enrollment as of August 2016 to be 1,534,885*.
- North Carolina uses a primary care case management (PCCM) model that the state considers to be managed care. The program is called Community Care Of North Carolina (CCNC), but is frequently referred to as CCNC/Carolina ACCESS based on the name of predecessor programs.
- The PCCM program involves multiple layers of contracted administration.
 - The state contracts with North Carolina Community Care Networks, Inc. (NCCCN) to administratively oversee 14 regional networks operating statewide under the umbrella of CCNC.
 - NCCCN is responsible for ensuring regional networks and CCNC affiliated providers meet program goals and performance measures.
 - Primary care providers must sign a contract with the state and also be party to a three-way contract with NCCCN and the regional network.

*Estimate based on reported 2014 managed care enrollment as a percentage of total enrollment.

26. Managed Care Program: Behavioral Health Overview

- Behavioral health services are provided by Local Management Entities-Managed Care Organizations (LME-MCOs)
- Excluded from the LME-MCO model are SCHIP Title XXI Children, qualified Medicare beneficiaries, and children under three. These groups receive all behavioral health benefits through the fee-for-service (FFS) delivery system.
- Psychotropic medications are the responsibility of the state, not the LME-MCOs and are provided FFS.
- Additionally, the Community Care Of North Carolina (CCNC) program has 10 psychiatrists and 14 behavioral health care coordinators to integrate behavioral and physical health at the network level. They provide resources and implement pilot projects to provide whole person care in coordination with the LME-MCOs.

27. Managed Care Program: Behavioral Health Benefits

Mental Health Benefits Provided By LME-MCOs

- Inpatient and emergency treatment
- Outpatient treatment provided by a psychiatrist
- Mobile crisis management
- Diagnostic assessment
- Community support team
- Psychosocial rehabilitation
- Partial hospitalization
- Residential treatment services

Substance Abuse Treatment Benefits Provided By LME-MCOs

- Inpatient and emergency treatment
- Mobile crisis management
- Diagnostic assessment
- Community support team
- Residential treatment services
- Comprehensive and intensive outpatient services
- Medically monitored treatment
- Ambulatory and non-hospital detoxification
- Crisis stabilization
- Outpatient opioid treatment

Excluded from the LME-MCO model are SCHIP Title XXI Children, qualified Medicare beneficiaries, and children under three. These groups receive all behavioral health benefits through the FFS delivery system.

LME-MCOs = Local Management Entities-
Managed Care Organizations
FFS = Fee-For-Service

28. Managed Care Program: Behavioral Health Benefits *(Continued)*

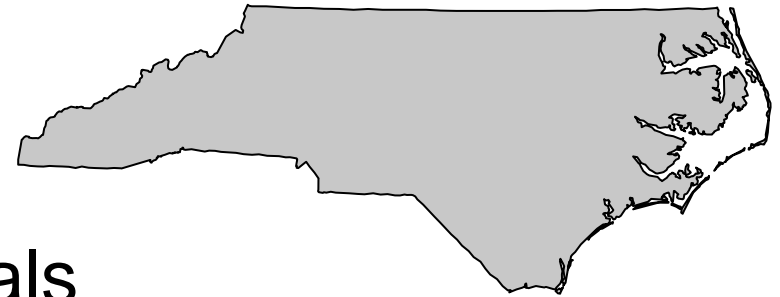
- LME-MCOs are paid two different capitation rates – one for 1915(b)(3) services under the Cardinal Innovations Waiver and another for two benefits covered under the State Plan.

State Plan Behavioral Health Benefits	1915(b)(3) Cardinal Innovations Waiver Benefits
<ol style="list-style-type: none"> 1. Psychotherapy, assessment, evaluation, and testing 2. Medication management 3. Residential services 4. Crisis intervention 5. Substance abuse treatment 6. Evidence-based clinical interventions, such as assertive community treatment (ACT) 	<ol style="list-style-type: none"> 1. One-time transitional costs 2. Psychosocial rehabilitation/peer support 3. Physician consultation 4. Community guide 5. Intensive recovery support- for women with children returning from a substance abuse program <p>Serious Mental Illness (SMI) Population Only:</p> <ol style="list-style-type: none"> 1. Supported employment/employment specialist 2. Personal care/individual support

Note: Only providers certified as Critical Access Behavioral Health Agencies (CABHA) are able to provide the following services: community support team, intensive in-home, and child and adolescent day treatment.

29. Managed Care Program: Serious Mental Illness (SMI) Population

- The SMI population receives services through LME-MCOs.
- Under the Cardinal Innovations Waiver individuals with SMI can receive supported employment / employment specialist and personal care / individual support.



LME-MCOs = Local Management Entities-
Managed Care Organizations

30. Care Coordination Initiatives

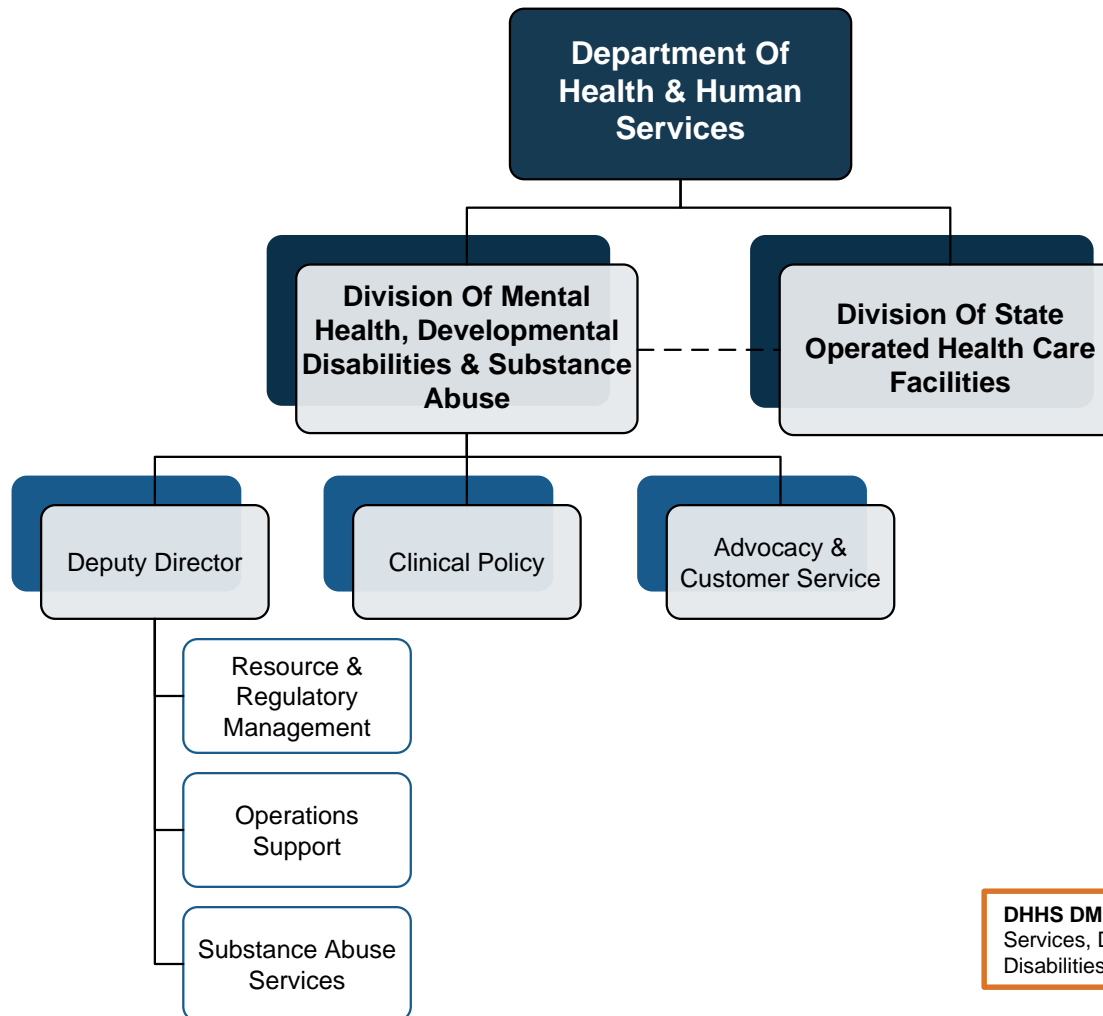
- In 2012, North Carolina Medicaid began offering health home services statewide for individuals with two chronic conditions or one chronic condition and at-risk for another.
- The State Plan Amendment (SPA) specifically states that serious mental illness (SMI) is not one of the chronic conditions that will be covered by the health homes.
- The health homes are offered through Community Care Of North Carolina (CCNC). They operate in the same manner as CCNC, with the addition of an individualized health plan for enrollees.
- Payment is based on a per member per month (PMPM) case management fee with additional payments incurred for specialized case management. Health homes are only paid the PMPM rate if they provided case management services for that month.

31. Program Waivers Impacting The Serious Mental Illness (SMI) Population

Waiver Title	Waiver Description	Waiver Type	2016 Enrollment Cap	Effective Date	Expiration Date
Cardinal Innovations	Authorizes statewide, mandatory enrollment of the Medicaid population into capitated prepaid inpatient health plans for comprehensive behavioral health services, called Local Management Entities-Managed Care Organizations (LME-MCOs).	1915 (b)	None	08/01/13	07/31/18
NC 2008 CAP/DA (0132.R06.00)	Provides adult day health care, services, supports, and supplies for aged individuals 65 and older and disabled individuals ages 18-64 qualifying for a nursing facility level of care.	1915 (c)	14,231	10/01/13	09/30/18

D. NORTH CAROLINA BEHAVIORAL HEALTH ADMINISTRATION & FINANCE SYSTEM

32. DHHS DMH/DD/SA Organizational Chart



DHHS DMH/DD/SA = Department Of Health & Human Services, Division Of Mental Health, Developmental Disabilities & Substances Abuse Services

33. DHHS DMH/DD/SA' Key Leadership

Name	Position	Department
Courtney Cantrell	Division Director	DHHS DMH/DD/SA
Dale C. Armstrong	Division Director	DHHS, Division Of State Operated Healthcare Facilities
Florence Stein	Deputy Director	DHHS DMH/DD/SA

DHHS DMH/DD/SA = Department Of Health & Human Services, Division Of Mental Health, Developmental Disabilities & Substances Abuse Services

34. State Psychiatric Institutions

Institution	Location	Beds	Admissions	Discharges	Average Daily Census
Central Regional Hospital	Butner	362	1,180	1,199	367
Broughton Hospital	Morganton	269	467	475	270
Cherry Hospital	Goldsboro	181	607	628	175
Total		812	2,254	2,302	812

35. Accountable Care Organizations (ACOs)

Medicare Accountable Care Organizations	
Model	ACOs
ACO Investment	<ol style="list-style-type: none"> 1. Carolina Medical Home Network ACO, LLC 2. Tar River Health Alliance, LLC
Advance Payment	<ol style="list-style-type: none"> 1. Coastal Carolina Quality Care, Inc. (CCQC)
Next Generation	<ol style="list-style-type: none"> 1. Cornerstone Health Enablement Strategic Solutions, LLC ACO 2. Triad HealthCare Network
Shared Savings Program	<ol style="list-style-type: none"> 1. Cape Fear Valley ACO, LLC 2. CaroMont ACO 3. Coastal Plains Network, LLC 4. Duke Connected Care, LLC 5. Mission Health Partners, Inc. 6. Physician Quality Partners, LLC 7. Physicians Healthcare Collaborative, LLC 8. Sandhills Accountable Care Alliance, LLC 9. WakeMed Key Community Care, LLC

Commercial	
ACO	Commercial Insurer
Cape Fear Valley ACO, LLC	• Blue Cross Blue Shield Of North Carolina
CaroMont ACO	• Cigna
ChoiceHealth CCC	• Cigna
Cornerstone Health Care	• UnitedHealthcare • Cigna
Duke Connected Care, LLC	• Cigna
Key Physicians	• Blue Cross Blue Shield Of North Carolina
Novant Health Collaborative Accountable Care	• Cigna
Tar River Health Alliance, LLC	• Cigna
WakeMed Key Community Care, LLC	• Blue Cross Blue Shield Of North Carolina
Wilmington Health	• Blue Cross Blue Shield Of North Carolina

APPENDIX A: SOURCES

Sources

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A. Health Care Marketplace Overview

1. Physical Health Care Coverage Map

- United States Department Of Health & Human Services. (2015, December 22). 2016 QHP Landscape Individual Market Medical. Retrieved February 8, 2016 from <https://data.healthcare.gov/dataset/2016-QHP-Landscape-Individual-Market-Medical-Excel/k2hw-8vcp>
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