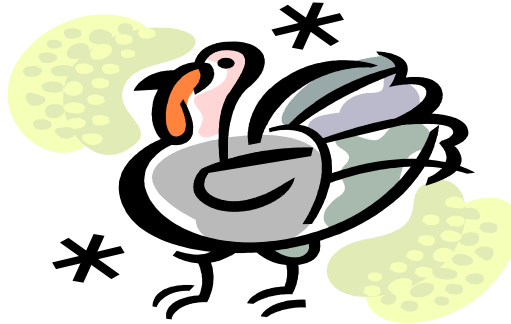


Midwest Health Plan, Inc.

Provider Newsletter

November 2008



Medical Director's Report
Dr. Mark Tucker

HEALTH SERVICES

AUTHORIZATION AND REFERRAL PROCEDURES

MHP has a vast network of specialists and ancillary providers. It is expected that referrals for services are made to in-network providers whenever possible. A list of contracted providers and specialists is available on line. If there is a question regarding the status of a provider or if it is felt a referral out of network is necessary, the Plan should be contacted. Questions can be directed to your Provider Services Representative or the Health Services Department at 313-586-6072.

REFERRALS

MHP has redefined the word referral.

A referral can be written on a prescription, a Michigan Health Care Referral Form, or any other form of paperwork. Many PCPs write the referral on a prescription, FAX the signed prescription to the referral specialist and give the original to the patient. A referral may be a verbal statement from the PCP for the member to see a referral specialist. The member's chart should reflect the PCP's desire for the member to be seen by a referral specialist.

Referrals are provided by the PCP to the member. Members are still to receive a "referral" from their PCP to seek treatment with a contracted specialist. MHP need not be notified of a referral to a contracted specialist. Only specified procedures require

MHP notification and approval. Please refer to the Midwest Health Plan Web site for specific information.

MICHIGAN HEALTH CARE REFERRAL FORM

The Michigan Health Care Referral form was developed by the Michigan Association of Health Plans to simplify the PCP's duties in requesting services from all of the Michigan Health Plans. Midwest Health Plan accepts the Michigan Health Care Referral Form for services requiring plan notification. Midwest Health Plan expects the Referral form to be complete, timely, and legible. For further information or instructions on completing the referral form contact the Health Services Department at 313-586-6072.

SERVICES REQUIRING PLAN NOTIFICATION / APPROVAL

(PRIOR AUTHORIZATION)

If there is a question regarding the need for Plan Notification / Approval (prior authorization) please contact the Health Services Department at 313-586-6072.

Plan notification and approval must occur prior to a member receiving the following services**:

- Services with a Non-Contracted Provider
- All Elective In-patient Admissions
- Nursing Home Care (Non-Custodial)
- Home Care
- Transplant Services
- Hospice Care
- Bariatric Procedures
- Oxygen and Related Supplies
- Cosmetic Surgery (Example: blepharoplasty, scar revision, breast reconstruction)
- Anesthesia for Oral Surgery
- Prosthetics and Orthotics
- In-Office Infusion Therapy
- Durable Medical Equipment
- Speech Therapy
- Occupational Therapy
- Physical Therapy

Prior Authorization from the Plan for the above services must be obtained by the member's PCP. Plan authorizations will be issued directly to the Provider of Service.

Providers requesting direct authorization from the Plan will be referred to the Member's PCP. The Plan may contact the Member's PCP or Specialist for information prior to issuing the authorization.

Elective Procedures and Elective Admissions must be reported to the Plan 72 hours in advance.

The following **in-network** services do not require plan notification:

- Outpatient Specialty Physician Consults and Services
- Allergy Testing
- Routine Radiology Services
- Outpatient Diagnostics
- Chemotherapy
- Radiation Therapy
- Chiropractic Services (limited to 18 visits)
- Outpatient Mental Health Visits
- Obstetrics / Gynecology
- Ophthalmology

Per the terms of the Plan contract with the Michigan Department of Community Health, Members may access any of the following services directly, without prior authorization or referral from the PCP or MHP.

- Emergency Room Services - Facility and Professional Components
- Family Planning Services at any provider
- STD Services at any provider
- Well-Women exams with a contracted provider
- Well-Child exams with a contracted Pediatrician
- Emergency Transportation

- Services provided by Federally Qualified Health Centers
- Services provided by Public Health Departments

InterQual Criteria

The Health Services Department of Midwest Health Plan utilizes InterQual Care Criteria® for making clinical decisions. The criteria are evidence based and utilized as a guideline. The criteria assist with managing care processes and resources in a way that fosters evidence-based practice and ensures patient safety while controlling medically unnecessary care.

InterQual Care Planning Criteria helps Midwest Health Plan to evaluate the appropriateness of care-related interventions including diagnostic testing and procedures.

InterQual Level of Care Criteria aid in recommending the right level of clinical care or setting for patients—from acute through outpatient treatment.

Using information found in the medical record or supplied by healthcare providers, the Midwest Health Plan reviewer determines whether a patient’s clinical status matches the criteria for a specific intervention or placement at a specific level of care. When there isn’t a match, a reviewer or physician advisor can work with the attending physician to decide on an appropriate course of action.

If you would like to review or discuss the InterQual Criteria, please contact your Provider Services representative or the Director of Health Services.

Specific InterQual Criteria is available upon request.

Influenza

The Influenza season is here. Hopefully, this year there will not be issues with either quantity or quality of Influenza vaccine. The bi-weekly bulletins from the CDC do not, to date, give any indication of problems with quality or quantity.

Influenza vaccine is a covered benefit for “at risk” Midwest Health Plan (MHP) members. The CDC recommendations should be utilized to identify “at risk” individuals.

MHP has surveyed each manufacturer of influenza vaccine for the retail price of a multi-dose vial. MHP has revised the fee schedule for Influenza vaccine. The intent of the revised fee is to cover the acquisition cost of the vaccine material. A table containing the revised fee schedule can be found in this issue of the Provider Newsletter.

If you have any questions about Influenza vaccine, please let me know via E-mail (mtucker@midwesthealthplan.com) or telephone (313.586.6060).

DISEASE MANAGEMENT

Diabetes Microalbuminuria Screening and Management

A chart from the National Kidney Foundation diagrams care management for people with diabetes who test positive for microalbuminuria, or microscopic protein in the urine. The chart walks health care providers through the recommended screening and monitoring tests for people with microalbuminuria and includes notations for when to refer them to a nephrologist. Different colors help elucidate the decision-making grid. The laminated card is available from the National Kidney Foundation Medical Department, 30 East 33rd Street, New York, NY 10016, 1-800-622-9010, 212-689-9261 (fax).

For more resources about diabetes, visit the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Reference Collection at <http://catalog.niddk.nih.gov/resources>. This free, online, searchable database helps health care professionals, health educators, patients, and the general public find educational materials not typically referenced in most databases.

HEALTH OUTREACH

IMMUNIZATION INCENTIVES FOR MEMBERS

Midwest Health Plan would like to remind you that we offer a \$5 gift card to parents of members who have completed all of the recommended immunizations by age 2 or age 13. To be eligible, the member must *currently* be 2, 12 or 13 years old and have completed all of the immunizations needed before their 2nd or 13th birthday. If you have any questions about our immunization incentives, please call the Health Outreach Department at (313) 586-6071.

“I CAN QUIT” SMOKING CESSATION PROGRAM

Smokers are much more likely to quit smoking when they are advised to do so by their primary care physician. That’s why Midwest Health Plan would like you to join us in encouraging all of our smoking members to quit. Please advise your patients who are Midwest members that we offer a free smoking cessation program called “I Can Quit.” Midwest members can verify their eligibility for this program by calling the Health Outreach Department at (313) 586-6071. “I Can Quit” is a telephonic smoking cessation program in which participants are paired with a Health Coach. The Health Coach assesses the member’s readiness to quit, helps the member set a quit date, and calls the

member to provide support throughout the quitting process. If you have any questions about the “I Can Quit” program, call the Health Outreach Department at (313) 586-6071. Members may self-refer by calling 1-888-889-8602.

QUALITY IMPROVEMENT

CLINICAL AND PREVENTIVE HEALTH GUIDELINES

MHP’s Clinical and Preventive Health Guidelines include:

- Diabetes
- Asthma
- Tobacco Control
- Substance Use Disorders
- Osteoporosis
- Osteoarthritis
- Hypertension
- Hyperlipidemia
- Heart Failure
- Deep Venous Thrombosis
- Major Depression
- Cancer
- Stroke
- Otitis Media
- Obesity
- Chronic Kidney Disease
- Pharyngitis
- Prenatal/Postpartum Care
- Preventive Health Guidelines from birth to over age 65
- Acute Bronchitis in Adults
- Chronic Heart Failure
- Acute Low Back Pain
- Prevention of Unintended Pregnancy in Adults

These guidelines are found on our website of www.midwesthealthplan.com. Please review these guidelines. These guidelines are developed based on nationally recognized sources—each guideline lists the sources. These guidelines were endorsed by the Medical Directors of the Michigan Quality Improvement Consortium (MQIC) and/or the Michigan Association of Health Plans Medical Directors. You can also find the guidelines along with physician tools on the MQIC website at www.mqic.org. If you would like a hard copy of these guidelines, or have any comments or suggestions for revisions, please contact Diane Lecerf at #313-586-6065.

2008 CAHPS Results

Midwest Health Plan (MHP) contracted with The Myers Group to conduct its annual 2008 CAHPS member satisfaction survey. Using a mixed (mail and telephone) survey administration methodology, the Myers Group collected 394 valid surveys from the eligible member population from January through May of 2008, yielding a response rate of 24.7%. Summary results for Midwest, including trends and comparisons with benchmarks, are provided below for selected measures.

Table 1 – CAHPS Results

Measure – Adult	2007	2008	Percentile	Benchmark Source
Getting Needed Care – Composite	71%	74%	37 th	NCQA
Getting Care Quickly - Composite	74%	81%	56 th	NCQA
How Well Doctors Communicate – Composite	83%	82%	<10 th	NCQA
Customer Service - Composite	66%	75%	24 th	TMG
Shared Decision Making	53%	53%	<10 th	TMG
Q8 - Health Promotion and Education	52%	54%	37 th	TMG
Q20 - Coordination of Care	72%	77%	62 nd	TMG
Q12 Rating your Health Care	60%	63%	32 nd	NCQA
Q21 Rating of Personal Doctor	71%	76%	49 th	NCQA
Q25 Rating of Specialist	71%	68%	<10 th	NCQA
Q35 Rating of Health Plan	66%	64%	14 th	NCQA
<i>Effectiveness of Care Measures</i>				
Q37 Smoke Every Day	41%	37%	NA	
Q38 Advised to Quit Smoking	68%	70%	66 th	NCQA
Q39 Discuss Smoke Cessation-Medications	38%	43%	85 th	NCQA
Q40 Discuss Smoke Cessation-Strategies	37%	42%	79 th	NCQA

* NCQA Quality Compass percentiles, where available. Where not available, TMG Book of Business percentiles are used.

CAHPS survey results indicate there are opportunities to improve member satisfaction. Midwest Health Plan has identified a number of action steps it will take during the upcoming year targeted at improving member satisfaction. These action steps include streamlining the referral process, making provider contract changes, conducting member outreach telephone calls to educate members on plan programs and procedures, and working to improve CAHPS response rate.

We hope you and your staff will also help us to improve member satisfaction in the areas of How Well Doctors Communicate and Shared Decision Making. Listening to patients, showing respect, spending enough time to ensure patients understand their condition and treatment plan, and including patients in treatment decisions all contribute to improved patient satisfaction which will help you retain your patients.

If you have questions regarding CAHPS results, please contact Diane Lecerf, Director of Quality/Accreditation at (313) 586-6065.

2008 Provider Satisfaction Survey Results

Midwest Health Plan contracted with The Myers Group to conduct its 2008 Provider Satisfaction Survey. The survey was mailed between March and April, 2008, to 524 primary care practitioners. 144 responses were collected and analyzed for a 27.7% response rate. Table 1 contains survey result trends from 2006 to 2008. Also included is TMG 2007 Medicaid Book of Business benchmark and an indication as to whether there was statistically significant changes in rates from 2006 to 2008.

Table 1: 2008 Provider Satisfaction Survey Results

MEASURE	2006	2007	2008	TMG 2007 Medicaid BoB	Sig. Test 2006-2008
Response Rate	26%	31%	28%		
Overall Satisfaction					
Overall Satisfaction with MHP	83%	75%	81%	63%	Not sig.
Would you recommend MHP to patients	86%	85%	87%	74%	Not sig.
Would you recommend MHP to Providers	88%	81%	87%	74%	Not sig.
Overall Satisfaction with other Health Plans	77%	82%	85%	75%	Not sig.
Network					
Quality of health plan specialists	52%	54%	52%	NA	Not sig.
Specialist Network has high quality specialists	49%	53%	45%	29%	Not sig.
Takes physician input & recommendations	55%	53%	57%	33%	Not sig.
Feedback/Reports					
Hospital feedback reports	39%	46%	44%	NA	Not sig.
Specialist feedback reports	39%	41%	41%	NA	Not sig.
Home Health feedback reports	38%	36%	44%	NA	Not sig.
Behavioral Health Care reports	27%	29%	41%	NA	sig Increase
Utilization Management					
Phone access to UM	54%	58%	57%	36%	Not sig.
Timeliness of UM pre-cert process	57%	45%	56%	34%	Not sig.
UM staff share review criteria for adverse determinations	56%	45%	55%	27%	Not sig.
Consistency of review decisions	52%	51%	53%	29%	Not sig.
Timeliness of UM appeals process	58%	55%	56%	26%	Not sig.
Timeliness of Medical Director intervention	61%	52%	61%	30%	Not sig.
Finance Issues					
Plan controls costs while maintaining high quality of care	47%	67%	53%	NA	Not sig.
Reimbursement rates for services	46%	47%	42%	22%	Not sig.
Timeliness of Capitation Checks	59%	61%	63%	NA	Not sig.
Accuracy of Capitation Checks	60%	65%	65%	NA	Not sig.
Timeliness of Claims Payment	58%	60%	51%	34%	Not sig.
Accuracy of Claims Payment	58%	63%	53%	29%	Not sig.
Pharmacy & Drug Benefits					
Ease of using formulary	43%	36%	47%	22%	Not sig.
Variety of drugs available in formulary	42%	38%	39%	17%	Not sig.

Provider Relations					
Responsiveness & courteous reps	67%	65%	66%	51%	Not sig.
Timeliness to answer questions	60%	58%	59%	38%	Not sig.
Quality of Provider orientation process	64%	64%	61%	41%	Not sig.
Quality of educational meetings	62%	67%	58%	36%	Not sig.
Quality of written materials	66%	60%	57%	38%	Not sig.

Overall, Midwest providers rated the plan at or above the 75th percentile when compared with The Myers Group benchmarks in nearly every area. The survey also had two open-ended questions asking providers “What do you like best about Midwest Health Plan?” and “How can we improve Midwest Health Plan?” Midwest has identified a number of action steps targeted at addressing issues identified in the Provider Satisfaction Survey. These include streamlining the referral and authorization process, making contract changes to improve payment to providers, and improving access to plan information such as the formulary. Midwest would like to thank those of you who responded to the survey. We appreciate your input and suggestions for improving the Plan.

HEDIS UPDATE

Appropriate Testing for Children with Pharyngitis

This administrative measure is taken from claims/encounter data. It’s the percentage of children age 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic, **and** received a group A streptococcus (strep) test for the diagnosis. Midwest Health Plan was at 19% for 2008. Midwest has had the lowest of all the health plans for the past 2 years. The lowest rate among all Medicaid health plans in the State. We reimburse offices \$10 for a Group A strep test. This includes primary care providers for the Medicaid members only.

We reimburse offices \$10 for a Group A strep test. This includes primary care providers for the Medicaid members only.

Codes to Identify Pharyngitis: ICD-9-CM: acute pharyngitis 462, acute tonsillitis 463, streptococcal sore throat 034.0.

Codes to Identify Visit Type: CPT: Outpatient 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99382-99385, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429, 99499.

Codes to Identify Group A Streptococcus Test: CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880.

Lead Screening

This is a new hybrid measure for HEDIS that started 1/1/07. It’s the percentage of children two years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday. Midwest will reimburse you \$12 for every lead test conducted.

Codes to Identify Lead Tests: CPT 83655

New HEDIS Measure: Adult BMI Assessment

The Adult BMI Assessment measures the percentage of members 18-74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year. Midwest will be measuring Adult BMI Assessment as part of its HEDIS 2009 reporting.

In light of the alarming rate of obesity among Americans, and the related increased risks of developing many diseases and health conditions from being overweight, it is important that as part of every health assessment, the patient's BMI be calculated and the patient advised if the BMI indicates he or she is overweight. This is a simple calculation based on the patient's height and weight and there simple tools that can be used for the calculation.

Midwest Health Plan will be distributing BMI calculation grids to provider offices during the upcoming month. We suggest you tape the grids to your scales so that whenever a patient is weighed and measured, the nurse or office staff member can look up the patient's BMI and record it in the medical record along with the height and weight measurements. You should advise the patient if the BMI is out of normal range and encourage a weight loss program. Refer to the table below for various ranges for BMI.

Table 1: Ranges for BMI

	BMI
Underweight	Below 18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obesity	30.0 and Above

For an online BMI calculator go to: www.nhlbisupport.com/bmi/

A copy of a BMI grid is provided at the end of this newsletter.

PROVIDER SERVICES

Consultation Request Form (CRF) Change:

WHEN COMPLETING THE CRF PLEASE CHOOSE THE BOX NEXT TO THE MEMBER'S COVERAGE (Midwest Health Plan - HMO, Health Choice, Adult Benefit Waiver, Macomb Care Connect (Plan B) and Midwest Advantage)

Please be advised that Midwest Health Plan has changed our Consultation Request Form (CRF) from the four-copy form to a one-copy form. This new form can be used for all our product lines; including. **We ask that all PCP offices use your remaining supply of four-copy forms before requesting the one-copy form.**

THE PROCESS TO FAX ALL CRFS TO MIDWEST HEALTH PLAN HAS NOT CHANGED. PLEASE USE FAX NUMBER 313-586-6045.

WIN CANDY

Your office will have the chance each month to win a free box of candy. All you have to do is answer the questions on the last page of the newsletter and fax the page to us at 313-581-2780. If your answers are correct, the candy will be mailed to your office. Please refer to our website at www.midwesthealthplan.com for the list of winners. **If you do not answer the questions correctly, you will not receive the candy.** So keep up the good work and keep responding. If you're not participating, you should. It's quick and easy and all you have to do is read the newsletter and answer the questions. Please try it. **Congratulations** to those offices who responded correctly. We hope you are enjoying the candy! The October office winners include.

**Beaumont Family Medical
Children's Eye Care – Detroit
Park Family Health Center – Roseville
Park Family Health Center-Detroit
Park Family Health Center – Corp. Office
Park Family Health Center-Lincoln Park
Hollywood Pediatric Clinic
Kamala Vanaharam, M.D.
C.A. Murphy Family Health Clinic
Marcia Vanderbroek, D.O., P.C.
My Family Doctor
Stephen Swetech, D.O.**

November 2008 Candy Contest

- 1. (True or False)** *“A referral can be written on a prescription, a Michigan Health Care Referral Form, or any other form of paperwork. “*
- 2.** Plan notification and approval must occur prior to a member receiving the following services. Please list four services

- 3.** List four of the following **in-network** services that do not require plan notification:

- 4.** *True or False “A referral may be a verbal statement from the PCP for the member to see a referral specialist. The member’s chart should reflect the PCP’s desire for the member to be seen by a referral specialist. “*

Your Name: _____
From the office of Doctor: _____ **PIN** _____
Office Site Name: _____
Phone Number: _____

Please fax this completed sheet to (313) 581-2780

Answers for October 2008 Candy Contest

1. Midwest Health Plan is pleased to announce that it received an Honorable Mention at MAHP's annual Pinnacle Awards for Midwest's health fair **At the Heart of the Community's Health** (name of event).
2. Midwest Health Plan would like to remind you of our telephonic case management and education program for pregnant members and their infants called **Rosebud.®**.
3. Midwest Health Plan would like to congratulate **Dr. Stephen M Swetech** , a Midwest PCP, for being recognized by MAHP with a Pinnacle Award for his Diabetes Program, "Sweets Survey of Sugar Supervision from Head-to-Toe".
4. Midwest Health Plan's Provider Meeting will be sponsored by Sanofi Aventis on **Thursday, October 16, 2008**

**MIDWEST HEALTH PLAN
FLU VACCINE COVERAGE AND BILLING INSTRUCTIONS**

2008/2009 FLU SEASON

PROCEDURE CODES AND CORRESPONDING FEES

Procedure Code	Description	Age <19	AGE ≥19
90669	Pneumococcal Vacc, PED<5 years old	0.00 (VFC* covered code)	Not Applicable
90655	Flu Vaccine no preserv 6-35 months old	0.00 (VFC covered code)	Not Applicable
90656	Flu Vaccine no preserve 3 years and older	0.00 (VFC covered code)	\$15.82
90657	Flu Vaccine, 3 years old IM	0.00 (VFC covered code)	Not Applicable
90658	Flu Vaccine, 3 years and older IM	0.00 (VFC covered code)	\$12.06
90660	Flu Vaccine, Nasal	0.00 (VFC covered code)	\$21.18
90732	Pneumococcal Vacc, age >5 years old	(VFC covered code)	\$27.03

*VFC is Vaccine for Children. If the grid lists “VFC covered code”, that means you must obtain this vaccine from the Vaccines for Children program. VFC is for children less than 19 years old.

Fee For Service providers can bill for the administration of the vaccine,
For Capitated providers the administration fee is part of your capitation.

For all providers: As of **1/1/2007** an administration charge of \$7.00 can be billed for the administration of any of the above vaccines using the appropriate procedure code for separate reimbursement **except** procedure code 90660-Nasal Flu vaccine.



Members With Completed Immunizations By Age 2 or 12 & 13

Patient name: _____

Parent's/Guardian's Name: _____

Patient's date of birth: _____

(To be eligible for the childhood immunization incentive, the patient must currently be 2 years old or younger. To be eligible for the adolescent immunization incentive, the patient must currently be either 12 or 13 years old)

Address of Patient: _____

Telephone number of Patient: _____

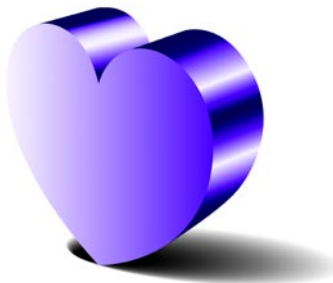
Provider's/Doctor's name: _____

Provider's Address: _____

Provider's Telephone number: _____

Contact at office: _____

Fax this completed form along with the immunization record for this patient to (313) 581-2780, and your patient will receive a \$5 gift card to Target!!



MIDWEST
HEALTH PLAN

Notification of Pregnancy

Phone number:

313-586-6071

Fax number:

313-581-2780

MEMBER DATA

Date		Date of Birth	
Last Name		First Name	
Address		Phone #	
City		Alternate Phone #	
ZIP		Recipient ID	

HEALTHCARE PROVIDER DATA

PCP Name		PCP ID #	
Address		Ste	
Zip		Phone #	
OB Provider		OB Phone #	

PERINATAL INFORMATION

Maternal:			
LMP		Date last Pap test	
EDC		Date Chlamydia screen	

RISK FACTORS / COMMENTS

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Midwest Health Plan thanks you for notifying us of members who are pregnant.

Body Mass Index Table

Normal

Overweight

Obese

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (inches)	Body Weight (pounds)																
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287