

All Providers

- 1 Did You Know? Medicare Advantage Plans Billed as Medicare
- 1 Co-Pay and COVID-19
- 2 Health First Colorado Recovery Audit Contractor (RAC)
- 2 Incorrect Member Billing
- 3 Member Video Toolkit
- 3 National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Hospital Providers

- 5 Hospital Services Rendered Via Telemedicine
- 5 Inpatient Hospital Review Program (IHRP): Suspension Continues

Non-Physician, OT, PT and SLP Providers

- 6 Updated Supervision Rules

PLTHH and PDN Providers

- 6 Continued Suspension of the Prior Authorization Requirement

Pharmacies and All Medication-Prescribing Providers

- 7 Preferred Drug List (PDL) Announcement of Preferred Products
- 10 Pharmacy and Therapeutics (P&T) Committee Meeting:
- 10 Pharmacy and Therapeutics (P&T) Committee Member Openings

Providers Who Submit Fee-for-Service PARs, Physician Administered Drugs

- 11 New Utilization Management (UM) Vendor Update

Provider Billing Training Sessions

- 12 March and April 2021 Provider Billing Webinar-Only Training Sessions

Did You Know?

If a member has a Medicare Advantage plan, the primary billing information should be reported on a claim in the Medicare fields, not as Third-Party Liability (TPL) fields. A Medicare Advantage plan (such as a Health Maintenance Organization [HMO] or Preferred Provider Organization [PPO]) is another Medicare health plan choice a member may have as part of Medicare.

Reference the [Submitting a Claim with Other Insurance or Medicare Crossover Information quick guide](#) for more information.

All Providers

Co-Pay and COVID-19

Providers are instructed to **not** collect co-pay amounts from any Health First Colorado (Colorado's Medicaid Program) member for the following types of visits related to COVID-19:

1. Visits where any Advisory Committee on Immunization Practices (ACIP)-recommended vaccine is administered. This includes COVID-19 vaccine administration.
2. Visits where a COVID-19 diagnostic test is performed.
3. Visits where treatment is provided to a member diagnosed with COVID-19.

Claims for these visits will not have a co-pay deducted for members who are otherwise responsible for cost sharing. Visit the General Provider Information Manual web page for more information on the co-pay policy.

Health First Colorado Recovery Audit Contractor (RAC)

Health Management Systems, Inc. (HMS) has been contracted to serve as the Recovery Audit Contractor (RAC) to conduct post-payment reviews of claims submitted for fee-for-service and managed care services in compliance with Section 6411(a) of the Affordable Care Act. This is a federally-mandated contract program. In February 2018, HMS began reviews to identify overpayments and assist the Department of Health Care Policy & Financing (the Department) in recovering any overpayments made to providers for Health First Colorado medical claims.



The RAC audits claims from as far back as 7 years (84 months) from the date the claim was originally paid as approved in the [State Plan Amendment CO-16-0003](#). This lookback period extends to **all claim and provider types**.

Providers are encouraged to update their contact information using the [HMS RAC Provider Portal](#). This is a tool providers can use to track the progress of their audits, as well as add contact information that is specific to RAC correspondence. Providers can also upload documentation through this portal if medical records are requested for post-payment audits. All correspondence will go to the provider's service address listed in the Colorado interChange if address and contact information is not updated in the HMS portal.

RAC resources and information is available for providers on the [Recovery Audit Contractor \(RAC\) Program web page](#).

HMS has also published a number of [resources](#) for providers including a recorded webinar, RAC 101, RAC FAQ, Provider Portal Training and Contact information. More information is available on the [HMS Colorado RAC website](#).

Incorrect Member Billing

Health First Colorado members cannot be billed for services covered by Health First Colorado.

Providers cannot bill members in the following circumstances:

- **Third-Party Liability (TPL) co-pays and deductibles** - Providers cannot bill members for the difference between commercial health insurance payments and the billed charges when Health First Colorado does not make additional payment. The provider also cannot bill members for co-pay or deductibles assessed by Third-Party Liability (TPL) (commercial insurance). Visit the [General Provider Information Manual for more information](#).
- **Delayed Notification of Eligibility from the member** - Providers must verify eligibility within a timely manner.
- **Claim denials** - Timely filing, place of service invalid, contract invalid, or other denials for the line item or the entire claim are not valid reasons to bill the member.

- **Provider is not enrolled with Health First Colorado** - Once the services have been rendered to the member, the provider must enroll with Health First Colorado in order to receive payment. The provider may not bill the member if they choose to not enroll.

Providers shall not send overdue Health First Colorado member accounts to collection agencies unless the billing is for a non-covered service and the member has reneged on a written payment agreement. Review the [Policy Statement: Billing Health First Colorado Members for Services web page](#) for more information.

Member Video Toolkit



One in four Coloradans are covered by Health First Colorado. Coloradans from across the state and all walks of life get health care from Health First Colorado. Health First Colorado provides members such as Mary the peace of mind to live independently, knowing her health care is covered. [Watch Mary's story](#) and listen to Health First Colorado members tell, in their own words, how Health First Colorado was there to help. Other Health First Colorado members want Coloradans to know that they may qualify for quality health care coverage. Learn more at HealthFirstColorado.com.

Providers are encouraged to share with their networks how Health First Colorado helps its members. Reference the [Health First Colorado Member Videos Toolkit](#) for instructions on sharing this story on different social media platforms and newsletters.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor the [Centers for Medicare & Medicaid Services \(CMS\) website](#) for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly with the next file update available April 2021. For more information, visit the [CMS National Correct Coding Initiative Edits web page](#).

Hospital Providers

General Updates

All Hospital Providers

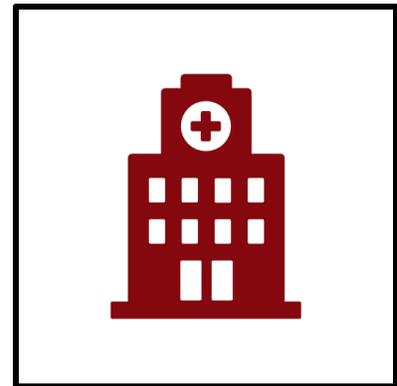
Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. [Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

- The next Rural Hospital Engagement meeting is scheduled for [Thursday, March 4, 2021, from 2:00 p.m. - 4:00 p.m.](#) and will be hosted virtually.
- The All-Hospital Engagement meeting is scheduled for [Friday, March 5, 2021, from 9:00 a.m. - 12:00 p.m.](#) and will be hosted virtually.

Visit the [Hospital Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2021 meetings have been posted.**

Contact Andrew Abalos at Andrew.Abalos@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.



Inpatient Hospital Providers

Fiscal Year (FY) 2020-2021 Base Rate Implementation

The Department is aware of claims that were missed during the reprocessing phase of the FY 2020-2021 base rate implementation in January. The missed claims were reprocessed in February.

Updated July 7, 2020, All Patient Refined Diagnosis Related Group (APR-DRG) Weight Table

The weight tables loaded to the [Inpatient Hospital Payment web page](#) had incorrect data listed for DRG 541: VAGINAL DELIVERY W STERILIZATION &/OR D&C. A new weight table has been uploaded fixing this error. The Colorado interChange has been processing the payments for DRG 541 using the correct data elements since the July 1, 2020, implementation.

Contact Diana.Lambe@state.co.us with any questions regarding the FY20-21 Base Rate Implementation or the updated July 1, 2020, APR-DRG Weight Table.

Rural Health Clinics

Bi-monthly Rural Health Clinic Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing.

- The next Rural Health Clinic Engagement meeting is scheduled for [Thursday, March 4, 2021, from 12:30 p.m. to 1:30 p.m.](#) and will be hosted virtually.

Visit the [Rural Health Clinic Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2021 meetings have been posted.**

Contact Erin Johnson at Erink.Johnson@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Hospital Services Rendered Via Telemedicine



Hospital providers are reminded that the only telemedicine services outpatient hospitals are allowed to bill for are Physical Therapy (PT), Occupational Therapy (OT) and Speech Language Pathology (SLP).

Effective January 7, 2021, all telemedicine services billed with modifier GT on an outpatient claim may deny except PT, OT and SLP.

Services which may be rendered via telemedicine are outlined in the [Telemedicine Billing Manual](#) and [Telemedicine - Provider Information web page](#).

Contact Janna Leo at Janna.Leo@state.co.us with policy questions.

Inpatient Hospital Review Program (IHRP): Suspension Continues

The Inpatient Hospital Review Program (IHRP), which was suspended as of April 1, 2020, is still suspended. When IHRP is restarted in the future, it will be with the new Utilization Management (UM) Vendor, Keystone Peer Review Organization (Kepro), and the Department will ensure appropriate time for gathering Stakeholder and Provider feedback, planning, and training with the new UM Vendor prior to implementation. Any future information regarding the IHRP will be sent out via provider bulletins and posted on the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#).

Non-Physician, Occupational Therapy (OT), Physical Therapy (PT), Speech Language Pathology (SLP) Providers

Updated Supervision Rules

Effective December 30, 2020, Health First Colorado updated supervision rules for the following providers:

- **Non-physician providers** can provide health education services under *general supervision* of a provider authorized to supervise them under Department of Regulatory Agencies (DORA) rules. Health education services are defined as the provision of counseling, referral, instruction, suggestions and support to main or improve health.
- **Physical therapy assistants, occupational therapy assistants and speech language pathology clinical fellows** can provide services within their scope of practice if under the *general supervision* of an enrolled provider authorized to supervise them under DORA rules.
- **Speech language pathology assistants** can provide services within their scope of practice under the *direct supervision* of a licensed speech language pathologist authorized to supervise them under DORA rules.

The [updated rules](#) can be found under [8.200](#) of the [Department Program Rules and Regulations web page](#).

Contact Morgan Anderson at Morgan.Anderson@state.co.us or Alex Weichselbaum at Alex.Weichselbaum@state.co.us with any questions.

Pediatric Long-Term Home Health (PLTHH) and Private Duty Nursing (PDN) Providers

Continued Suspension of the Prior Authorization Requirement

PLTHH and PDN Providers were previously notified that the Prior Authorization Request (PAR) requirement for these services would be suspended as of July 1, 2020. It has been determined to keep the PAR requirement suspended, and the submission of PLTHH and PDN PARs will resume to the new Utilization Management (UM) Vendor **no earlier than May 1, 2021**. Sufficient and timely communication will be provided upon restarting the PARs to allow for planning and preparation purposes. The resumption of PARs submission will involve a phased-

in implementation and the Department will collaborate with providers to develop the plan for each phase of PAR submissions.

Note: The Department is in the process of transitioning the utilization management from eQHealth Solutions, Inc. to Keystone Peer Review Organization (KEPRO). Kepro will be the UM Vendor responsible for reviewing these PARs when the program is restarted. The Department is committed to ensuring there is sufficient notice and training prior to re-starting this requirement so that providers may learn the new UM Vendor's PAR system.



Providers can, and should, continue to provide medically necessary services in compliance with Department rules at 10 CCR 2505-10, Sections 8.520 and 8.540. Providers can submit the claims to the Department's fiscal agent if the services are medically necessary and in compliance with rules and regulations. Additional information about the future resumption of PLTHH and PDN PARs will be shared with providers in future communications, posted on the [Private Duty Nursing and Pediatric Long-Term Home Health Services Pre-Approval Project web page](#) and posted on the [ColoradoPAR: Health First Colorado Prior Authorization Request](#)

[Program web page](#). If there are additional questions, concerns or specific issues regarding these PARs, contact the Department's UM Team at hcpf_UM@state.co.us. Contact the Department's Benefits team at hcpf_benefitsupport@state.co.us with questions regarding policy.

Note: This PAR suspension does not affect Long Term Home Health PARs for Adults (members aged 21 and over) and for any issues regarding Adult Long Term Home Health, Providers should contact the appropriate Case Management Agency or hcpf_lthhPARs@state.co.us.

Pharmacies and All Medication-Prescribing Providers

Preferred Drug List (PDL) Announcement of Preferred Products

The following PDL drug classes and preferred agents will become effective April 1, 2021.

Alpha Blockers

Preferred products will be: Prazosin capsule

Beta-Blockers & Combinations

Preferred products will be: Acebutolol, Atenolol, Atenolol/Chlorthalidone, Bisoprolol, Bisoprolol/HCTZ, Bystolic, Carvedilol IR/ER, Labetalol, Metoprolol, Metoprolol XL, Metoprolol/HCTZ, Nadolol, Pindolol, Propranolol IR tablet/solution, Propranolol ER, Sotalol

Calcium Channel Blockers (CCBs)

Preferred products will be: Amlodipine, Diltiazem IR tablet, Diltiazem ER capsule, Felodipine ER, Nifedipine IR/ER, Verapamil IR tablet, Verapamil ER tablet, Verapamil ER capsule

Lipotropics, Bile Acid Sequestrants

Preferred products will be: Cholestyramine/Aspartame, Cholestyramine/Sucrose, Colesevelam tablet, Colestipol tablet

Lipotropics, Other

Preferred products will be: Ezetimibe, Fenofibrate tablet/capsule (generic Lofibra/Tricor), Gemfibrozil, Niacin ER, Omega-3 ethyl esters (generic Lovaza)

Statins/Statin Combinations

Preferred products will be: Atorvastatin, Lovastatin, Pravastatin, Rosuvastatin, Simvastatin

Anti-Parkinson's Agents

Preferred products will be: Amantadine, Benztropine, Carbidopa/Levodopa IR, Carbidopa/Levodopa ER, Carbidopa/Levodopa/Entacapone, Pramipexole IR, Ropinirole IR, Selegiline, Trihexyphenidyl tablet/elixir

Atypical Antipsychotics

Preferred products will be: Aripiprazole tablet, Clozapine tablet, Latuda (2nd Line), Olanzapine, Quetiapine IR/ER, Risperidone, Ziprasidone

CGRP Inhibitors

Preferred products will be: Emgality 120mg syringe, Emgality pen, Aimovig auto-injector

Lithium Agents

Preferred products will be: Lithium carbonate tablet/capsule, Lithium ER tablet

Neurocognitive Disorder Agents

Preferred products will be: Donepezil 5mg/10mg tablet, Donepezil ODT, Memantine tablet, Rivastigmine capsule/patch

Sedative Hypnotics- Non-Benzodiazepines

Preferred products will be: Eszopiclone, Zaleplon, Zolpidem IR/ER

Sedative Hypnotics- Benzodiazepines

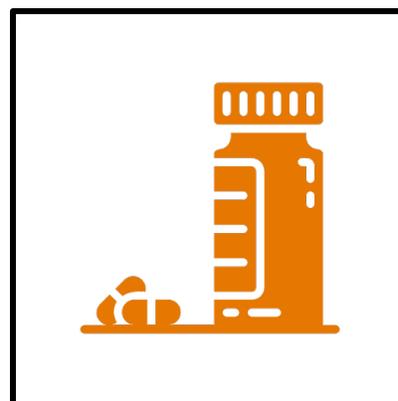
Preferred products will be: Temazepam 15mg, Temazepam 30mg, Triazolam

Anxiolytics - Benzodiazepines

Preferred products will be: Alprazolam IR tablet, Alprazolam ER tablet, Chlordiazepoxide, Clorazepate, Diazepam tablet, Diazepam solution, Lorazepam tablet/solution, Oxazepam

Anxiolytics - Non-Benzodiazepines

Preferred products will be: Buspirone



Topical Steroids (Low Potency)

Preferred products will be: Derma-Smoothe (BNR) oil, Desonide 0.05% cream/ointment, Fluocinolone 0.01% cream, Hydrocortisone (Rx) cream/lotion/ointment

Topical Steroids (Medium Potency)

Preferred products will be: Betamethasone dipropionate lotion, Betamethasone valerate ointment, Fluocinolone 0.025% cream, Fluticasone cream/ointment, Mometasone cream/ointment/solution, Triamcinolone 0.025%, 0.1% cream/lotion/ointment

Topical Steroids (High Potency)

Preferred products will be: Betamethasone Dipropionate/Propylene Glycol (aug.) cream, Fluocinonide 0.05% gel/ointment/solution, Triamcinolone 0.5%cream/ointment

Topical Steroids (Very High Potency)

Preferred products will be: Betamethasone Dipropionate/Propylene Glycol (aug.) ointment, Clobetasol Propionate cream/gel/ointment/solution, Fluocinonide 0.1% cream

Insulins (Mixtures)

Preferred products will be: Humalog Mix 50/50 pen/vial, Humalog Mix 75/25 pen/vial, Humulin 70/30 vial/pen (OTC), Novolog Mix 70/30 vial/pen

Insulins (Long-acting)

Preferred products will be: Lantus pen/vial, Levemir pen/vial

Insulins (Intermediate-acting)

Preferred products will be: Humulin N vial (OTC), Novolin N pen/vial (OTC)

Insulins (Rapid-acting)

Preferred products will be: Humalog cartridge/pen/vial, Humalog Jr. pen, Novolog cartridge/pen/vial

Insulins (Short-acting)

Preferred products will be: Humulin R vial (OTC), Humulin R U-500 vial/pen, Novolin R pen/vial (OTC)

Glucagon, Self-Administered

Preferred products will be: GlucaGen hypokit, Glucagon emergency kit, Gvoke pen/syringe

Growth Hormones

Preferred products will be: Genotropin, Norditropin

Bile Salts

Preferred products will be: Ursodiol capsule/tablet

Hemorrhoidal, Anorectal and Topical Anesthetic Agents

Preferred products will be: Anusol HC 2.5% cream, Cortifoam 10% aerosol, Hydrocortisone 1% (Rx) cream/kit, Hydrocortisone 2.5% cream/kit, Hydrocortisone enema, Hydrocortisone/Lidocaine 3-0.5% cream, Lidocaine 5% ointment, Lidocaine/Prilocaine 2.5%-2.5% cream, Proctofoam 1%-1% foam, Proctosol HC 2.5% cream, Proctozone HC 2.5% cream

Immune Globulins

Preferred products will be: Cuvitru, Gammagard liquid, Gammaked, Gammalex, Gamunex-C, Hizentra, Privigen

Intranasal Rhinitis Agents

Preferred products will be: Azelastine, Budesonide (OTC), Fluticasone (Rx), Ipratropium, Triamcinolone (OTC)

Leukotriene Modifiers

Preferred products will be: Montelukast chewable/tablet

Multiple Sclerosis Agents

Preferred products will be: Aubagio, Avonex, Betaseron, Copaxone 20mg (BNR), Gilenya, Tecfidera (BNR)

Ophthalmic Allergy Agents

Preferred products will be: Alrex, Cromolyn, Ketotifen (OTC), Lastacaft, Olopatadine (RX), Pazeo (Rx)

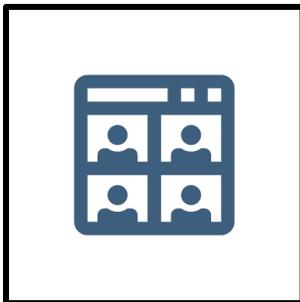
Ophthalmic Anti-inflammatory Agents

Preferred products will be: Diclofenac, Flarex, Flurbiprofen, Fluorometholone, FML Forte, Ilevro, Ketorolac, Lotemax drops (BNR)/ointment, Maxidex, Pred Mild, Prednisolone acetate

Ophthalmic Glaucoma Agents

Preferred products will be: Alphagan P 0.15% (BNR), Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Dorzolamide, Dorzolamide/Timolol, Dorzolamide/Timolol PF, Latanoprost, Levobunolol, Lumigan (BNR), Timolol (generic Timoptic), Travatan Z (BNR)

Pharmacy and Therapeutics (P&T) Committee Meeting:



Tuesday, April 13, 2021

1:00 p.m. - 5:00 p.m. MT

303 E 17th Ave (to be held virtually, not in person)

11th Floor Conference Rooms ABC (subject to change)

Visit the [Pharmacy and Therapeutics \(P&T\) Committee web page](#) for the agenda and meeting information.

Pharmacy and Therapeutics (P&T) Committee Member Openings

Applicants are being accepted for the following two open positions for the P&T Committee terms 2021-2022:

- One physician who specializes in the practice of psychiatry

- One physician who specializes in the treatment of members with disabilities

If interested in serving or know someone who would be qualified, please submit/have them submit a CV along with a completed [Conflict of Interest form](#) to:

Colorado Department of Health Care Policy & Financing
Attn: Brittany Schock, PharmD
Fax to 303-866-3590 or email Brittany.Schock@state.co.us

Providers Who Submit Fee-for-Service Prior Authorization Requests (PARs), Physician Administered Drugs

New Utilization Management (UM) Vendor Update

In the [February 2021 Provider Bulletin \(4210059\)](#) it was announced the intent to award the UM contract to Keystone Peer Review Organization (Kepro). Kepro will replace eQHealth Solutions, Inc. as the new UM Vendor and begin to receive Prior Authorization Requests (PARs) no earlier than May 1, 2021. Additional information will be sent via email, newsletters, monthly provider bulletins and posted to the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#).

As the timeline is finalized for the UM Vendor transition to Kepro, providers are encouraged to begin downloading any documents that may be needed in the future (such as PAR Determination letters) that are currently in the [Provider PAR Portal](#), eQSuite®, as they will not be accessible after the UM Vendor transitions to Kepro.

Providers who have existing prior authorizations that are due for renewal between April and May 2021 are encouraged to submit PARs for renewal **as early as 60 days prior to the start date on the new PAR** to eQHealth Solutions, Inc. See the example below and refer to the [Billing Manuals web page](#) for each benefit area for PAR-specific requirements.

Renewal PAR example:

Provider A has an existing outpatient physical therapy prior authorization with an end date of May 1, 2021. Provider A plans to submit a continued stay PAR with a start date of May 2, 2021 and is eligible to submit the request on March 3, 2021. It is recommended to submit a PAR for the renewal if services are to be continued and meet medical necessity between March 3, 2021, to April 16, 2021.

Physician Administered Drugs (PADs)

A select group of PADs that will require prior authorization will be implemented with Kepro. Information pertaining to PAD prior authorization requests will be posted on the [Physician Administered Drugs web page](#) within the coming weeks. The prior authorization criteria for proposed PADs will be discussed at a shortened Drug Utilization Review (DUR) Board meeting

to be held on March 23, 2021. DUR-specific information and meeting agendas can be found on the [Drug Utilization Review Board web page](#).

Contact the Department's UM Team at hcpf_UM@state.co.us with questions about the UM Vendor transition.

Provider Billing Training Sessions

March and April 2021 Provider Billing Webinar-Only Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months' workshop calendars are shown below.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services, or need a billing refresher course should consider attending one or more of the following provider training sessions.

The institutional claims (UB-04) and professional claims (CMS 1500) training sessions provide high-level overviews of claim submission, prior authorizations, navigating the [Department's website](#), using the [Provider Web Portal](#), and more. For a preview of the training materials used in these sessions, refer to the Beginner Billing Training: Professional Claims (CMS 1500) and Beginner Billing Training: Institutional Claims (UB-04) available on the [Provider Training web page](#) under the Billing Training - Resources drop-down section.

For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides web page](#).

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

March 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	12	13
14	15	16	17	18	19	20
21	22	23	24	25 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	26	27
28	29	30	31			

April 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	9	10
11	12	13	14	15	16	17
18	19	20	21	22 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	23	24
25	26	27	28	29	30	

Live Webinar Registration

Register for a live webinar by clicking the title of the desired training session in the calendar above and completing the webinar registration form. An automated response will confirm the reservation. For questions or issues regarding webinar registration, email co.training@gainwelltechnologies.com with the subject line "Webinar Help." Include a description of the issue being experienced, name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to 2-3 business days to receive a response.

Gainwell Technologies Contacts

**Provider Services Call Center
1-844-235-2387**

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