

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
April 12th, 2018**

401 S. Clinton Street, Chicago, Illinois
201 S. Grand Avenue East, Springfield, Illinois

Committee Members

Brittany Ward, CPS
Stephani Becker for Margaret Stapleton, Shriver Center
Sue Vega, Alivio Medical Center
Nadeen Israel, EverThrive Illinois
Connie Schiele, HSTP (by phone)
Erin Weir Lakhmani, Mathematica Policy Research
John Jansa, Smart Policy Works
Sherie Arriazola, Safer Foundation (by phone)

HFS Staff

Lynne Thomas
Lauren Polite
Elizabeth Lithila
Arvind Goyal
Margaret Dunne
Veronica Archundia

Committee Members Absent

Kathy Chan, Cook County Health & Hospital System
Ramon Gardenhire, AFC
Sergio Obregon, CPS

DHS Staff

Maria Bruni
Gabriela Moroney

Interested Parties

San O, South East Asia Center
Elizabeth Harrison, UIC
Marsha Mirza, UIC
Rima Najia, Arab American Family Services
Alicia Donogan, Age Options
Kathye Gorosh, Aids Foundation
Iveree Brown, Ounce of Prevention
Lisa Wiseman, Humana
Jessica Pickens, Next Level Health
Meghan Carter, Legal Council for Health and Justice
Maribeth Stein,
Elizabeth Simpkin, MHN
Leticia Galvez, PIC
Sarah McCoy, IHCOP
Marta Jarmuz, Choices CCS
Anna Carvalho, Choices
Carol Leonard, Denta Quest
Michael Lafond, ABBVIE
Raylan Szafranski, EverThrive IL
Ken Ryan, Illinois State Medical Society
Judy Bowlby, Liberty Dental
Cyrus Winnett, IAMHP
Jill Hayden, Meridian Health
Susan Gaines, IPHCA
Paula Campbell, IPHCA
Patrick Maguire, Medical Home Network
Dann Rabbitt, Heartland Alliance for Human Needs & Human Rights
Andrea Davenport, Meridian

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Interested Parties (by phone)

Enrique Salgado, Harmony Heath
Kim Burke, Lake County Health Department
Margo Holden-Bowens, BCBS IL
Dave Hunter, Presence Health Partners
Makeda London – Near North Health Service Corp

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1. Introductions:

Nadeen Israel conducted the meeting in the absence of Kathy Chan. Attendees in Chicago and Springfield introduced themselves.

2. Report of Final Meeting Minutes from February 1st, 2018:

Nadeen Israel indicated that the meeting minutes had been discussed, approved, and finalized by the committee members. They were published on March 16th, 2018.

3. Care Coordination Update

Robert Mendonsa indicated that the Bureau of Managed Care is in the process of updating the Health Choice Illinois mail schedule to reflect a change to October 1st 2018 for the roll out of the special needs children and DCFS population (the HFS website will be updated shortly.) He added that as of April 1st, 2018, the statewide expansion of the Medicaid managed care program continues as planned, with the exception of a very small segment of the MLTSS program and individuals in waivers, residing in expansion counties and were to be enrolled with a health plan (MCO) in the HealthChoice managed care program on April 1, 2018 or later.

Robert Mendonsa indicated that the Bureau of Managed Care is in the process of updating the Health Choice Illinois mail schedule to reflect a change to October 1st 2018 for the roll out of the special needs children and DCFS population (the HFS website will be updated shortly.) He added that as of April 1st, 2018, the statewide expansion of the Medicaid managed care program continues as planned, with the exception of a very small segment of the MLTSS program and individuals in waivers.

Mr. Mendonsa said that the HealthChoice Illinois expansion has been postponed for dual-eligible individuals receiving long term care (LTSS) who are not enrolled in Medicare-Medicaid Alignment Initiative (MMAI), as well as individuals receiving waiver services in the expansion counties. He said that after discussing with federal CMS, and taking into account that this is a very vulnerable population, it was decided that there should be temporary delay in order to ensure a smooth transition. State wide, the delay included around 1,500 individuals with waiver services in the expansion counties, and around 19,000 LTSS individuals outside of the Cook and Collar counties (DuPage, Kane, Kankakee, Lake, Will). Enrollment for these two populations continues in the counties that were considered mandatory prior to January 1, 2018. In total, the two populations (LTSS and waiver services) under the program delay make up less than 1% of Medicaid members.

There are 550,000 people who were enrolled with a HealthChoice IL MCO on April 1, 2018 and are in the midst of their 90-day plan switch period (April 1, 2018 – June 30, 2018). In addition there is 90 days transition of care requirement in the plan contract during which it is possible to take out of network services in order to ensure that there is no interruption of care. HFS is working diligently in collaboration with all plans to make sure that if there are holes, those holes are closed in the next 90 days and avoid disruptions.

Erin Weir Lakhmani asked for clarification with respect to the populations affected by the LTSS/Waiver Population delay. Mr. Mendonsa said this change affects dual-eligible individuals receiving services in nursing home or long term care facility (LTSS) who live in the HealthChoice expansion counties; these individuals would have been enrolled into the HealthChoice MLTSS program 4/1, but their enrollment is being delayed. The delay also impact individuals who are not dual eligibles but are receiving home and community based waiver services through the Community Care program (Elderly Waiver), Home Services Program (Division of Rehabilitation Services Waivers), or Support Living Program (SLP

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Waiver), in expansion counties. He emphasized that these individuals can continue receiving services with their current providers without any disruption in service. John Jansa suggested that it would be beneficial for the committee to be given a brief presentation or description of how the HealthChoice auto-assignment algorithm is used or applied. Nadeen Israel suggested an enhancement to the care coordination website, by adding a tab that shows the percentage of enrollments with a description of the auto-enrollment versus choice. Robert said that the April 1st, 2018, about 24% of the individuals were by choice and about 76% were auto-assigned.

Erin Weir Lakhmani asked for clarification with respect to the populations affected by the LTSS/Waiver Population delay. Mr. Mendonsa said this change affects dual-eligible individuals receiving services in nursing home or long term care facility (LTSS), and individuals receiving waivers services (not dual-eligibles) in the Community Care program (Elderly Waiver), Home Services Program (Division of Rehabilitation Services Waivers), or Support Living Program (SLP Waiver), in expansion counties. He emphasized that these individuals can continue receiving services with their current providers without any disruption in service. John Jansa suggested that it would be beneficial for the committee to be given a brief presentation or description of how the algorithm is used or applied. Nadeen Israel suggested an enhancement to the care coordination website, by adding a tab that shows the percentage of enrollments with a description of the auto-enrollment versus choice. Robert said that the April 1st, 2018, about 24% of the individuals were by choice and about 76% were auto-assigned.

<https://www.illinois.gov/hfs/SiteCollectionDocuments/AutoAssignmentOverviewforPlanswithBandDetail011718.pdf>

<https://www.illinois.gov/hfs/SiteCollectionDocuments/MLTSSAutoAssignmentOverviewforPlanswithBandDetail011718.pdf>

Mr. Mendonsa said that, there are approximately, 2.2 Million people enrolled in HealthChoice Illinois.

<https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

Finally, Mr. Mendonsa indicated that Blue Cross Blue Shield of Illinois (BCBSIL) has been sanctioned for failure to demonstrate improvement in appeals and grievances per contract requirements. He said that as of April 11th, 2018, auto-assignment and client choice to enroll in BCBSIL has been put on hold state wide. This measure does not affect individuals who already are enrolled in BCBSIL MCO coverage. It only impacts people who want to choose BCBSIL. They cannot do that until the sanction is lifted. The letter that was sent to BCBSIL regarding the sanction was posted on the HFS website:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/040618BCBSHealthChoiceIllinoisMonetaryandEnrollmentSanctionf.pdf>

4. Customer Services Concerns:

Gabriela Moroney said that Department of Human Services is working very closely with the Bureau of Managed Care to ensure that consumers are aware of the HealthChoice Illinois implementation. She has also been doing presentations at the FCRCs for Local Office Administrators and managers, so that case workers are able to direct consumers with the Client Enrollment Broker and other resources which can help them navigate the system. She has been working with HFS to make sure that they have access to informational materials into the local office.

<http://www.dhs.state.il.us/page.aspx?item=100012>

This close collaboration has involved internal and external state holders. It has been recorded as a webinar posted on the DHS Intranet, a public facing website. Additionally Gabriela recorded webinar for DASA and DMH providers with similar content and collected a large number of questions and answers which are being answered in collaboration with HFS and that should be posted relatively soon.

<http://www.dhs.state.il.us/page.aspx?item=104910>

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Maria Bruni and Gabriela Moroney will be participating in the statewide meeting for local office administrators, which is scheduled for next month. They plan to arrange a number of sessions throughout the state as well in an effort to make case workers at the FCRCs understand and able to direct costumers to the Client Enrollment Broker or other resources as needed. Mary Bruni indicated that this effort involved working directly with the Local Office Administrators, in order to be able to help resolve concerns in a timely manner. In addition, Local Office Administrators will be working in collaboration with HFS in terms of working with the back log of long-term care applications.

5. UIC & ICRR Medicaid Language Access Research:

Dr. Marsha Mirza, Elizabeth Harrison, and Rima Najia presented a summary of their research, which is attached. The research was conducted within four immigrant communities in the state of Illinois and examined language access and barriers in the Medicaid redetermination process. The research included 140 surveys of Medicaid beneficiaries whose language was either Arab, Chinese, Korean or Vietnamese. Of the 140 participants, 52% said they received the redetermination letter; 70% said the letter was difficult to read; 85% needed help reading the letter. 94% needed help filling out the redetermination; 44% did not know the reason for loss in benefits, often unaware of benefits loss until Medical appointments were denied. Those who could not read English were 5.3 times more likely to lose Medicaid benefits.

Effects of loss of benefits:

- Postponing essential appointments
- Inability to access preventive healthcare: children unable to get annual school physical, dental, vision check-ups; mental stress, inability to access healthcare may lead to the use of ERs or seniors being unable to participate in Community Care Programs.

Recommendations to decrease redetermination cancellations and improve services for Medicaid LEP beneficiaries:

- Make paperwork more accessible: the first notification letter and the renewal form should be translated to the user' languages, Spanish, Arabic, Polish, Russian, Chinese, Korean, and Hindi.
- Simplify paperwork: establish online submission process; letter should arrive same time each year with the DHS logo on all mail.
- Provide language services at DHS offices: bilingual staff should be provided; income documentation should be waived for seniors, along with the elimination of the follow-up interview; also, beneficiaries should receive redetermination reminders in multiple formats (mailed notifications, text messages, and calls.)

Sue Vega said that it would be beneficial if medical providers could refer clients to navigators and assisters so clients can receive the necessary assistance. San O recommended that clients receive information about their options concerning Manged Care Organizations (MCOs) in their language of preference. Lauren Polite indicated that once a client is approved and chooses a MCO, the client should contact the MCO and request to receive notifications in the language of preference or a specific dialect. Per contract, MCOs need to translate materials if this is requested by the client.

A committee member asked when this research was conducted. Rima Naja indicated that it was done before IES Phase Two was launched.

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6. ABE/IES Update:

Lauren Polite said that the numbers related to the use of Manage My Case (MMC) are very encouraging. She thanked community partners and navigators for encouraging clients to use MMC. According to the latest statistics from April 10th, 2018, the number of “MMC accounts linked” has double compared to the number of accounts linked in January 2018. The April figures also show significant increases over January for “Renew My Benefits”, “Report My Changes”, “Program Adds”, “Member Adds”, and “Mid-point Reports”:

In Manged My Case	4/10/18	1/29/18
<i>ABE MMC Accounts Linked</i>	240,780	121,361
<i>Renew My Benefits</i>	53,557	21,992
<i>Report My Changes</i>	31,187	14,254
<i>Program Adds</i>	10,033	3,728
<i>Member Adds</i>	5,173	2,644
<i>Mid-Point Reports</i>	11,247	2,870
Appeals submitted	7,380	4,673
FFM cases received since 11/2017	102,618	
ABE cases transferred to FFM since 11/2017	167,766	

Lauren said that there have been 290,189 attempts to complete “Remote ID Proofing”, since January 2018; out of this number 213,270 were successful, which is about 73.5%. Of those:

- 110, 292 were successful in MMC
- 102,978 were successful when completing applications in ABE (this was done “in real time verification”, when clients were completing applications and ABE would indicate the type of documents that they needed to upload.

In terms of the FFM application numbers (within the last 6 months):

- 167,766 cases were transferred to the FFM;
- 45,777 originated from the FFM, and
- 121,989 originated in IES.

Lauren Polite indicated that HFS staff members continue monitoring the ABE.Questions@Illinois.gov mail box, through which clients receive assistance with technical issues, as well as answers to questions about the ABE application process and Manage My Case. Lauren said that, in general, the ABE website has been pretty steady, with the exception of brief interruptions when the system has been down due to maintenance. Clients are also able to provide feedback about how the ABE website is working. For example, we became aware of some problems uploading documents, and when we learn about errors, the problem was logged, documented and investigated. Predominantly, the biggest number of inquiries has been with regard to resetting passwords; people are required to reset their passwords every six months as a security measure. It is important to keep in mind that clients need to know their User Names because they cannot recover a User Name, and they need to have a User Name in order to reset a password. Otherwise they need to set-up a new account.

Ms. Polite said that HFS continues making progress with respect to finding an alternative ID proofing for individuals who cannot complete the process with Experian. She said that there may be a possibility of

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mirroring the FFM process. The discussion continues; however, a tentative date of when it would be available has not yet been established.

Lynne Thomas provided the IES update. She said there have been some growing pains involving performance issues with IES. In a combined effort involving HFS and DHS, there have had 1,300 "productions fixes." She said that there have been some batches in the back of the system that do not involve the caseworker, and they were generating notices. As a result, a team has been put together to address this problem.

There was an issue affecting some cases for individuals who have submitted their redetermination but had encountered issues that caused their cases to be canceled. For some of those individuals, the redetermination was not recognized and the form was not processed, causing the case to be canceled. State workers and the Deloitte Consulting team are working together around the clock to be able to resolve these issues. Anyone who has the problem of clients who may be affected and is need of assistance for expedited processing should e-mail Veronica.Archundia@Illinois.gov

7. Medicaid Redetermination Update:

Elizabeth Lithila provided a high level overview of a redetermination report which was distributed among attendees in Chicago and Springfield. The report contained preliminary data of the total Medical redeterminations issued by IES in November 30th, after Phase Two was launched. Please see attached report. Several committee members expressed extreme concern that eligible beneficiaries would not be able to access needed medical services due to these issues.

Elizabeth Lithila answered all committee members' questions and concerns. There was robust discussion about the Redes-mailed, Redes-returned, and Auto-process. Elizabeth noted that although this is a preliminary report, additional items can be added for future reports. Committee members and interested parties had the opportunity to provide feedback and several suggestions were offered: Dan Rabbitt recommended adding separate columns for renewals and cancelations. Andrea Davenport suggested including redetermination data by region. Sue Vega inquired about the current backlog in the redetermination forms. In response, Elizabeth Lithila said that she did not have the specific number, but the concerns expressed by Daniel, Andrea, and Sue will be addressed during the June 7th meeting.

9. Criminal Justice Update:

Elizabeth Lithila continues working with community partners, including TASC to ensure that inmates are enrolled in Medicaid before they are released. Sherie Arriazola said that she is now working with the Safer Foundation, which is an organization representing and working with justice-involved clients. Sherie suggested that an agenda topic for the next meeting be a discussion of Medicaid reimbursement for services to residents in Adult Transitional Centers (ATCs). Elizabeth asked to send details regarding this request to Elizabeth.Lithila@illinois.gov and Veronica.Archundia@illinois.gov

10. Open Discussion and Announcements:

Sue Vega suggested the discussion of proposed changes to the Public Charge policies affecting the immigrant community should be included as an agenda item for the June meeting. Nadeen Israel reminded committee members to send suggestions for agenda items for the next meeting to Veronica.Archundia@illinois.gov

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Adjourn: The meeting was adjourned at 12:03 p.m. The next meeting is scheduled for June 7th, 2018, between 10:00 a.m. and 12:00 p.m.

Medicaid Redetermination and Limited English Proficiency

Background

Illinois has the 6th largest immigrant population in the US. From 2000-2010, foreign-born individuals accounted for half the state's population growth. Over 1.2 million among these individuals – or 1/10 people in Illinois- are limited English proficient (LEP) and about 30,000 are enrolled in Medicaid¹. Ensuring that these individuals have equal access to public services is critical. One area of major concern relates to Medicaid benefits. Eligibility for Illinois Medicaid beneficiaries is redetermined annually. The process begins with a mailed notice informing beneficiaries that their eligibility will be cancelled unless requested information is returned. According to the Illinois Department of Healthcare and Family Services' (HFS) latest available data, about 47% of people on Medicaid have their benefits cancelled each year and about 80% of these cancellations are due to lack of response. These cancellations represent a hardship for beneficiaries and an expense for the state.

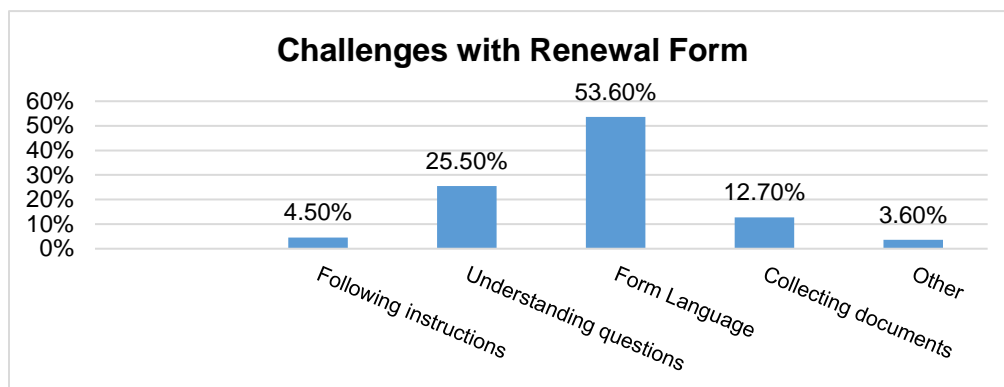
Some local immigrant and refugee communities have reported high rates of Medicaid cancellation, possibly due to language barriers. University of Illinois in Chicago (UIC) and the Illinois Coalition for Immigrant and Refugee Rights' (ICIRR) members examined the rates of Medicaid cancellation among beneficiaries from immigrant/refugee communities in Illinois. Participating agencies included Arab American Family Services, Chinese American Service League, Hana Center, and South-East Asia Center. We launched a research project to determine if there was an association between Medicaid cancellation and Limited English Proficiency (LEP) and to gain an understanding of the experiences of LEP beneficiaries during the Medicaid eligibility redetermination process

Research Findings

We examined immigrant experiences with Medicaid redetermination. The four agencies conducted 140 phone surveys of Medicaid beneficiaries in 4 Chicagoland communities: Arab, Chinese, Korean and Vietnamese. They also conducted 8 qualitative interviews of beneficiaries who had successfully stayed on Medicaid multiple years, and also those who had lost benefits. Of the 140 participants, 79% reported they could not read English well, or could not read English at all. Fifty-six percent of respondents were over age 55 and sixty-four percent were female. Fifty-three percent had lived in the US more than 20 years. Forty-one percent had less than a high school education.

Fifty-one percent of the respondents had been through the Medicaid redetermination process. Of these, 69% felt that completing the benefits renewal form was difficult or very difficult, while 20% felt that this process was neither difficult nor easy. Those reporting difficulty with completing the renewal form included higher proportions of older respondents (55 years or over), those in Chinese and Korean-speaking groups, those with lower education levels, those who had lived longer in the US, and those with lower English proficiency levels.

The most common source of difficulty was the language of the form (English). Ninety-four percent of the respondents who had been through the redetermination process needed help with the renewal form. Sixty-three percent of respondents who needed help with the renewal form received this help from community organizations. Thirty-five percent received help from family or friends. No respondents received help from the IMRP help line and only one percent received help from the DHS help line.



¹ In order to qualify for Medicaid you need to meet both income (138% FPL) and immigration status (legal permanent resident for 5 yrs or U.S. citizen) requirements

Medicaid Redetermination and Limited English Proficiency

Those who cannot read English were **5.3 times** more likely to lose Medicaid benefits

Common reasons for loss of benefits included: missing the renewal deadline (30.8%), missing documents with the renewal submission such as proof of income or proof of residency (20.5%), and becoming ineligible for Medicaid benefits (20.5%). About 10% of the respondents said that they had submitted their renewal forms on time but the Illinois Department of Human Services did not receive the application. Another 18% reported that they had never received their renewal notification in the mail. Forty-four percent did not know the reason for losing their benefits. Often, participants were unaware of benefits loss until medical appointments were denied.

Some of the effects of losing benefits include:

- Postponing essential appointments
- Inability to access preventive healthcare
 - Children unable to get annual school check-ups
 - One child needed tooth extraction due to cavities not addressed
- Inability to access care when sick, sometimes resulting in ER visits
- Financial difficulty from paying for services or Medicare premiums
- Concerns about unpaid medical bills
- Seniors unable to participate in Community Care Programs
- Mental Stress

“JUST IN CASE MY CHILD GETS SICK, WHAT CAN I DO? I CANNOT AFFORD MEDICAL EXPENSES.”

–Interview Participant

“It’s even affected the kids because every time they wanted to leave the house or go out, she would tell them, okay you dress warm, make sure you do not get sick, so they even started feeling it, okay we cannot get sick, we cannot get sick, because we don’t have insurance” –Interview participant

Recommendations

Based on our research and feedback received from the Medicaid participants, the following are recommendations for the Illinois Department of Healthcare and Family Services. Our goal is to decrease redetermination cancellations and improve services for Medicaid LEP:

1. Address language access barriers
 - Make paperwork more accessible
 - **Notification letter and renewal form translated to user languages**
 - Paperwork simplified
 - DHS logo on all mail
 - Letter arrives at same time each year
 - Provide language services at DHS offices
 - Bilingual staff
 - **Language interpreters**
 - In-person interpreters preferred for assistance with forms
2. Simplify renewal process
 - Paperwork simplified
 - Follow-up phone interviews should be eliminated
 - Beneficiaries should receive **redetermination reminders in multiple formats**: mailed notifications, text messages, calls

Contact the researchers

- Mansha Mirza, PhD (mmirza2@uic.edu)
- Luvia Quiñones, MPP (lquinones@icirr.org)
- Elizabeth Harrison, OTD (eharri20@uic.edu)

“Honestly since Medicaid is covering more than one ethnicity and language, you know, diverse community members, you should at least have [mailed notifications] in different languages.”

–Interview Participant



ICIRR ILLINOIS COALITION
FOR IMMIGRANT AND
REFUGEE RIGHTS



Medical Redetermination Update 04/12/2018

Total Medical Redes Mailed by IES on November 30th, Due January 31			
FORM_GENERATED_CD	REDES_MAILED	REDES_RETURNED	AUTO-PROCESS
Form A (optional reply, auto-renew)	34,162	9,173	24,989
Form B (must reply)	114,252	54,430	59,822
Total	148,414	63,603	84,811

Total Medical Redes Mailed by IES on December 30th, Due February 28			
FORM_GENERATED_CD	REDES_MAILED	REDES_RETURNED	AUTO-PROCESS
Form A (optional reply, auto-renew)	28,099	8,648	19,451
Form B (must reply)	92,273	40,752	51,521
Total	120,372	49,400	70,972

Total Medical Redes Mailed by IES on January 31, Due March 31			
FORM_GENERATED_CD	REDES_MAILED	REDES_RETURNED	AUTO-PROCESS
Form A (optional reply, auto-renew)	30,584	10,052	20,532
Form B (must reply)	123,384	61,335	62,049
Total	153,968	71,387	82,581

Total Medical Redes Mailed by IES on February 28, Due April 30			
FORM_GENERATED_CD	REDES_MAILED	REDES_RETURNED*	AUTO-PROCESS
Form A (optional reply, auto-renew)	29,883	7,183	N/A
Form B (must reply)	99,505	33,007	N/A
Total	129,388	40,190	N/A

**Redes returned as of 04/11/2018.*

Total Medical Redes Mailed by IES on March 31, Due May 31			
FORM_GENERATED_CD	REDES_MAILED	REDES_RETURNED*	AUTO-PROCESS
Form A (optional reply, auto-renew)	32,774	722	N/A
Form B (must reply)	107,980	1,876	N/A
Total	140,754	2,598	N/A

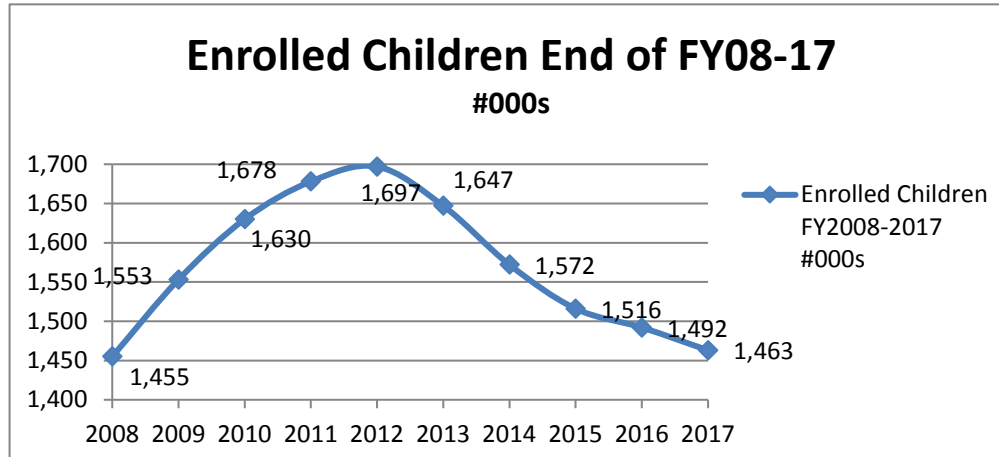
**Redes returned as of 04/11/2018.*

Children's Enrollment

**Enrolled Children
FY2008-2017
#000s**

End of FY

2008	1,455
2009	1,553
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463



End of Month 2014	Enrolled Children #000s	End of Month 2015	Enrolled Children #000s	End of Month 2016	Enrolled Children #000s	End of Month 2017	Enrolled Children #000s
Jan	1,582	Jan	1,540	Jan	1,505	Jan	1,476
Feb	1,582	Feb	1,540	Feb	1,502	Feb	1,472
Mar	1,591	Mar	1,532	Mar	1,501	Mar	1,472
Apr	1,595	Apr	1,527	Apr	1,497	Apr	1,467
May	1,587	May	1,522	May	1,495	May	1,464
June	1,572	June	1,516	June	1,492	June	1,463
July	1,564	July	1,515	July	1,491	July	1,462
Aug	1,567	Aug	1,514	Aug	1,492	Aug	1,458
Sept	1,561	Sept	1,513	Sept	1,488	Sept	1,452
Oct	1,554	Oct	1,510	Oct	1,482	Oct	1,445
Nov	1,547	Nov	1,508	Nov	1,481	Nov	1,445
Dec	1,541	Dec	1,503	Dec	1,477		

