DEPARTMENT OF HEALTH AND HUMAN SERVICES

FISCAL YEAR

2009

General Departmental Management
Office of Medicare Hearings and Appeals
National Coordinator for Health Information Technology
Public Health and Social Services Emergency Fund
HHS General Provisions

Justification of Estimates for Appropriations Committees

FEBRUARY 6, 2008, EDITION

The Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through HHS agencies' FY 2009 Congressional Justifications and Online Performance Appendices, the Agency Financial Report and the HHS Performance Highlights. These documents can be found at: http://www.hhs.gov.budget/docbudget.htm and http://www.hhs.gov/afr/.

The Performance Highlights briefly summarizes key past and planned performance and financial information. The Agency Financial Report provides fiscal and high-level performance results. The FY 2009 Department's Congressional Justifications fully integrate HHS' FY 2007 Annual Performance Report and FY 2009 Annual Performance Plan into its various volumes. The Congressional Justifications are supplemented by the Online Performance Appendices. Where the Justifications focus on key performance measures and summarize program results, the Appendices provide performance information that is more detailed for all HHS measures.

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Introduction

The General Departmental Management (GDM) appropriation supports those activities associated with the Secretary's roles as chief policy officer and general manager of the Department in administering and overseeing the organization, programs and activities of HHS. These activities are carried out through twelve Staff Divisions (STAFFDIVs), including the Immediate Office of the Secretary, the Departmental Appeals Board, and the Offices of: Public Affairs; Legislation; Planning and Evaluation; Resources and Technology; Administration and Management; Intergovernmental Affairs, General Counsel; Global Health Affairs; Disability and Public Health and Science.

This Online Performance Appendix (OPA) provides detailed performance for the Departmental Appeals Board and the Office on Disability.   The Office of Global Health Affairs and Office of Public Health and Science have a separate OPA.   The Summary of Measures and Results and the Summary of Full Cost Tables in the GDM OPA are a consolidated display of Departmental Management which includes the OS activities funded under the following appropriation accounts:

- General Departmental Management;
- Office of Medicare Hearings and Appeals;
- Office of the National Coordinator for Health Information Technology; and
- Public Health and Social Services Emergency Fund.

You can find detailed information on these four program offices under their respective OPAs or the Departmental Management Congressional Justification.

Summary of Performance Targets and Results Table

DEPARTMENTAL MANAGEMENT

| FY | Total Targets | Results Reported | | Targets | | | |
| | | Number | % | Met | Not Met | | % Met |
					Total	Improved	
2003	110	73	66%	70	3		64%
2004	80	72	89%	70	2		88%
2005	72	72	100%	70	2	1	97%
2006	79	79	100%	75	4	4	95%
2007	103	66	64%	40	26	12	61%
2008	103	Nov 08	--	--	--	--	--
2009	103	Nov 09	--	--	--	--	--

NOTE: The FY 2007, FY 2008 and FY 2009 total targets includes all Departmental Management Programs including: OMHA, ONC, OGHA, ASPER, OPHS, and specific OPHS program offices with measures developed during their PART assessment. Baselines for approximately 35% of these targets were established in FY 2007 which impacts the number of results reported.

DEPARTMENTAL APPEALS BOARD
Detailed Performance Analysis
Outputs / Outcomes Table

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Strengthen program management by maintaining the efficiency of Appellate Division case processing. (outcome and efficiency measure)										
1	Percentage of Board decisions with net case age of six months or less.	60%	35%	35%	36%	45%	45%	50%	55%	57%
Long-Term Objective 2: Maintain reversal and remand rate of Board decisions appealed to Federal courts as a measure of quality of decisions. (outcome measure) DROPPED										
1	Number of decisions reversed or remanded on appeals to Federal court as a percentage of all Board decisions issued.	2%	2%	2%	2%	2%	2%	2%	2%	2%
Long-Term Objective 3: Assure maximum compliance with regulatory time frames for deciding enforcement, fraud and exclusion cases by increasing Civil Remedies Division processing rates for Inspector General cases. (outcome and efficiency measure)										
1	Percentage of decisions issued within 60 days of the close of the record.	100%	95%	90%	90%	90%	100%	97%	99%	100%
Long-Term Objective 4: Constrain growth in number of aged Civil Remedies Division cases. (outcome and efficiency measure)										
1	Number of case open at end of Fiscal Year that were opened in previous Fiscal Years.	157	100	≥FY05	100	≥100	85	≥2007	≥2008	≥2009
Long-Term Objective 5: Enhance ADR capacity at HHS so as to decrease contentiousness and associated costs in dispute resolution and promote efficiency in management practices. (outcome)										
1	Number of conflict resolution seminars conducted for HHS employees.					8 sessions	9 sessions	8 sessions	8 sessions	8 sessions
2	Number of DAB cases (those logged into ADR Division database) requesting facilitative ADR interventions prior to more directive adjudicative processes.					50	59	55	57	60
Long-Term Objective 6: Constrain growth in average time to complete action on Medicare Appeals cases. (outcome and efficiency measure)										
1	Average time to complete action on Part B Requests for Review measured from receipt of case folder. (FY 2001 and following Fiscal Years) Note: Results for FY 05 determined after excluding outlier cases in which delays related to court proceedings beyond DAB's control.	12 months	80 days	90 days	101 days	125 days	169 days	160 days	150 days	150 days

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006 Target / Est.	FY 2006 Actual	FY 2007 Target / Est.	FY 2007 Actual	FY 2008 Target / Est.	FY 2009 Target / Est.	Out-Year Target / Est.
Long-Term Objective 7: Increase number of Medicare Appeals dispositions to resolve and respond to Medicare claims brought by program providers and beneficiaries. (output and efficiency)										
1	Number of dispositions. Counting method changed in FY 05 (see narrative below); FY 04 comparable results are 2183 cases.	16,000	1,619	1,200	1,140	1,150	1,511	1,800	1,900	1,950
	Appropriated Amount ($ Million)	$8.7	$8.9	$8.7		$9.6		$9.4	$9.4	

Performance Narrative

The Departmental Appeals Board (DAB) has generally been praised for having meaningful performance goals and objectives, and reliable measures of DAB performance in meeting those goals. Despite having vacant positions for the first half of FY 2007, the Board/Appellate Division issued decisions in 77 cases and closed an additional 53 cases. In FY 2007 the Appellate Division met its timeliness standard of 45% (Long-term Performance Objective 1, hereafter "Objective" 1). This objective measures the percentage of total Board decisions issued in cases with a net age of six months or less. Meeting this goal was challenging, given the prolonged vacancy in the Chair position, previous staff attorney reductions, and recent increases in case receipts that have created a backlog of cases ready for decision. The Board generally decides the oldest appeals first, which in turn increases the age of newer appeals ready for decision. To meet its FY 2007 timeliness target, the Division focused on cases with net case age of six months or less; DAB has set a new target of 50 % for FY 2008 and 55% for FY 2009 for timeliness. Objective 2 for the Appellate Division measures the number of Board decisions reversed or remanded in Federal court, as a percentage of all Board decisions. Appellate met the target of 2% for FY 2007 and will maintain its extraordinary record for reversals for FY 2008 and FY 2009.

In FY 2007 the Civil Remedies Division (CRD) closed 660 cases (130 by decision) and exceeded its two timeliness goals (Objectives 3 and 4). Objective 3 relates to OIG actions to impose civil money penalties or to exclude individuals from participating in Federal programs. The measure for this goal is the percentage of OIG cases in which DAB Administrative Law Judges (ALJs) issue decisions within 60 days of the close of the record. The FY 2007 target was increased from 90% in FY 2007 to 97% for FY 2008 and 99% for FY 2009. (Although the actual was 100% for FY 2007, the targets were adjusted downward slightly to reflect a shift in staff to the Medicare Operations Division in FY 2008.) Objective 4 ensures that increases in case receipts do not result in a greater number of aged cases. The measure is the number of cases open at the end of the year that had been received in prior years. CRD exceeded the target of having no more than 100 cases from FY 2006 or earlier still pending at the end of FY 2007. CRD expects to improve efficiencies and productivity increases that should enable it to reduce this target (to fewer than the FY 2007 actual of 85 cases) for FY 2008 and FY 2009, despite increased workloads and vacant ALJ positions.

In FY 2007, the Alternative Dispute Resolution (ADR) Division exceeded its goal of providing 8 conflict resolution seminars to HHS employees and providing ADR services in 50 DAB cases. This new goal, Objective 5, is a consolidation of previous ADR performance goals. It measures the new core ADR objective of enhancing ADR capacity, such that ADR is used whenever appropriate in disputes involving HHS. The new objective measures capacity as a function of training opportunities (which assure sufficient ADR information and skills in the HHS population) and ADR interventions in DAB cases (which measures actual use in a significant subset of HHS conflicts). ADR resources and targets for the number of trainings and interventions will increase only slightly for FY 2008 and FY 2009, since ADR resources are projected to remain relatively constant.

In FY 2007 the Medicare Operations Division (MOD) filled some vacant positions, although hires were delayed because of the continuing resolution. MOD did not meet the target for Objective 6, constraining the growth in case age by reducing to 125 days (as measured from the date MOD received the case folder) the average time to complete action on Medicare Part B cases. The FY 2007 result, 169 days, is directly attributable to the fact that MOD had to divert all resources away from deciding older cases (more older cases drives up average case age) to deciding newer cases, since those newer cases have a mandatory statutory deadline of 90-days for resolution. MOD should meet the revised targets of 160 days for FY 2008 and 155 days for FY 2009. MOD exceeded its FY 2007 target to increase the number of decisions (Objective 7) to 1,150, closing 1,511 cases (disposing of 10,583 claims). DAB achieved this by implementing a new case management system, focusing on a balanced approach to case assignment and increased individual accountability. With the shift of two attorneys from other Divisions to MOD and further management attention to individual productivity, MOD will meet its new targets of 1,800 cases for FY 2008 and 1,900 cases for FY 2009. DAB cannot shift more resources to MOD, however, without compromising productivity in other Divisions.

Departmental Appeals Board
Data Source and Validation Table

Departmental Appeals Board		
Measure Unique Identifier	**Data Source**	**Data Validation**
Long-Term Objective 1	Controlled-access Oracle database, with case specific information	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports
Long-Term Objective 2	Controlled-access Oracle database, with case specific information	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports
Long-Term Objective 3	Controlled-access Oracle database, with case specific information	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports
Long-Term Objective 4	Controlled-access Oracle database, with case specific information	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports
Long-Term Objective 5	Training session information is recorded and tracked. Caseload data tracked with controlled-access Oracle database, with case specific information	Participant sign-in sheets, course evaluations, and reports of training sessions. Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports
Long-Term Objective 6	Controlled-access Oracle database, with case specific information	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports
Long-Term Objective 7	Controlled-access Oracle database, with case specific information	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports

OFFICE ON DISABILITY
Detailed Performance Analysis
Outputs / Outcomes Table

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2009 Target	Out-Year Target
Long-Term Objective 1: Promote the coordination, development and implementation of programs and special initiatives to help increase the service capacity and affordability for integrated health and wellness services for persons with disabilities.*										
1.1	Increase the number of states (from a total 6) that establish collaborative agreements across respective state agencies to provide integrated services across all six life domains (housing, employment, education, health, assistive technology, and transportation) on behalf of young adults (14 to 30 years) with disabilities as part of the Office on Disability Young Adult Program initiative.			2 States	2 States	4 States	4 States	6 States	N/A	
1.2	Increase the number of states (from a total 6) that establish supporting infrastructures to sustain cross-agency collaborations to provide integrated services across respective state agencies to provide integrated services across all six life domains (housing, employment, education, health, assistive technology, transportation) on behalf of young adults (14 to 30 years) with disabilities as part of the Office on Disability Young Adult Program initiative.			2 States	2 States	4 States	4 States	6 States	N/A	
1.3	Increase the number of states (from a total 6) that demonstrate utilization of evidence-based practices to sustain integrated services across all six life domains (housing, employment, education, health, assistive technology, and transportation) on behalf of young adults (14 to 30			2 States	2 States	4 States	4 States	6 States	N/A	

				FY 2006		FY 2007				

years) with disabilities as part of the Office on Disability Young Adult Program initiative.

*This program concludes in FY2008 due to a re-prioritization of OD activities and goals.

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 2: Promote the coordination, development and implementation of programs and special initiatives to help increase the service capacity and affordability for integrated health and wellness services for persons with disabilities.										
2.1	Increase the number of youth participating in the "I Can Do It, You Can Do It" Program.			600	600	800	800	1000*	1000	

* OD is enhancing this program's evaluation to become both output and outcome-based, and will pursue OMB clearance of this impact evaluation during FY 2008, with the goal of beginning the evaluation in May/June of 2008.

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 3: Increase the number of State and territories that train emergency managers in addressing the needs of persons with disabilities during emergency planning and response.										
3.1	In partnership with HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), implement and monitor the use of the disability-based tool kit and future use of public health staff education modules.			6	6	20	*Oct. 2008	30	40	50 (2010) 55 (2011)

*Due to delay in contracting of the Emergency Preparedness Toolkit FY 2007 data won't be available until 2008.

Performance Narrative

The Office of Disability's (OD) long term goal is to promote the abilities of all persons with disabilities, leading to the vision of an inclusive America. OD's goal is operationalized through a series of objectives/program initiatives, all of which support one or more of the HHS strategic goals. These objectives are being accomplished through a series of specific programs and activities identified under each of the following seven categories.

At this time, three objectives can demonstrate impact through use of performance measures - the OD's Young Adult Program initiative, the "I Can Do It, You Can Do It" program, and the Emergency Preparedness Initiative. The Young Adult planning and evaluation processes support the promotion of integrated health and wellness services, effective access, self-determination/reliance, efficient community integration, and organizational excellence on behalf of young adults (14 to 30 years) with disabilities. The "I Can Do It, You Can Do It" evaluation processes support the promotion of physical fitness for youth with disabilities in conjunction with the President's Healthier US Initiative and the President's Council on Physical Fitness and

Sports. The impact evaluation for the "I Can Do It, You Can Do It" program will be implemented in FY 2008. The Emergency Preparedness Initiative supports the implementation and maintenance of the use of the disability-based tool kit and future use of public health staff education modules. These objectives' measures will be reviewed throughout the 2008 – 2009 time period as to implications in following fiscal years for the following OD programs:

Promote Integrated Health and Wellness Services
- Promote the Surgeon General's Call to Action (CTA) to Improve the Health and Wellness of Persons with Disabilities including monitoring of the National Action Plan to operationalize CTA recommendations and strategies.
- Ensure the understanding of Medicaid programs and services for persons with disabilities through collaboration with CMS.
- Promote physical fitness for youth with disabilities in conjunction with the President's Healthier US Initiative and the President's Council on Physical Fitness and Sports, through the OD's "I Can Do It, You Can Do It" program promoting physical fitness among children and youth with disabilities.
- Develop, publish and promote the Guide on "Closing the Gaps in Services for Infants and Young Children with Hearing Loss" to support the Surgeon General's Call to Action to Promote the Health and Wellness of Persons with Disabilities.
- Advance the action plan in collaboration with the Office of on Women's Health to address health screening and access barriers for women with disabilities.
- Partner with the Office of Minority Health to publish a White Paper on programs to meet the health disparities of women of color with disabilities and supporting recommendations.
- Ensure disability attention to all Departmental initiatives including emergency response, eliminating health disparities, health promotion/disease prevention, Healthy People 2010 objectives, and Healthy People 2020 planning.
- Address with the Administration on Aging and other HHS partners the caregiver/workforce challenges for persons with disabilities, including promotion of interagency funding collaborations.

Promote Effective Access /Transportation
- Continue collaboration with the Federal Transit Administration (FTA) to implement the President's Coordinated Transportation Executive Order, United We Ride, to work with States to provide best transportation options for persons with disabilities and ensure disability-related action steps acted on.

Promote Effective Access /Employment Opportunities
- Work with Federal and private sector employers to address employment of persons with disabilities as an important factor in health care access and health status. Help employers to overcome barriers to hiring persons with disabilities as well as ensure accessibility and disability relevance of employer-sponsored health services.
- Address the resettlement of refugees who have a disability and the development of employment opportunities for this population.
- Promote information on tax incentives and individual investment plans for employers and

tax credits for persons with disabilities.

Efficient Community Integration of Services
- In partnership with the HHS Assistant Secretary for Preparedness and Response, the Federal Emergency Management Agency, and the Department of Homeland Security develop and help promote disability-based emergency preparedness templates, evidence-based and best practices, and toolkits to support the special needs of persons with disabilities, first responders and other emergency response providers at the Federal, State and local levels during all emergency situations.
- With the HHS Assistant Secretary for Preparedness and Response, monitor the inclusion of at-risk populations, including persons with disabilities, in infectious disease prevention planning as per the Pandemic and All Hazards Preparedness Act requirements.
- Increase the number of HHS Public Health Service Corps personnel, Federal, State, Local and Tribal Emergency Managers trained in addressing the needs of persons with disabilities during emergency planning and response.
- Help enhance medical and general shelters accessibility for persons with disabilities by including access to accommodating mobility devices, personal care support, and other accommodations.
- Implement and manage the OD interdepartmental program, Needs of Youth with Co-Occurring Developmental Disabilities and Emotional/Substance Abuse Disorders.
- Promote education and information on disability-based topics by facilitating the HHS New Freedom Initiative (NFI) interagency workgroup and supporting subcommittees.
- Convene regularly scheduled NFI-based interagency meetings to share, inform and education agencies on all aspects of disability and related matters especially regarding integration of all age groups on the Medical Home Systems initiative with the Health Resources Services Administration, American Academy of Pediatrics, and other HHS agency programs.
- Foster collaboration with constituent advocacy organizations on the Surgeon General's Call to Action while increasing opportunities to reach people with disabilities, disability advocates, healthcare providers, and diverse other audiences, including the general public.
- In conjunction with Federal agencies and Departments identify current gaps and corrective actions to help address current limited state and local Traumatic Brain Injury (TBI) rehabilitation services coordination.
- Create national attention on the successes of Americans with disabilities in professional and personal endeavors.

Individual Self-Determination /Assistive Technology
- Manage and ensure Department-wide adherence including accessible electronic documents required by Section 508 of the Rehabilitation Act through on-going technical assistance and training of 508 officials and managers responsible for procurement across all HHS Operating Divisions.
- Manage and enhance the OD website, a focal point and clearinghouse on HHS-related and other government disability information.

- Expand on Federal-State interactive website communication processes for persons with disabilities to ensure a one-stop information based on entitlements and other health and human service supports to heighten the interaction of HHS programs and disability-based State partners.

**Office on Disability
Data Source and Validation Table**

Office on Disability		
Measure Unique Identifier	**Data Source**	**Data Validation**
1.1	Data resulting from the Office on Disability initiative's competitively selected 6 states participating in the technical contractor (National Governor's Association) Policy Academy planning process.	Impact evaluation study resulting from the Office on Disability initiative's evaluation contractor.
1.2	Data resulting from the Office on Disability initiative's competitively selected 6 states participating in the technical contractor (National Governor's Association) Policy Academy planning process.	Impact evaluation study resulting from the Office on Disability initiative's evaluation contractor.
1.3	Data resulting from the Office on Disability initiative's competitively selected 6 states participating in the technical contractor (National Governor's Association) Policy Academy planning process.	Impact evaluation study resulting from the Office on Disability initiative's evaluation contractor.
2.1	Data resulting from the Office on Disability's "I Can Do It, You Can Do It" Program Annual Evaluation Report.	Impact evaluation study resulting from the Office on Disability initiative's evaluation contractor.
3.1	Annual Assessment Report of State Emergency Management Plans and DHS, ACF, BIA, FEMA and IHS info personnel.	Comparison of DHS Interagency Coordinating Council (ICC) State analyses.

	Departmental Appeals Board	Office on Disability
HHS Strategic Goals		
1: **Health Care** Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care		
1.1 Broaden health insurance and long-term care coverage	X	
1.2 Increase health care service availability and accessibility	X	
1.3 Improve health care quality, safety, and cost/value	X	X
1.4 Recruit, develop, and retain a competent health care workforce		
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats		
2.1 Prevent the spread of infectious diseases		
2.2 Protect the public against injuries and environmental threat	X	
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery		X
2.4 Prepare for and respond to natural and man-made disasters		
3: **Human Services** Promote the economic and social well-being of individuals, families, and communities		
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan	X	
3.2 Protect the safety and foster the well being of children and youth	X	
3.3 Encourage the development of strong, healthy and supportive communities		
3.4 Address the needs, strengths, and abilities of vulnerable populations		
Strategic Goal 4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services		
4.1 Strengthen the pool of qualified health and behavioral science researchers		
4.2 Increase the basic scientific knowledge to improve human health and human development.		
4.3 Conduct and oversee applied research to improve health and well-being.	X	
4.4 Communicate and transfer research results into clinical, public health and human service practice.		

Summary of Full Cost
Departmental Management
(Budgetary Resources in Millions)

HHS Strategic Goals and Objectives	DM		
	FY 2007	FY 2008	FY 2009
Goal 1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.			
1.1 Broaden health insurance and long-term care coverage			
1.2 Increase health care services availability and accessibility	35	37	38
1.3 Improve health care quality, safety, cost and value	437	519	425
1.4 Recruit, develop and retain competent health care	6	6	6
Goal 2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infections, occupational, environmental and terrorist threats			
2.1 Prevent the spread of infectious diseases	60	59	60
2.2 Protect the public against injuries and environmental threats			
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery	45	48	45
2.4 Prepare for and respond to natural and man-made disasters	705	644	792
Goal 3: Human Services Promote the economic and social well-being of individuals, families and communities			
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan			
3.2 Protect the safety and foster the well-being of children and youth	32	34	32
3.3 Encourage the development of strong, healthy and supportive communities			
3.4 Address the needs, strengths and abilities of vulnerable populations	4	4	4
Goal 4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services			
4.1 Strengthen the pool of qualified health and behavioral science researchers			
4.2 Increase the basic scientific knowledge to improve human health and development	15	15	20
4.3 Conduct and oversee applied research to improve health and well-being			
4.4 Communicate and transfer results into clinical, public health and human service practice			
TOTAL PROGRAM LEVEL	**1,339**	**1,366**	**1,422**