Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
Approved Final Minutes  
February 11, 2016

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

Committee Members Present
Kathy Chan, Cook County Health & Hospitals System  
Andrea Kovach for Margaret Stapleton, Shriver Center  
Sue Vega, Alivio Medical Center  
Sherie Arriazola, TASC  
Erin Weir, Age Options  
Nadeen Israel, EverThrive Illinois (by phone)  
Hardy Ware, East Side Health District (by phone)  
Brittany Ward, Primo Center for WC  
Ramon Gardenhire, AFC  
Sergio Obregon, CPS (by phone)  
John Jansa, WKG Advisory (by phone)

Committee Members Absent
Connie Schiele, HSTP

HFS Staff
Jacqui Ellinger  
Lauren Polite  
Laura Phelan  
Bridgett Stone  
Arvind Goyal  
Robert Mendonsa  
John Spears  
Veronica Archundia

Interested Parties
Amy Sagen, UI Health  
Kelly Carter, IPHCA  
Jill Fraggos, Lurie Children Hospital  
Mackenzie Speer, Shriver Center  
Susan Melczer, Illinois Health & Hospital A  
Dan Rabbitt, Heartland Alliance  
Enrique Salgado, Harmony WellCare  
Carrie Chapman, LAF  
Kim Burke, Lake County Health Department’  
Michael Lafond, Abbott  
Alison Coogan, Legal Assistance Foundation  
Jill Hayden, BCBS IL  
Alivia Siddiqi, Advocate Health  
Judy Bowly, Liberty Dental Plan  
Matt Werner, M. Werner Consulting  
Sandy DeLeon, Once of Prevention  
Deanne Medina, LAF  
Andrea Davenport, BCBSIL  
Karen Brach, BCBSIL  
Lynn Seermon, Patient Innovation Center  
Heather Scalia, Humana  
Rich Dulg, BFF

Interested Parties (by phone)
David Hurter, Presence Health Partners  
Gary Thurnauer, PCA Payer Account Management  
Dionne Haney, Illinois State Dental Society  
Paula R. Dillon, Illinois Hospital Association  
Staci Wilson, Illinois Chamber of Commerce  
Emily Gelber, Health & Disabilities Advocate  
Carol Leonard, Dental Quest  
Andrew M Weaver, Land of Lincoln Legal AF  
Judy King, Advocate  
Mikal Sutton, Cigna Health Spring  
Nelson Soltman,  
Lorry Raymond, Pharmaceutical Association  
Vicky Detweiler DSCC  
Cheryl O’Donoghue, VNA Health  
Diane Montañez, North Shore Physicians  
Alison Stevens, Illinois Hunger Coalition  
Lynne Warszalek, Stickney Health Department  
Hetal Patel, Illini Health  
, Civic Federation  
, Health Spring
1. **Introductions**
Chairwoman Kathy Chan, from CCHHS, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

2. **Review of Minutes**
Ramon Gardenhire made a motion to approve the minutes from the meeting held on December 3rd, and it was seconded by Erin Weir. Ten members approved the minutes with one abstention.

3. **Care Coordination Update**
Robert Mendonsa presented a report. He indicated that HFS continues the collaboration between the remaining ACEs and CCEs for successful transitions. It is expected that by June 30, 2016, there will be 13 care coordination entities in the state, all risk based. He added that the partnership among MCOs, ACEs and CCEs is leading to powerful client-centered alignments. Its focus has been to improve provider coordination and quality in order to ensure that beneficiaries receive the right care, at the right place, and at the right cost. The state is focused on paying for performance measures for managed care organizations to drive improvements in key quality measures for children and adults. It is expected that this efforts will translate into saving for the tax payers.

Mr. Mendonsa indicated that the MMAI demonstration enrollment continues in the Greater Chicago area and Central Illinois. This is a program with passive enrollment. He said that the MMAI integrates services covered in Medicare and Medicaid, which is intended to make it easier for Dual Eligibles to navigate the system.

Robert reported that two plans have been sanctioned and letters have been sent to members describing their options. Blue Cross Blue Shield and Cigna cannot receive passive enrollment. The letters are available at:
http://www.illinois.gov/hfs/SiteCollectionDocuments/CHS_Member%20Notification_IL%20MMP%20Proposed-MARQUIS.pdf

Kelly Carter asked about the nature of the sanctions, for details please follow this link:

4. **Illinois Medicaid Redetermination Project (IMRP) Enhanced Eligibility Verification (EEV) Update**
John Spears reported that the tendency of the redeterminations rates remains the same as reported in the previous meeting: http://www.illinois.gov/hfs/SiteCollectionDocuments/IMRP%20Qtrly%20Report%20Q2-FY%202016.pdf

He indicated that although there have not been any major system issues, the IMRP unit has experienced a high influx of new state workers. The management team has been working with the new employees to try to keep the productivity consistent. He added that the IMRP unit is looking forward to the upgrades that IES phase two is expected to bring to this unit.

Dan Rabbitt asked for details about how clients will be able to complete their renewal forms online. Jacqui Ellinger said that clients who had previously created an account would receive a notification indicating that they can complete a fillable form and submit it electronically through the “Manage My
Case” function. Jacqui clarified that there will be two provider portals: ABE and MMIS. The ABE provider portal will be the front end of IES, which is separate from MMIS. The ABE provider portal will primarily be controlled by the client; this means that providers who want to see client’s information through the ABE portal would first need to be given electronic permission by the client.

Ms. Ellinger added that the MMIS comprises functions such as billing, prior authorization, and payments. Provider on-line support will be developed through IMPACT, and, since IMPACT is in the process of being designed, any comments, suggestions, or concerns should be referred to John Spears at john.spears@illinois.gov.

5. ACA/ Health Care Reform Updates:
   Application Processing
Jacqui Ellinger reported that there are over 100,000 pending applications. The marketplace received over 400,000 applications, some of which were transferred to HFS. She said that case workers have been processing applications at a steady rate. However, last weekend there was an outage affecting the central support system which subsequently affected state wide government operations. This cost the state a day of processing. Caseworkers had to re-do and process many applications again.

Integrated Eligibility System (IES) Phase Two Update
In response to a request by Brittney Ward during the December 3rd, 2015 meeting, Lauren Polite shared three examples of the redetermination notices that clients will receive when IES Phase Two is launched this coming summer. Lauren provided details and explained the purpose of each of these forms (HFS 2381A, 2181B, 643M), which are attached. Members of the committee engaged in robust discussion, provided feedback regarding the appropriate usage of language in order to increase client understanding of the intent of each of these forms, as well as to ensure client’s compliance.

6. Open Discussion and Announcements
During the introductions segment of today’s meeting, Dr. Judy King asked for the discussion and resolution of some issues that were brought to the attention of the Medicaid Advisory Committee in November, 2014. Chairwoman Kathy Chan asked to proceed with the agenda as outlined and for Dr. King to reserve her comments during the open discussion. At which time, Ms Chan asked the subcommittee to express their concerns. However, neither Dr. King nor any members of the committee or interested parties offered any comments.

Jacqui Ellinger provided a brief update concerning Hospital Presumptive Eligibility (HPE). She indicated that HPE is a federal requirement under the Affordable Care Act through which hospitals in Illinois will be able to make presumptive determinations of eligibility for certain qualified individuals, solely based on the applicant’s attestation, without requiring the submission of any documentation. These individuals will be temporarily eligible for all medical benefits until the state makes a full Medicaid determination. Ongoing coverage will depend on whether the individual or family submits a full ABE application. If the family does not submit a full application by the end of the month following the month in which the HPE determination is made, coverage will end.

Jacqui added that, in the upcoming months, the state will be working in partnership with the Illinois Hospital Association to provide details concerning the requirements that hospitals need to fulfill in order to participate in this program, in addition to facilitating the execution of provider agreements, as well as training opportunities. Currently the state is working on the development of the computerized
system which will be part of IES Phase Two so that hospitals are able to submit electronic HPE enrollments through ABE.

Lauren Polite shared a handout with the committee that was developed to complement a Prenatal Care Quality Tool created by the Children’s Health Insurance Program Reauthorization Act (CHIPRA). The attached handout is intended to be used in Ob/Gyn offices and clinical settings to educate and provide guidance to mothers about how get a medical card and primary care physician for a newborn baby. Committee members suggested some format enhancements, and were excited about this educational tool to facilitate access to medical services for newborn babies.

Finally, Lauren Polite indicated that as required by the IRS, HFS has sent the 1095-B form to every household that had minimum essential coverage through Illinois Medicaid for at least one month in 2015. The 1095-B form shows the months in which someone was covered by Medicaid in 2015. Lauren said that clients do not need to submit the 1095-B form with their taxes, however the 1095-B can be used for informational purposes. Clients who have questions about the form, or need a replacement form, can contact their managed care plan for further assistance.

Lauren added that, if clients believe the information is incorrect, or need a replacement form, they can speak to a state caseworker by visiting the closest Family Community Resource Center (FCRC), online at http://www.dhs.state.il.us/page.aspx?module=12&officetype=5&county= or by calling the ABE Call Center at 1-800-843-6154. Jacqui Ellinger said that is important that clients’ addresses are correct in order to ensure the delivery of this form by the postal service.

Kathy Chan informed the committee members that the April 14th meeting at 401 S. Clinton in Chicago will be held on the first floor, the Springfield location remains the same.

7. **Adjourn**

The meeting was adjourned at 12:09 p.m. The next meeting is scheduled for April 14th, 2016, between 10:00 a.m. and 12:00 p.m.
CHARLES THOMPSON
1299 FOREX AVE
MOUNT VERNON, IL 62864-5610

Date of Notice: January 21, 2016
Case Number: 131665521
Office Name: JEFFERSON COUNTY FCRC
Office Address: 333 POTOMAC BLVD
               MT VERNON, IL 62864
Phone: 618-242-1040
TTY: 866-325-8153
Fax: 844-736-3563

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-800-447-6404)

Medical Benefits Renewal Form

You must respond no later than March 31, 2016 to continue getting Medical benefits after March 2016.

To find out if you qualify for medical benefits beginning April 2016, tell us about your household. You can do this one of four ways:

1. Complete the electronic version of this form online in ABE Manage My Case at abe.Illinois.gov; or
2. Complete your redetermination over the phone by calling 1-800-843-6154 (TTY: 1-800-447-6404).
3. Fill out, sign, and send us this form and all verifications we ask for.
   You may send the form by mail or fax.
   • Mail to P.O. Box 19138, Springfield, IL 62763; or
   • Fax the form to 1-844-736-3563; or
4. If you want to complete your redetermination in person, call 1-800-843-6154 (TTY: 1-800-447-6404) to find help near you.

1. Do these people still live with you?
   CHARLES THOMPSON 08/04/1962 □ Yes □ No
   LATISHA THOMPSON 09/20/1964 □ Yes □ No

2. Are there other people living with you not listed above? If yes, list them here.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Birth Date</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For additional persons, please attach a separate sheet.

Turn this page over to read more information on the back.

COMPLETE AND SEND
3. Is the address at the top of this page your correct mailing address? □ Yes □ No If No, tell us the correct mailing address:
________________________________________________________________________

Our records show that you live at 1299 FOREX, MOUNT VERNON, IL 62864. Is this correct? □ Yes □ No If No, tell us the correct address where you live:
________________________________________________________________________

——
4. During the last 30 days did anyone receive any other income such as Social Security, SSI, Unemployment, Contributions or any other money? □ Yes □ No  If YES, complete the box below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Income</th>
<th>Amount</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Attach a sheet of paper if you need more room to list your family's income.

5. Are you or is anyone who lives with you pregnant?
If yes, name:____________________ Due date:_______ Expected number of babies:_____

6. Do you or anyone living with you have health insurance? □ Yes □ No
If yes, name of insurance plan:____________________ Policy Number __________________
Who is covered by this health insurance?
Name of insurance plan:____________________ Policy Number __________________
Who is covered by this health insurance?

7. Will you or anyone who lives with you file a federal income tax return next year to report income received this year? □ Yes □ No
If yes, name of person(s) filing tax return: __________________________ Birth Date ______
If this person will file jointly with a spouse, write name of spouse: ______________________
If this person will claim dependents on the tax return, write name(s) of dependents:
_____________________ Birth Date ________ ___________________ Birth Date ________
_____________________ Birth Date ________ ___________________ Birth Date ________

8. Will you or anyone who lives with you be claimed as a dependent on anyone's tax return for this year? □ Yes □ No
If yes, name of dependent ___________________________ Birth Date ______
Tax filer's name and relationship to dependent:______________________________

Turn this page over to read more information on the back.
COMPLETE AND SEND
9. Do you or anyone living with you pay any expense that can be deducted on your federal income tax return?  □ Yes  □ No

If yes, list the expense: ___________________________  How Much? _______________________
How Often? ___________________
Read and sign below:

- I understand that officials in charge of my health benefits may check all information on this form.
- I understand they may check my information electronically. If they ask for my help checking information, I must cooperate.
- I understand that anyone who knowingly lies or provides untrue information, or arranges for someone to knowingly lie or provide untrue information, or intentionally misuses the health benefits card issued by the State of Illinois, may be committing a crime which can be prosecuted or punished under federal law, state law, or both.
- If the Illinois Department of Healthcare and Family Services pays medical bills for me, the State of Illinois may collect my medical support payments instead of me.
- I am signing this form under the penalty of perjury. That means the information I have provided on this renewal form is true to the best of my knowledge, and I may be punished under law if I provide false or untrue information.

_________________________ ________________ ________________________
Your Signature        Today's Date        Daytime or Cell Phone Number
Medical Benefits: Time to Renew Notice

Dear Brie Clark,

It is time to renew your Medical benefits!

You must complete your redetermination to continue your Medical benefits after April 2016.

To learn how to renew your Medical benefits, read the first page of the IL444-1893 Medical Benefits Renewal Form which is included in this envelope.

Call us at 1-855-458-4945 (TTY: 1-855-694-5458) if you cannot send everything on time or if you have questions. We may be able to help you get the proofs you need.

We checked our electronic sources to decide if we can automatically renew your medical benefits. The tables below show the income information we have about your case.

Because we could not make a decision using only electronic sources, we need information from you to decide if you continue to qualify for medical coverage. You still must complete a redetermination or your benefits will end.

The following table shows the most recent income information in our records.

<table>
<thead>
<tr>
<th>Individual Name</th>
<th>Employer/Income Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brie Clark</td>
<td>Wages, Salaries, Tips, and Commissions</td>
</tr>
</tbody>
</table>
Medical Benefits Redetermination Notice

Dear K,

Based on the information we have today, the person(s) listed in the table below are approved to keep getting medical benefits after February 2016. However, if we get new information about a change in your circumstance your eligibility for medical benefits may change. If that happens, we will send you a new notice.

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Medical ID (RIN)</th>
<th>Medical Group</th>
<th>Start of Ongoing Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>K</td>
<td>01/01/1980</td>
<td>123456789</td>
<td>ACA Adult</td>
<td>Mar 1, 2016</td>
</tr>
</tbody>
</table>

We will send you a new medical card before March.

Important Information about Your Medical Group(s)

Medical benefits covered are different depending on your Medical Group. Some Medical Groups provide full medically necessary health coverage including prenatal care.

List of Common Services Provided for Medical Groups with Full Coverage

- Doctor and clinic visits
- Inpatient and outpatient hospital
- Emergency room
- Prescription medicine
- Surgery
- Podiatric (feet) services
- Hospice care
- Emergency medical transportation
- Lab tests and x-rays
- Medical supplies and equipment
- Family planning (birth control)
- Medical transportation
- Home Health service
- Chiropractic services
- Physical and Occupational therapy
- Dental care (limited for adults over age 20)
- And more, check with your health care provider for details
Medical groups providing full health coverage meet the requirements for insurance under federal law, so you do not have to pay any tax penalty.

Find the Medical Group for each person in the ongoing Medical benefits eligibility table and then read below for more information about the benefits for each Medical Group.

**Information about ACA Adult**

ACA Adult is health coverage for adults age 19-64 who do not have dependent children living with them. ACA Adult health coverage provides the services listed above for full health coverage.

Adults pay copays for some services.

- **Doctor and clinic services** $3.90 per visit
- **Inpatient hospital services** $3.90 per day
- **Outpatient hospital services** $0.00 per visit
- **Emergency room** $3.90 per visit
- **Prescription medicine**
  - Generic $2.00 per prescription
  - Brand name $3.90 per prescription

Copays may change in the future.

**How We Decided Your Eligibility for Medical Benefits**

If you have any changes in income or if anyone moves in or out of your household, you must report the change to us within 10 days by going to Manage My Case at abe.illinois.gov or by calling the phone number on the first page of this notice.

Eligibility for medical benefits for the following person(s) is based on household income, who is living with the head of household and how they are related to each other, whether someone in the household files income taxes or is a dependent on someone else’s tax return. This is called Modified Adjusted Gross Income (MAGI) methodology.

The facts we used to decide K’s ongoing Medical eligibility are:

- The number of people counted in the family size is 1.
- Countable monthly income is $0.
- Countable monthly income calculation is based on household income, who is living with the applicant and whether someone in the household files income taxes or is a dependent on someone else’s tax return.
- Monthly income standard is <2016 MAGI Income Standard>.
How to File an Appeal

You Have the Right to File an Appeal

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. If you are appealing the decision on your cash and/or medical benefits decision you must do so within 60 days after the “Date of Notice.” If you are appealing a decision about SNAP you must do so within 90 days after the “Date of Notice.” You can ask for a fair hearing by calling (800) 435-0774 (TTY (877) 734-7429), going online to abe.illinois.gov, emailing DHS.BAH@Illinois.gov faxing (312) 793-3387 or writing to DHS Bureau of Hearings, 69 W. Washington, 4th Floor, Chicago, IL 60602.

To apply for free legal help:

✔ In Cook County (including the City of Chicago) – Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
✔ In other counties in Northern or Central Illinois with area codes (309), (815) or (847) – Prairie State Legal Services: (800) 531-7057
✔ In other counties in Central or Southern Illinois where the area code is (217) or (618) – Land of Lincoln Legal Assistance Foundation: (877) 342-7891
How to Get a Medical Card and a Primary Care Provider (PCP) for Your Baby

1. Getting an HFS Medical Card for Your Baby

**YES**

Do you have a Medical Card?

**NO**

HFS recommends that you add your baby to your Medical Case (card) **within the first 90 days of birth**. To add your baby, you can:
- Ask the hospital to add your baby, or
- Call the ABE Customer Call Center at 1-800-843-6154 (TTY, call 1-800-447-6404), or
- Go to your local Family & Community Resource Center (FCRC)

HFS cannot pay your baby’s medical bills until your baby is added to your medical case. If you add your baby to your Medical Case after the first 90 days of birth, you may have to pay some of the medical bills yourself.

HFS recommends applying for a Medical Card for your baby **during the first 90 days of birth**. To do this, you can:
- Call the ABE Customer Call Center at 1-800-843-6154 (TTY, call 1-800-447-6404), or
- Apply online at [https://ABE.Illinois.gov](https://ABE.Illinois.gov), or
- Go to your local Family & Community Resource Center (FCRC)

It is best to apply for a Medical Card for your baby during the first 90 days of birth. If you apply after the first 90 days of birth, you may have to pay some of the medical bills yourself.

2. Pick a Health Plan and Primary Care Provider (PCP) for Your Baby

**Do you have a Health Plan?**

**I DO NOT KNOW IF I HAVE A HEALTH PLAN**

Call the HFS Health Benefits Hotline at 1-800-226-0768.

**YES, I HAVE A MANAGED CARE ORGANIZATION (MCO) AS MY HEALTH PLAN**

Your baby will be automatically enrolled in your MCO health plan after they have been added to your medical case.
- Your health plan will work with you to pick a PCP for your baby.

**YES, I HAVE ILLINOIS HEALTH CONNECT (IHC) AS MY HEALTH PLAN**

You may need to enroll your baby in a health plan.
- If your baby needs to enroll in a health plan and pick a PCP, the [Client Enrollment Services](https://abe.illinois.gov) will mail you

**NO, I DO NOT HAVE A HEALTH PLAN (MCO OR IHC)**

You may need to enroll your baby in a health plan.
- If your baby needs to enroll in a health plan and pick a PCP, the [Client Enrollment Services](https://abe.illinois.gov) will mail you an
• Your health plan will send a welcome packet with information about the health plan including a member handbook for your baby. Your baby may also get a health plan ID card.
• Take your baby’s health plan ID card and the HFS medical card with you to your baby’s doctor’s appointments or pharmacy.
• To change your baby’s PCP, call the health plan’s member services number on your baby’s health plan ID card or in the member handbook.
• To change your baby’s health plan within the first 90 days of enrollment:
  o Call Client Enrollment Services at: 1-877-912-8880 (TTY: 1-866-565-8576), or
  o Go online to www.enrollhsf.illinois.gov

If your baby is not required to pick a health plan and PCP, you will continue to use the baby’s HFS medical card for health care services. Call Illinois Health Connect for help finding a doctor for your baby at: 1-877-912-1999 (TTY: 1-866-565-8577).

Once enrolled, your health plan will send you a member handbook. The member handbook will explain how to get services for your baby. If you are not happy with your baby’s health plan or PCP, the member handbook will explain how to change your baby’s health plan or PCP.

If you receive an enrollment packet for your baby, you will have 60 days to pick a health plan and PCP. If you do not pick a health plan and PCP for your baby, the state will assign your baby to a health plan and PCP.

If your baby is required to pick a health plan and PCP, you will choose from your health plan options. The enrollment packet will give you the information you need to pick a health plan and PCP for your baby.

If you receive an enrollment packet with your baby’s health plan options, the enrollment packet will give you the information you need to pick a health plan and PCP for your baby.
Children's Enrollment

Enrolled Children FY2006-2015

End of FY
FY06-14 #000s

End of FY
2006 1,215
2007 1,364
2008 1,455
2009 1,553
2010 1,630
2011 1,678
2012 1,697
2013 1,647
2014 1,572
2015 1,516

End of Month
2012 #000s

End of Month
Jan 1,696
Feb 1,699
Mar 1,701
Apr 1,701
May 1,698
June 1,697
July 1,694
Aug 1,694
Sep 1,689
Oct 1,681
Nov 1,674
Dec 1,668

End of Month
2013 #000s

End of Month
Jan 1,666
Feb 1,665
Mar 1,667
Apr 1,665
May 1,656
June 1,647
July 1,638
Aug 1,635
Sept 1,626
Oct 1,610
Nov 1,600
Dec 1,587

End of Month
2014 #000s

End of Month
Jan 1,582
Feb 1,582
Mar 1,591
Apr 1,595
May 1,587
June 1,572
July 1,564
Aug 1,567
Sept 1,561
Oct 1,554
Nov 1,547
Dec 1,541

End of Month
2015 #000s

End of Month
Jan 1,540
Feb 1,540
Mar 1,532
Apr 1,527
May 1,522
June 1,516
July 1,515
Aug 1,514
Sept 1,513
Oct 1,510
Nov 1,506
Dec 1,506

Enrolled Children End of FY06-14

#000s

Enrolled Children
FY2006-2015 #000s


Enrolled Children by Month

#000s

2012 1,696 1,699 1,701 1,698 1,697 1,694 1,694 1,689 1,681 1,674 1,668
2013 1,666 1,665 1,667 1,665 1,656 1,647 1,638 1,635 1,626 1,610 1,600 1,587
2014 1,582 1,582 1,591 1,587 1,572 1,564 1,567 1,561 1,554 1,547 1,541
Series4 1,540 1,540 1,532 1,527 1,516 1,515 1,514 1,513 1,510 1,506

HFS April 2016