CMS Tribal Issues Chart

ONGOING ISSUES

TOPIC	*ONGOING* ISSUE	STATUS	NEXT STEPS
TOPIC 3: Electronic verification of Indian status	**Issue 2:** TTAG recommends that CMS utilize the IHS Active User Database for electronic verification of eligibility for the tribal exemptions.	Because ECN numbers do not differentiate between tribal membership and ITU eligible status, can the IHS Active User Database now be used to verify exemption eligibility and issue ECNs through the Marketplace?	Ongoing. Under review by CMS.
TOPIC 5: QHP Network Adequacy *This issue is under review by the newly formed CCIIO Workgroup.	**Issue 1:** Per the 2015 Issuer Letter (released in March 2014), QHPs are required to offer contracts to Indian health care providers, consistent with the model QHP addendum and similar to requirements in Medicare Part D contracts. Although CCIIO has consistently reported that all QHPs have attested to offering contracts to ITUs, TTAG is requesting that CMS document that QHPs are offering contracts to ITUs and requests a list of ITUs that have been offered contracts.	The IHS Tribal Self Governance Advisory Group (TSGAC) and TTAG sent a joint letter to CMS requesting verification of whether QHPs offered contracts to specific ITUs in certain geographic areas. CMS responded to the letter and explained it was not possible for CMS to survey all the QHPs.	We received the TSGAC study, and it is currently under review by CMS.
TOPIC 6: Issuers not providing clear information regarding AI/AN zero cost sharing or limited cost sharing information	**Issue 1:** TTAG sent a letter to CCIIO on May 29, 2014 outlining concerns about information Issuers are distributing regarding AI/AN cost sharing reductions and the letter makes a series of recommendations. In addition, TTAG submitted comments to the Summary of Benefits and Coverage and Uniform Glossary proposed rule (CMS-9938-P) regarding this issue.	The Summary of Benefits and Coverage and Uniform Glossary proposed rule (CMS-9938) addresses this issue. CMS reviewed the TTAG comments and the final rule was released in June 2015.	Ongoing. The CCIIO workgroup is going to follow up on this issue.
TOPIC 8: Indian specific training and Indian desk at the call center	Tribes are concerned that the training materials do not contain complete information on AI/AN provisions and that the call center staff are not able to answer AI/AN specific questions.	With input from the TTAG, the navigator training materials have been revised. In addition, the call center staff received additional training on AIAN provisions. The call center is working to develop a process, such as using second tier managers, to answer AI/AN	**Ongoing.** CMS DTA will continue to develop fact sheets and outreach materials for navigators and other outreach workers as needed and with input from

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TOPIC	***ONGOING*** **ISSUE**	STATUS	NEXT STEPS
*This issue is under review by the newly formed CCIIO Workgroup.		specific questions. DTA provided an O&E update at the November TTAG face-to-face.	TTAG. CMCS is exploring options to enhance Indian specific training and resources.
TOPIC 9: Data metrics for AI/AN enrollment in the Marketplace and Medicaid	Tribes have asked for specific information on the numbers of AI/ANs who have enrolled in the Marketplace, who have selected a QHP with zero cost sharing or limited cost sharing variations.	OEAD reported in February 2015 that 24,000 AI/ANs enrolled in Zero Cost Sharing plan variations and 4,000 AI/ANs enrolled in Limited Cost sharing plan variations. This report did not include data from State Based Marketplaces. The Marketplace Data Team attended a joint ACA Policy-Data subcommittee meeting to discuss requests for specific data.	Ongoing. The Marketplace Data Team responded to the TTAG request for data and the CCIIO workgroup is currently reviewing the data.
TOPIC 11: Special Enrollment Period (SEP) for AI/ANs	**Issue 2:** Family members who do not meet the definition of Indian under the ACA can enroll outside of the open enrollment period in FFM states if one family member on the application is eligible for the SEP. However, TTAG reported that SBM states (Minnesota, in particular) do not believe they have the authority to allow non-Indian family members to utilize the SEP when applying on the same application as AI/AN family members because that policy is inconsistent with the regulations.	Current policy allowing mixed AI/AN families applying on one application to utilize the SEP only applies to FFM states at this time. The FAQ on healthcare.gov/tribal qualifies that "If your state runs its own Marketplace, visit your state's website to apply for a Special Enrollment Period. It may handle SEPs for American Indians and Alaska Natives differently."	Ongoing. CMS is following up on this issue.
TOPIC 17: Special Rules for Indians – Cost sharing reductions for Indians below 100% FPL in non-expansion states	There are conflicting interpretations of the statutory provisions in section 1402 of the ACA (the Special Rules for Indians) and the regulation requiring that cost sharing is only available for those who qualify for an APTC. APTCs are only available for people between 100% and 400% FPL. As a result, American Indians below 100% who do not qualify for Medicaid (mostly in non-expansion states) that should by statute	CCIIO clarified its policy to explain that individuals with incomes below 100% qualify for limited cost sharing plans.	Ongoing. Working on new outreach materials to reflect this policy update.

TOPIC	***ONGOING*** **ISSUE**	STATUS	NEXT STEPS
	qualify for zero cost sharing (below 300%) are being charged full cost sharing because they do not qualify for APTCs.		
TOPIC 18: Medicaid Estate Recovery	**Issue 2:** The Medicaid Estate Recovery exception for AI/ANs excludes any land or property on trust land, including former reservations. In California, because of the unique status of California Indian land, it's unclear whether tribal land falls within the exception and is therefore exempt from Medicaid Estate Recovery.	DTA has met with CRIHB and is reviewing information received from them on June 12.	Ongoing.
TOPIC 19: Out of state enrollment in Medicaid (Across State Borders)	TTAG requested CMCS to examine whether students attending out of state Indian boarding schools could be treated as residents of the state where the boarding school is located for purposes of Medicaid.	DTA and the TTAG Across State Borders subcommittee has met with the CMCS staff. TTAG submitted recommendations to CMS.	Ongoing. TTAG recommendations being considered as CMS develops guidance.
TOPIC 23: TTAG Charter	TTAG charter needs to be updated.	On the January TTAG conference call, a request was made for volunteers to serve on a work group to provide recommendations on updates to the charter.	Forming a work group and planning to meet at the November or February face-to-face TTAG meeting.
TOPIC 24: Family plan cost sharing reductions (CSR)	Under the current rules, everyone in a family plan gets the same cost sharing as the person with the least generous cost sharing reduction. Meaning, mixed families (families with both tribal members and non-Indians) lose their Indian cost sharing reduction unless they enroll in two separate family plans, one for people who are enrolled members of tribes and one for the other people in the family. However, because each family plan has an out-of-pocket (OOP) limit, families have two OOP limits to satisfy. This would apply to families with one or more members enrolled in a limited cost sharing plan.	TTAG included this issue in their recommendations in their comments to the 2016 Payment Notice proposed rule.	Ongoing. The final rule was released on February 27, 2015 and addresses most tribal comments submitted by TTAG. The SME from CCIIO spoke at the ACA Policy Subcommittee on March 26, 2015 and explained that, at this time, there is no exception for any family with mixed eligibility for

TOPIC	***ONGOING*** **ISSUE**	STATUS	NEXT STEPS
	When the rule was proposed initially, Tribes submitted comments asking for this policy to limit the total OOP per family. The response from CMS was essentially that they couldn't handle that level of complexity at that time, but that they would revisit this with Tribes in the following year. Now, Tribes want to revisit this issue.		cost sharing reductions, including mixed Indian families (some members of the family eligible for zero or limited cost sharing and others that are not).
TOPIC 25: PQRS meaningful use requirements for ITUs	PQRS meaningful use requirements implement strict penalties for ITUs that fail to adequately report. Tribes are concerned that the requirements are difficult to meet and resulting penalties are burdensome.	CMS CCSQ attended the November TTAG Face-to-Face to discuss the PQRS meaningful use requirements.	Ongoing. CCSQ is working with IHS to develop reporting requirements.
TOPIC 26: QHP Referrals	Tribal members in limited cost sharing plans do not pay any cost sharing when receiving care through an ITU or from other providers when receiving EHBs that have been referred from an ITU. However, to avoid paying cost sharing when receiving EHBs from providers other than ITUs, tribal members need to present a referral from an ITU.	In response to concerns raised by Tribes, Tribal Leaders, and issuers, CMS consulted on the information that is needed in these referrals so AI/ANs will not be charged cost sharing when they seek EHBs from their enrolled QHP through referrals under PRC. CMS consulted on the scope of information that should be included in the referral and asked for comments on the possibility of "blanket" or "comprehensive" referrals versus episodic referrals. CMS held an All Tribes Call on August 19 and consulted on September 21 at NIHB.	Ongoing. CMS is considering comments received during consultation.
TOPIC 27: 100% FMAP for services provided through an IHS/Tribal facility	Currently, if an AI/AN Medicaid beneficiary receives services through an IHS or Tribally operated health facility, CMS matches the amount paid for those services at 100%. This is referred to as 100% FMAP. However, if the AI/AN Medicaid beneficiary receives Medicaid covered services from a non-IHS/Tribal provider, such as through a Purchased or Referred Care referral, CMS matches at the State's regular	Because any response to SD and AK proposals would have national implications for Indian health providers across the country. CMS has been consulting on its current policy and possible changes to it. CMS met individually with SD and AK Tribal leaders, and held national All Tribes' Calls and a face-to-face consultation at NIHB on Sept. 21st.	Ongoing. CMS is still in the process of evaluating its policy and considering comments received during consultation.

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	FMAP rate. South Dakota and Alaska submitted proposals asking CMS to expand the 100% FMAP to certain services.		

CMS Tribal Issues Chart

PARKING LOT ISSUES:

Issues that are not complete, but are pending non-CMS action, will be "parked" here until action can be taken

TOPIC	*ONGOING* ISSUE	STATUS	NEXT STEPS
TOPIC 1: ACA Definition of Indian	Align ACA definition of Indian, (which is a member of a federally recognized tribe) with the Medicaid definition of Indian, (which includes members and persons of Indian descent) and is consistent with eligibility criteria for Indians who are eligible for services from IHS.	The definition of Indian in the ACA is a statutory definition and will require a legislative fix. The Medicaid definition was developed for purposes of implementing Section 5006 of ARRA (Protections for Indians under Medicaid). The term "Indian" was not defined by statute and thus, CMS could define Indian consistent with IHS eligibility criteria. Senate Bill 1575, to align the ACA definition with the Medicaid and IHS definitions, was introduced last term, but never got out of committee.	There is currently no action for CMS to take until legislation is reintroduced.
TOPIC 3: Electronic verification of Indian status	**Issue 1:** AI/ANs have to verify Indian status in order to qualify for certain provisions, such as SEP and cost sharing reductions. Tribes and IHS have requested that CMS incorporate the IHS active user data into the national data hub so that Indian status can be verified electronically.	In 2014, the IHS Active User Database will not be incorporated into the national data hub at this time.	Until the definition of Indian is reconciled with the definition used by IHS in the Active User Database, this request will be pending.

CMS Tribal Issues Chart

COMPLETED ISSUES

TOPIC	*COMPLETED* ISSUE	STATUS	NEXT STEPS
TOPIC 2: Tribal Exemption from Shared Responsibility Payment	Members of federally recognized tribes and individuals who are not tribal members but are eligible for services from an Indian health care provider (ITU) can file an exemption from the shared responsibility payment in two ways: 1) apply to the Marketplace for an exemption through the mail; or, 2) file for the exemption when completing a federal tax return. **Issue 1:** Tribes have requested that the process for obtaining a tribal exemption be the same for both tribal members and individuals eligible for services from ITUs via a federal income tax return.	On September 18, 2014, the Secretary announced at the Secretary's Tribal Advisory Committee that individuals eligible to receive services from an ITU provider would also be able to claim an exemption from the shared responsibility payment through the tax filing process starting with the 2014 tax year.	**Completed**. DTA is working on outreach materials to explain the change and new process for the Indian Exemption.
	Issue 2: For tribal members who have received an exemption based on tribal membership, CCIIO should incorporate into the application a process for tribal members to use their exemption number or exemption letters to verify Indian status for SEP and cost sharing reductions.	CMS reviewed the issue and determined that a tribal member exemption number and letter cannot be used to verify Indian status instead of uploading and submitting the same tribal documents that were used to verify Indian status for the tribal member exemption.	**Completed.** ECN numbers cannot differentiate between tribal membership and ITU eligibles and therefore cannot be used to verify Indian status for cost sharing reductions and special enrollment periods at this time.
	Issue 3: Because tribal members continue to experience issues when filing exemption applications, tribes have requested that CCIIO review pending exemption applications to resolve these issues.	CMS and ANTHC worked together to resolve the outstanding exemption applications in Alaska.	**Completed**.

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TOPIC	***COMPLETED*** **ISSUE**	STATUS	NEXT STEPS
	Issue 4: Tribes want to assist CMS in revising the exemption application for 2015.	CMS DTA advised TTAG to send in a letter with their comments in the event the exemption application is revised.	**Completed**. Tribal exemption application was updated October 2014 to reflect TTAG suggestions.
	Issue 5: TTAG requested funding for ITUs to assist with completing exemption applications.	There is no separate funding available to support ITU staff assisting with exemption applications.	**Completed.** No funding available.
	Issue 6: Clarification is needed on how mixed AI/AN households file exemptions when household members have different exemptions (meaning, tribal membership exemptions *and* ITU eligible exemptions).	Based on the Secretary's September 2014 policy (allowing members and ITU eligibles to apply on their tax returns, creating a single Indian exemption), this should no longer be an issue.	**Completed**.
	Issue 7: Because the exemptions are for federal income tax purposes, the Exemption Processing Center, a CMS contractor, is contacting some exemption applicants to verify the identity and exemption status of all individuals listed on the application. For example, the contractor has been contacting Indian applicants to clarify whether non-Indian spouses or children are also applying for the exemption or are just included on the application because they are part of the applicant's tax household.	Under review by CMS. Assistors and Navigators have reported that when applicants indicate that the spouses or dependents are, "non-Indian" or "not applying for an exemption," the contractor has *not* been contacting the applicant for clarification.	**Completed**. CMS developed FAQs to address exemption issues, that are available on our DTA website (http://go.cms.gov/AIAN) and on a new exemption page at www.healthcare.gov/tribal. These links were sent to our listserv week of March 23rd.
	Issue 8: How many tribal member or ITU exemptions has the CCIIO contractor processed so far?	At the March 2015 STAC meeting, CCIIO reported 237,000 tribal applications received and 214,000 processed.	**Completed**.

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TOPIC	***COMPLETED*** **ISSUE**	STATUS	NEXT STEPS
TOPIC 4: Uploading tribal documents	AI/ANs continue to have problems uploading tribal docs online to verify Indian status. Because this continues to be an on-going problem, Tribes have requested that CMS determine if it is a software compatibility issue and if so, identify a list of software needed to allow tribal documents to be uploaded and post it on healthcare.gov website.	CCIIO explained that applicants should submit in one of the following file types: pdf, jpg, jpeg, gif, tiff, bmp, png. If applicant still experiences problems, the files may be too large. In that case, try converting the files to pdf versions or mail copies of their docs with their application numbers.	**Completed**. DTA drafted an FAQ for the Marketplace and DTA O&E websites.
TOPIC 5: QHP Network Adequacy *This issue is under review by the newly formed CCIIO Workgroup.	**Issue 2:** TTAG would like CCIIO to incorporate guidance from the 2015 issuer letter into formal regulations. TTAG submitted comments to the Proposed Rule CMS-9944-P "Notice of Benefits and Payment Parameters for 2016" on December 22, 2014.	The problem is that QHPs are only required to attest that they've offered contracts to ITUs; they are *not* required to demonstrate or verify. The data that TTAG is requesting is not readily available and CMS does not have the staff resources to complete the request. However, CCIIO has repeatedly told TTAG to report any problems ITUs have entering into contracts with QHPs and they will have their oversight division follow up on a case-by-case basis.	**Completed.** The final rule was released on February 27, 2015 and addresses most tribal comments submitted by TTAG.
	Issue 4: At the November 2014 TTAG meeting, Oneida Nation (WI) reported that certain QHPs in Wisconsin refuse to offer contracts.	Gene Freund joined the ACA Policy Subcommittee call on 12/11/14 to discuss the proposed rule. CMS is currently reviewing TTAG's formal comments to the proposed rule, 2016 Payment Notice. Based on this report, CCIIO contacted the QHP that had refused to contract. The QHP is a closed panel HMO and is therefore not required to contract with ITUs because it is an alternative health plan. Notwithstanding, Oneida Nation has a right of recovery under the Indian Health Care Improvement Act (S. 206).	**Completed**. CMS, IHS, and Oneida Nation had a call. Oneida Nation will send section 206 IHS guidance to the QHP.

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TOPIC	***COMPLETED*** **ISSUE**	STATUS	NEXT STEPS
TOPIC 6: Issuers not providing clear information regarding AI/AN zero cost sharing or limited cost sharing information	**Issue 2:** TTAG recommends that CCIIO requires QHPs to issue cards indicating zero or limited cost sharing on the card.	The state department of insurance would have to regulate this. It is beyond the scope of what CMS can regulate.	**Completed.**
TOPIC 7: Tribal Sponsorship. Under current regulations, Marketplaces may permit Indian tribes, tribal organizations, and urban Indian organizations to pay QHP premiums for qualified individuals, subject to terms and conditions set by the Marketplace.	**Issue 1:** Tribes have requested that QHPs be required to develop Tribal sponsorship programs. **Issue 2:** For those tribes who have established a tribal sponsorship program, Issuers are having a hard time processing payments and there is limit on the number of credit card transactions per day.	CMS cannot require QHPs to develop sponsorship programs. The decision for tribes, tribal organizations, and urban organizations to pay premiums is tribal specific and these entities need to do a cost benefit analysis to determine whether it is financially beneficial to pay premiums on behalf of their tribal members. Tribes need to review their agreement with the issuers regarding the number of transactions that can be processed per day. Tribes can then negotiate with the issuer to modify the payment terms.	**Completed**. On August 26, 2014, CMS DTA held a webinar on Tribal Sponsorship programs and have tribal programs who have successfully implemented a tribal sponsorship program to present on best practices. Over 150 attended. **Completed**. This is an issue between the tribes and the issuer. CMS has no authority in this area.
TOPIC 10: Referral and Payment Guidance and Cost Sharing Reductions	Tribes developed guidance on when referrals are needed to avoid cost sharing for services received at ITUs and at non-ITU providers. Tribes are concerned with a FAQ that was issued without tribal consultation that indicates cost sharing reductions are not available for AI/ANs who enroll in closed panel QHPS and receive services from an out of network provider.	Held All Tribes Call on Closed Panel FAQs on June 25, 2014.	**Completed**. CCIIO reviewed comments from the All Tribes Call and is not able to change the policy. The issue of whether an ITU has the right of recovery for services provided under 206 to an AI/AN beneficiary enrolled is an IHS determination.

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TOPIC	***COMPLETED*** **ISSUE**	STATUS	NEXT STEPS
TOPIC 11: Special Enrollment Period for AI/ANs	**Issue 1:** Permit family members who do not meet the definition of Indian under the ACA can enroll outside of the open enrollment period, in FFM states. (Ongoing issue addressing SEPs in SBM states located in ONGOING ISSUES CHART above, Topic 11, Issue 2)	FAQ was developed and posted on healthcare.gov/tribal that explains for those families that apply through the Federal-facilitated Marketplace, if one family member on the application is eligible for the Special Enrollment Period (SEP), all family members who apply on the same Marketplace application would be eligible for the SEP if otherwise eligible to enroll in a QHP, in FFM states.	**Completed**.
TOPIC 12: Clarification is needed as to how to report Tribal income on the Marketplace and Medicaid applications.	Appendix B of the Family Application explains that certain tribal income is not counted for Medicaid and CHIP eligibility determinations. Tribes are confused by the questions in Appendix B and think that we are asking them to report income that should be exempt.	If the tribal income is not taxable by IRS, then the income should not be reported on the Marketplace application and Appendix B. The only income that is reported on Appendix B is taxable tribal income that could be excluded for Medicaid and CHIP purposes.	**Completed**. CMS DTA will post an FAQ on healthcare.gov/tribal and develop a fact sheet for outreach purposes.
TOPIC 13: Children Dental Stand Alone Plans	It is the tribal position that zero and limited cost sharing reductions apply to Children Dental Stand Alone Plans.	Per statute, cost sharing reductions do not apply to Stand Alone dental plans, including pediatric dental care.	**Completed**. DTA drafted an FAQ for the healthcare.gov/tribal website.
TOPIC 14: Designated authorized representative in on-line application vs call center vs paper.	There is no place to designate an authorized representative on the on-line application. A Call Center representative has stated that the authorization via telephone is good only for 14 days. Due to problems experienced by AI/ANs, Tribes have requested that the authorization be longer than 14 days.	CCIIO reviewed this issue and determined that authorization for a designated authorized representative will be good for 365 days.	**Completed**. DTA drafted an FAQ for the healthcare.gov/tribal website.
TOPIC 15: Notice for annual eligibility redeterminations for	The proposed redetermination notices do not include information about Indian provisions or protections. The TTAG would like CCIIO to issue a separate redetermination or renewal notice just to AI/ANs on	CMS held an All Tribes Call on July 21, 2014 and asked for comments on what information should be included in a redetermination notice	**Completed**. CMS reviewed the TTAG comments and suggested language. CMS determined that a separate

TOPIC	***COMPLETED*** ISSUE	STATUS	NEXT STEPS
exchanges and health insurance issuer guidance regulation (CMS-9941-P)	the Marketplace.	TTAG recommended that CMS issue a Dear Tribal Leader letter notifying tribes that the redetermination letters would be going out to Marketplace consumers.	redetermination letter for AI/ANs was not possible. However, the redetermination for all Marketplace consumers included a sentence explaining that AI/ANs can change plans monthly. Because the redetermination letters referenced the tribal special enrollment period, it was determined a DTLL was not necessary.
TOPIC 16: Former Foster Care Children.	Section 1902 of the Social Security Act allows former foster care children to enroll in Medicaid. Section 2004 of the ACA extended the age of enrollment to 26. CMS guidance (FAQ) includes tribes so former foster care children under the responsibility of a tribe can also enroll in Medicaid under the same requirements as those under the responsibility of the state. The issue is that Arizona Medicaid (AHCCCS) disagrees with CMS's inclusion of tribes in this guidance.	CMS met with AHCCCS to discuss the issue. AHCCCS held a tribal consultation on 10/16. CMS discussed issue with AHCCCS and AHCCCS agreed that they would cover AI/AN former foster care children, but will need to develop process with tribal foster care programs.	**Completed.**
TOPIC 18: Medicaid Estate Recovery	Medicaid Estate Recovery allows states to recover payments from some Medicaid beneficiaries. Estate Recovery applies to Medicaid beneficiaries over the age of 55 and is only an option when Medicaid pays for Long Term Supports and Services, more commonly known as Long Term Care. Long Term		

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TOPIC	***COMPLETED*** **ISSUE**	STATUS	NEXT STEPS
	Care. **Issue 1:** It has been reported that AI/AN consumers are not applying for Medicaid for fear of having their homes or property taken through Medicaid Estate Recovery. AI/AN consumers need general guidance on Medicaid Estate Recovery.	CMS developed general guidance explaining the overall Medicaid Estate Recovery rule and the exception for AI/ANs. At the November 2014 TTAG meeting, CMS provided a copy of the guidance for TTAG review and input.	**Completed.** CMS finalized and posted a fact sheet on our website, held a webinar, and participated in an all-state SOTA call on Medicaid Estate Recovery.
Topic 20: Improve Medicaid reimbursements to tribal residential treatment centers (IMD)	TTAG and STAC raised issue on how tribal residential treatment facilities and Youth Regional Treatment Centers (YRTC) can receive Medicaid reimbursements, including Medicaid reimbursement of out of state patients	CMCS is exploring how the Institutions for Mental Diseases (IMD) exclusion applies to YRTCs.	**Completed.** CMS held a webinar with SAMHSA to explain the IMD exclusion, how it is applied to Tribal programs, and how Tribal programs can qualify as Psychiatric Residential Treatment Facilities (PRTF).
TOPIC 21: Tribal Collections request from OMB	OMB requested data from IHS and CMS as the amount of Medicare and Medicaid collections generated by tribally operated facilities.	The TTAG requested that before OMB requests IHS and CMS to provide this information, that tribal consultation is held.	**Completed.** IHS responded to OMB and relayed tribal concerns. No tribal collections information will be required at this time.
TOPIC 22: Reporting Tribal income (MAGI)	There are certain income exclusions for AI/ANs when determining income eligibility for CMS programs. AI/AN beneficiaries are having difficulty understanding what income to include on their applications for the Marketplace or Medicaid/CHIP.	DTA has completed a fact sheet on Indian trust income and MAGI. It is available on our website. We will be holding a webinar on MAGI. CMS also held a webinar and participated in an all-state SOTA call on MAGI.	**Completed.**