

PRA Disclosure Statement

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Budget neutrality is a Federal policy that governs the Federal expenditures for 1115 demonstrations. It is assured by placing an upper limit on the amount of Federal Financial Participation (FFP) the state can receive during the demonstration. The upper limit represents what the state could have received in the absence of the 1115 demonstration.

The Budget Neutrality workbook will assist in collecting standardized data in order to determine financial performance for the demonstration in terms of budget neutrality.

The workbook has two major groups of tabs: the first group collects and calculates Without Waiver (WOW) numbers, and the second group calculates With Waiver (WW) numbers. Data is collected per each demonstration Medicaid Eligibility Group (MEG), by demonstration year (DY). A Medicaid section 1115 demonstration is considered budget neutral if the Federal title XIX match, or funding received by the state (i.e., "with waiver" expenditures) do not exceed what the state would have (or could have) received without the demonstration (i.e., "without waiver" expenditures). The workbook provides the ability to evaluate any variance between WW and WOW calculations.

The workbook consists of 15 tabs which contain different types of data and calculations. The following color schema is applied to the tabs:

Blue	Information populated in the Budget Neutrality workbook template based on the demonstration's approved STC
Red	Information populated by states on a quarterly basis or per the reporting requirements defined in the STC
Green	Information automatically populated based on the input from other worksheets

Note: Overview and Dropdowns tabs are read-only, no data entry is required. The Dropdowns tab displays the values used to build the dropdowns menus throughout the workbook, including the list of active waivers for the demonstration.

Data Entry Within the tabs where a State User populates information (C Report, Total Adjustments, WW Spending Projected, MemMon Actual, MemMon Projected, and Summary TC tabs), yellow highlighted cells denote where data entry may be needed (depending on DY being updated).

Pre-populated values in the downloaded Budget Neutrality workbook template

The original workbook entries are based on the STCs and other demonstration approval documentation. These entries are made on the DY Def, MEG Def, WOW PMPM & Agg, Program Spending Limits, and Summary TC tab (Phase-Down Percentage and Cumulative Target Percentage fields).

The MEG Def tab defines MEGs as Medicaid populations (core demonstration populations), Hypothetical populations (when a demonstration has separate budget neutrality agreements) and Tracking Only populations (for example, "pass-through" populations). The MEG Def tab also defines how expenditure numbers are calculated for a MEG (Per Capita vs. Aggregate) and the applicable scenarios (WOW, WW, or both). Also, the tab contains indicators defining MEG characteristics such as expenditure caps or applicability of savings phase-down calculations.

Calculating With Waiver (WW) numbers

WW numbers for each active DY of a demonstration are calculated based on a combination of actual WW expenditures, projected future expenditures, and any adjustments entered by a State User. The actual WW expenditures are copied from the Schedule C of the MBES CMS-64 report to the workbook (C Report tab). These numbers are automatically transferred to the C Report Grouper tab, where waiver expenditures are grouped by MEGs. The numbers are also transferred to the WW Spending Actual tab, which factors in adjustments entered on the Total Adjustments tab to calculate total actual WW expenditures. The WW Spending Total tab displays the actual WW expenditures plus future projected expenditures (transferred from the WW Spending Projected tab). Finally, the total WW actual and projected numbers are transferred to the Summary TC (Total Computable) tab (into the With-Waiver Total Expenditures section).

Calculating Without Waiver (WOW) numbers

WOW numbers can be obtained either one of two ways: using Aggregate or Per Capita calculations. If total projected expenditures for a MEG is known and the expenditure calculation type is defined as 'Aggregate' on the MEG Def tab, the total projected expenditure amount is entered for each active DY. However, if the expenditure calculation type is defined as 'Per Capita', total projected expenditures are derived by multiplying per member per month (PMPM) costs by the actual number of member months.

Both Aggregate and PMPM numbers are populated on the WOW PMPM & Agg tab. The number of actual member months (number of beneficiaries times the number of months enrolled) are entered by a State User on the MemMon Actual tab for each DY. On the MemMon Projected tab, State User enters projected numbers. The totals for actual and projected member months are calculated on the MemMon Total tab. WOW aggregate, PMPM and member month data is then moved to the Without-Waiver Total Expenditures section of the Summary TC tab, where final calculations are performed.

Based on information from all tabs, the WW and WOW numbers are compared to determine the budget neutrality status of the demonstration.

Below are the definitions for the tabs of the workbook which require data entries from State User.

On top of the C Report tab, enter data in the following highlighted cells:

'Data Pulled On:' - enter the date the source file used to enter data on this tab was pulled
'For the Time Period Through : ' - enter the date through which the source file data was pulled
Reporting DY' - enter the Demonstration Year (DY) for which data is being reported. Entered DY value must align with DYs from the DY Def tab.
Reporting Quarter' - enter a number of the quarter (values 1 through 4) for which data is being reported.

Notes:

- Dates must be entered in the following format: mm/dd/yyyy
- Reporting DY and Reporting Quarter entries affect which portion of the 'Medicaid Aggregate' and 'Medicaid Aggregate - WOW only' amounts for a DY will be calculated as Actuals, and which will be calculated as Projected
- Entry for each of these four fields is required for the workbook submission. If any field is not populated, you will receive an error and the document will not be uploaded to the system.

State User enters information on the following tabs:

C Report Tab

Open Schedule C of the CMS 64 Expenditure Report. Under your state, locate expenditure data for the specific demonstration. From this location on the CMS 64 Expenditure Report, copy expenditure data cells for all DYs (active and non-active). On the C Report tab, paste the data into the correct cell/row. Repeat the copy and paste process for MAP Waivers section (Total Computable and Federal Share) and ADM Waivers section (if applicable). Verify that the pasted numbers are correctly aligned with the Waiver Name values.

Total Adjustments tab

When adjustments are relevant for a demonstration, enter the actual numbers of total contributions to the reported expenditures, per each MEG, for the reporting quarter. Add new reported adjustments to any existing numbers for previous quarters for the reported DY.

Note: Any adjustments that reduce expenditures must be entered as negative numbers (for example, -\$10,000).

WW Spending Projected tab

Enter projected annual expenditures for each MEG for the active DYs of a demonstration.

For each reporting quarter, update the projected numbers so they reflect only future quarter projections. Please see the example for the MemMon Projected tab.

MemMonth Actual tab

For each MEG, calculate the actual number of member months for the reported quarter and add this number to the previously entered number for the same DY. For example, for Q3 reporting period, add Q3 member months to the existing number for the same MEG and DY and enter the result into the same cell.

MemMonth Projected tab

For each MEG, enter projected (future) annual member months for all active DYs of the demonstration. Adjust future DY numbers as needed.

For the current DY, enter only the number that reflects future quarters. For example, for Q3 reporting, only enter the projected number for Q4. There should be no projected numbers for completed (actual) DYs.

Summary TC tab

In the Net Variance section, for each DY, enter estimated numbers in row '1115A Dual Demonstration Savings (state preliminary estimate)'. In the next row, '1115A Dual Demonstration Savings (OACT certified)' enter certified numbers.

Both estimated and certified numbers must be negative, as dual demonstration savings numbers reduce the Net Variance amount.

Demonstration Years Definitions

DY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Start Date	10/01/2002	10/01/2003	10/01/2004	10/01/2005	10/01/2006	10/01/2007	10/01/2008	10/01/2009	10/01/2010	11/01/2011	07/01/2012	07/01/2013	07/01/2014	07/01/2015	07/01/2016	07/01/2017	07/01/2018	07/01/2019	07/01/2020	07/01/2021
End Date	09/30/2003	09/30/2004	09/30/2005	09/30/2006	09/30/2007	09/30/2008	09/30/2009	09/30/2010	09/30/2011	06/30/2012	06/30/2013	06/30/2014	06/30/2015	06/30/2016	06/30/2017	06/30/2018	06/30/2019	06/30/2020	06/30/2021	06/30/2022

Enter any general comments / notes:

MEG Definitions

MEG Name	MEG Description	Savings Phase-Down	Expenditures Subject to Cap?	Hypothetical Populations Included in Calculations?	Start DY	Start Date	End DY	End Date
Medicaid Per Capita				N/A				
				N/A				
				N/A				
				N/A				
				N/A				
Medicaid Per Capita - WOW only								
	AFDC							
1	Medical assistance expenditures for Parent, Caretaker, Relative, Demonstration Population 6 (AFDC)	N/A	No	N/A	1	10/01/2002	20	06/30/2022
2	PWO Medical assistance expenditures for Pregnant Women, Demonstration Population 1 (PLM-A Pregnant Women)	N/A	No	N/A	1	10/01/2002	20	06/30/2022
3	CMO Medical assistance expenditures for Children's Medicaid Program, Demonstration Population 3 (PLM Children)	N/A	No	N/A	1	10/01/2002	20	06/30/2022
4	BCCP Medical assistance expenditures for Breast and Cervical Cancer Project, Demonstration Population 21 (BCC Population)	N/A	No	N/A	1	10/01/2002	20	06/30/2022
5	Old Age Assistance Medical assistance expenditures for OAA, Demonstration Population 7 (aged only) and Population 8 (aged only) (OAA)	N/A	No	N/A	1	10/01/2002	20	06/30/2022
6	Aid to Blind/Disabled Medical assistance expenditures for Blind/Disabled, Demonstration Population 7 (blind/disabled only) and Population 8 (blind/disabled only) (OAA)	N/A	No	N/A	1	10/01/2002	20	06/30/2022
7	Foster Children Medical assistance expenditures for Foster Children, Demonstration Population 5 (Foster Children)	N/A	No	N/A	15	07/01/2016	20	06/30/2022
8	New ACA Adults Medical assistance expenditures for Newly eligible adults, Demonstration Population 23 (Newly eligible adults)	N/A	No	N/A	12	07/01/2013	20	06/30/2022
Medicaid Aggregate				N/A				
		N/A		N/A				
		N/A		N/A				
		N/A		N/A				
		N/A		N/A				
Medicaid Aggregate - WOW only				N/A				
		N/A		N/A				
		N/A		N/A				
		N/A		N/A				
		N/A		N/A				
Medicaid Aggregate - WW only								
1	CCO Expenditures Medical assistance expenditures for populations enrolled in CCOs: 1, 3, 5, 6, 7, 8, 21, and 23 (Table 2).	N/A	No	N/A	11	07/01/2012	20	06/30/2022
2	DSHP Expenditures Designated State Health Programs (DSHP). Subject to the conditions outlined in paragraph 51 and as described in section IX, a limited amount of expenditures for approved designated state health programs (DSHP). Subject to approval by the federal Office of Management and Budget, these costs can be calculated without taking into account program revenues from tuition or high risk pool health care premiums. This expenditure authority will expire on June 30, 2017	N/A	No	N/A	11	07/01/2012	20	06/30/2022
3	Indian Health Service or tribal health facility expenditures Expenditures for primary care services furnished to eligible individuals by Indian Health Service (IHS) and tribal health facilities operating under the Indian Self Determination and Education Assistance Act (ISDEAA) 638 authority that were restricted or eliminated from coverage effective January 1, 2010 for non-pregnant adults enrolled in OHP.	N/A	No	N/A	12	07/01/2013	20	06/30/2022
4	Hospital Transformation Performance Program Hospital Transformation Performance Program (HTPP): Beginning July 1, 2014, through June 30, 2018, expenditures for incentive payments to participating hospitals for adopting initiatives for quality improvement of the Oregon health care system and the measurement of that improvement. The expenditures are limited to \$150 million total computable for each demonstration year. HTPP expenditures are further limited pursuant to Section XI. This expenditure authority will expire on June 30, 2018.	N/A	Yes	N/A	13	07/01/2014	16	06/30/2018
		N/A		N/A				
Hypothetical 1 Per Capita								
		N/A		Hypothetical Test 1				
		N/A						
		N/A						
Hypothetical 1 Aggregate				N/A				
		N/A						
		N/A						
Hypothetical 2 Per Capita								
		N/A		Hypothetical Test 2				
		N/A						
		N/A						
Hypothetical 2 Aggregate				N/A				
		N/A						
		N/A						
Tracking Only								

WOW PMPMs and Aggregates

		16	17	18	19	20
Medicaid Per Capita - WOW only						
<i>AFDC</i>	1	\$632.45	\$660.92	\$690.66	\$721.74	\$754.21
<i>PWO</i>	2	\$2,442.62	\$2,559.86	\$2,682.73	\$2,811.51	\$2,946.46
<i>CMO</i>	3	\$893.52	\$927.47	\$962.72	\$999.30	\$1,037.28
<i>BCCP</i>	4	\$3,138.34	\$3,279.57	\$3,427.15	\$3,581.37	\$3,742.53
<i>Old Age Assistance</i>	5	\$961.89	\$996.52	\$1,032.40	\$1,069.56	\$1,108.07
<i>Aid to Blind/Disabled</i>	6	\$3,370.75	\$3,505.58	\$3,645.81	\$3,791.64	\$3,943.31
<i>Foster Children</i>	7	\$1,108.35	\$1,150.46	\$1,194.18	\$1,239.56	\$1,286.66
<i>New ACA Adults</i>	8	\$671.77	\$700.65	\$730.78	\$762.20	\$794.98

Program Spending Limits

						TOTAL
Program Name and Associated MEGs	16	17	18	19	20	
Spending Cap						
<i>Hospital Transformation Performance Program</i>	\$150,000,000					\$ 600,000,000
Expenditures Subject to Cap						
<i>Hospital Transformation Performance Program</i>	\$89,758,991					
Variance	\$60,241,009					\$422,758,644
Over or Under						

C Report Grouper

MAP Waivers Only

Total Computable

MEG Names	C Report Waiver Names	16	17	18	19	20
Medicaid Aggregate - WW only						
CCO Expenditures	1 OHP-CCO	\$4,949,389,995	\$5,531,579,848	\$3,068,721,814		
DSHP Expenditures	2 OHP-DSHP					
Indian Health Service or tribal health facility expendit	3 Indian Health Service					
Hospital Transformation Performance Program	4 HTPP	\$89,758,991				
TOTAL		\$ 5,039,148,986	\$ 5,531,579,848	\$ 3,068,721,814	\$ -	\$ -

Adjustments made to the reported expenditures

Enter total adjustments made to the expenditure numbers, including adjustments to the previous reporting periods.

Positive adjustments increase expenditures, and negative adjustments decrease expenditures.

Enter adjustments for every MEG for which adjustments were made or are planned.

Helpful Hint: Remember to enter total adjustments as positive or negative (for example, -\$10,000 reflects a decrease in expenditures).

		16	17	18	19	20	Description (type of collection, time period, CMS-64 reporting line, etc.)
Medicaid Aggregate - WW only							
<i>CCO Expenditures</i>	1						
<i>DSHP Expenditures</i>	2						
<i>Indian Health Service or tribal health facility expenditures</i>	3						
<i>Hospital Transformation Performance Program</i>	4						

WW Spending - Actual

Total Computable

		16	17	18	19	20
<u>Medicaid Aggregate - WW only</u>						
CCO Expenditures	1	\$4,949,389,995	\$5,531,579,848	\$3,068,721,814		
DSHP Expenditures	2					
Indian Health Service or tribal health facility expenditures	3					
Hospital Transformation Performance Program	4	\$89,758,991				
TOTAL		\$ 5,039,148,986	\$ 5,531,579,848	\$ 3,068,721,814	\$ -	\$ -

WW Spending - Projected

Enter projected spending for the demonstration which includes the remaining quarters of the current DY and all future DYs.

Enter the projected annual expenditures for each DY per MEG for the active DYs.

For the current DY, only future quarters should have projected spending information. Do not include expenditures that were reported as actuals.

Total Computable

		16	17	18	19	20
Medicaid Aggregate - WW only						
<i>CCO Expenditures</i>	1			\$3,602,115,499	\$7,391,941,127	\$7,599,658,090
<i>DSHP Expenditures</i>	2					
<i>Indian Health Service or tribal health facility expendit</i>	3					
<i>Hospital Transformation Performance Program</i>	4					

WW Spending - Total

Total Computable

		16	17	18	19	20
Medicaid Aggregate - WW only						
CCO Expenditures	1	\$4,949,389,995	\$5,531,579,848	\$6,670,837,313	\$7,391,941,127	\$7,599,658,090
DSHP Expenditures	2					
Indian Health Service or tribal health facility expenditures	3					
Hospital Transformation Performance Program	4	\$89,758,991				
TOTAL		\$ 5,039,148,986	\$ 5,531,579,848	\$ 6,670,837,313	\$ 7,391,941,127	\$ 7,599,658,090

Member Months - Actual

Enter actual member months (number of beneficiaries times the number of enrolled months) for quarters to date for each active DY.

For the reported quarter, add the actual number of member months per each MEG to the previous actual number. The number should equal the total of ALL actual member months.

Note: Depending of the specifics of the state, you can use Total member months or Average monthly unduplicated counts. Whichever definition is used, it must be applied consistently.

Helpful Hint: When updating a DY, remember to enter actual member months for the reported quarter along with actuals for prior quarter(s). Retroactive adjustments may affect the entries.

		16	17	18	19	20
Medicaid Per Capita - WOW only						
AFDC	1	871313	941899	499935		
PWO	2	130844	115525	54919		
CMO	3	3203963	3119263	1549217		
BCCP	4	2255	2210	1183		
Old Age Assistance	5	533908	554790	284267		
Aid to Blind/Disabled	6	1013009	1005979	503962		
Foster Children	7	246649	242049	119814		
New ACA Adults	8	4279054	4308541	2171531		

Member Months - Projected

Enter/adjust projected member months based on reported actuals.

Enter projected number of member months for each active DY per MEG for the demonstration.

For the current DY, enter only the number that reflects projections for future quarters of the DY.

Do not include member months for either the current reporting quarter or past quarters.

		16	17	18	19	20
Medicaid Per Capita - WOW only						
AFDC	1			532214	1115002	1115002
PWO	2			57374	114400	114400
CMO	3			1512870	2979097	2979097
BCCP	4			1042	2025	2025
Old Age Assistance	5			286346	583728	583728
Aid to Blind/Disabled	6			497482	992314	992314
Foster Children	7			118299	233877	233877
New ACA Adults	8			2187388	4389347	4389347

Member Months - Total

		16	17	18	19	20
Medicaid Per Capita - WOW only						
AFDC	1	871,313	941,899	1,032,149	1,115,002	1,115,002
PWO	2	130,844	115,525	112,293	114,400	114,400
CMO	3	3,203,963	3,119,263	3,062,087	2,979,097	2,979,097
BCCP	4	2,255	2,210	2,225	2,025	2,025
Old Age Assistance	5	533,908	554,790	570,613	583,728	583,728
Aid to Blind/Disabled	6	1,013,009	1,005,979	1,001,444	992,314	992,314
Foster Children	7	246,649	242,049	238,113	233,877	233,877
New ACA Adults	8	4,279,054	4,308,541	4,358,919	4,389,347	4,389,347

Budget Neutrality Summary

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year. By changing these settings, you change the view for which Demonstration Years will be used in calculating Budget Neutrality. Selecting the 'Reset to Defaults' button will reset the Reporting DY values back to the demonstration's current Period of Performance.

Budget Neutrality Reporting Start DY	16
Budget Neutrality Reporting End DY	20

Actuals + Projected

Without-Waiver Total Expenditures

			16	17	18	19	20	Total
Medicaid Per Capita - WOW only								
AFDC	1	Total	\$ 551,061,907	\$ 622,519,887	\$ 712,864,028	\$ 804,741,543	\$ 840,945,658	
		PMPM	\$632.45	\$660.92	\$690.66	\$721.74	\$754.21	
		Mem-Mon	871,313	941,899	1,032,149	1,115,002	1,115,002	
PWO	2	Total	\$ 319,602,171	\$ 295,727,827	\$ 301,251,800	\$ 321,636,744	\$ 337,075,024	
		PMPM	\$2,442.62	\$2,559.86	\$2,682.73	\$2,811.51	\$2,946.46	
		Mem-Mon	130,844	115,525	112,293	114,400	114,400	
CMO	3	Total	\$ 2,862,805,020	\$ 2,893,022,855	\$ 2,947,932,397	\$ 2,977,011,632	\$ 3,090,157,736	
		PMPM	\$893.52	\$927.47	\$962.72	\$999.30	\$1,037.28	
		Mem-Mon	3,203,963	3,119,263	3,062,087	2,979,097	2,979,097	
BCCP	4	Total	\$ 7,076,957	\$ 7,247,850	\$ 7,625,409	\$ 7,252,274	\$ 7,578,623	
		PMPM	\$3,138.34	\$3,279.57	\$3,427.15	\$3,581.37	\$3,742.53	
		Mem-Mon	2,255	2,210	2,225	2,025	2,025	
Old Age Assistance	5	Total	\$ 513,560,766	\$ 552,859,331	\$ 589,100,861	\$ 624,332,120	\$ 646,811,485	
		PMPM	\$961.89	\$996.52	\$1,032.40	\$1,069.56	\$1,108.07	
		Mem-Mon	533,908	554,790	570,613	583,728	583,728	
Aid to Blind/Disabled	6	Total	\$ 3,414,600,087	\$ 3,526,539,863	\$ 3,651,074,550	\$ 3,762,497,455	\$ 3,913,001,719	
		PMPM	\$3,370.75	\$3,505.58	\$3,645.81	\$3,791.64	\$3,943.31	
		Mem-Mon	1,013,009	1,005,979	1,001,444	992,314	992,314	
Foster Children	7	Total	\$ 273,373,419	\$ 278,467,693	\$ 284,349,782	\$ 289,904,574	\$ 300,920,181	
		PMPM	\$1,108.35	\$1,150.46	\$1,194.18	\$1,239.56	\$1,286.66	
		Mem-Mon	246,649	242,049	238,113	233,877	233,877	
New ACA Adults	8	Total	\$ 2,874,540,106	\$ 3,018,779,252	\$ 3,185,410,827	\$ 3,345,560,283	\$ 3,489,443,078	
		PMPM	\$671.77	\$700.65	\$730.78	\$762.20	\$794.98	
		Mem-Mon	4,279,054	4,308,541	4,358,919	4,389,347	4,389,347	
TOTAL			\$ 10,816,620,432	\$ 11,195,164,556	\$ 11,679,609,654	\$ 12,132,936,626	\$ 12,625,933,505	\$ 58,450,264,773

With-Waiver Total Expenditures

			16	17	18	19	20	TOTAL
Medicaid Aggregate - WW only								
CCO Expenditures	1		\$ 4,949,389,995	\$ 5,531,579,848	\$ 6,670,837,313	\$ 7,391,941,127	\$ 7,599,658,090	
DSHP Expenditures	2		\$ -	\$ -	\$ -	\$ -	\$ -	
Indian Health Service or tribal health facility expenditures	3		\$ -	\$ -	\$ -	\$ -	\$ -	
Hospital Transformation Performance Program	4		\$ 89,758,991	\$ -	\$ -	\$ -	\$ -	
TOTAL			\$ 5,039,148,986	\$ 5,531,579,848	\$ 6,670,837,313	\$ 7,391,941,127	\$ 7,599,658,090	\$ 32,233,165,364

BASE VARIANCE			\$ 5,777,471,446	\$ 5,663,584,708	\$ 5,008,772,341	\$ 4,740,995,499	\$ 5,026,275,415	\$ 26,217,099,409
Excess Spending from Hypotheticals								\$ -
1115A Dual Demonstration Savings (state preliminary estimate)								\$ -
1115A Dual Demonstration Savings (OACT certified)								\$ -
Carry-Forward Savings From Prior Period								\$ -
NET VARIANCE								\$ 26,217,099,409

Yes No

Yes

No

Per Capita or Aggregate

Per Capita

Aggregate

Phase-Down

No Phase-Down

Savings Phase-Down

Actuals and Projected

Actuals Only

Actuals + Projected

MAP ADM

MAP+ADM Waivers

MAP Waivers Only

Waiver List

MAP WAIVERS

Not Applicable

Current

HPP

Indian Health Service

New

OHP-CCO

OHP-DSHP

SSI

ADM WAIVERS

Demonstration Reporting Start DY

16

Demonstration Reporting End DY

20

Reporting Net Variance

\$

26,217,099,409