COVERED CALIFORNIA POLICY AND ACTION ITEMS

April 20, 2023 Board Meeting

2024 QUALIFIED HEALTH PLAN ISSUER CONTRACT AND CERTIFICATION PROCESS

2024-26 QUALIFIED DENTAL PLAN ISSUER MODEL CONTRACT

James DeBenedetti
Director, Plan Management Division

Taylor Priestley MPH, MSW
Deputy Director, Health Equity and Quality Transformation Division

2024-26 QUALIFIED DENTAL PLAN ATTACHMENTS 1 & 2 PUBLIC COMMENT KEY THEMES

Attachment 1

- **Consumer Advocates** expressed disappointment with reduced population health management plan requirements narrowed to children, adolescents, and members with disabilities and disagreed with removing some reporting requirements
- **Consumer Advocate** recommended minor language change to ensure that all patients should be screened and referred for tobacco use; language revised to clarify original intent
- **Issuers** recommended removal of pregnancy tracking and reporting due to limitations in dental practice management systems; requirement language revised

Attachment 2

- **Consumer Advocates** expressed disappointment that all oral health performance standards focus on utilization of dental services and that demographic data collection requirements were removed.
- **Issuers** requested adjusting the proportion of at-risk amounts between pediatric and adult measures to reflect the larger adult population; adjusted at-risk amounts proposed
- **Issuers** requested decreasing the year over year 10% improvement performance level; language revised
- **Issuer** expressed concern with pediatric sealant receipt on permanent first molars as an annual performance standard with a year over year improvement requirement level and suggested reducing the at-risk amount for this measure.

PROPOSED QUALIFIED DENTAL PLAN ATTACHMENT 1 CONTRACTUAL REQUIREMENTS

No substantive changes to proposed requirements:

Article 1 - Equity and Disparities Reduction

- Annual progress report describing efforts to establish or expand the infrastructure to successfully identify, monitor, and reduce disparities.

Article 2 - Population Health

- Submit a population assessment plan

Article 3 - Health Promotion and Prevention

- Actively outreach, engage, and educate enrollees on member benefits and cost-sharing, provider location and matching, and health assessments
- Conduct tailored outreach and education based on identified needs or health status

Article 4 - Delivery System and Payment Strategies to Drive Quality

- DHMO issuers required to report and implement primary dentist assignment
- Report provider payment type by HCP LAN APM category
- Report teledentistry offerings and utilization
- Report participation in dental collaboratives or initiatives

Article 5 - Measurement and Data Sharing

- Healthcare Evidence Initiative (HEI) data submission and participation

PROPOSED QUALIFIED DENTAL PLAN ATTACHMENT 2 OVERVIEW

Performance Area	Performance Standards with Penalties	% of At-Risk 2024	% of At-Risk 2025	% of At-Risk 2026
Data Submission 50%	1.1 HEI; Incomplete, irregular, late or non-useable submission	15%	15%	15%
	1.2 HEI; Allowed amount total varies by more than plus or minus 2%	10%	10%	10%
	1.3 HEI; Rendering provider taxonomy and type missing/invalid	10%	10%	10%
	1.4 HEI; Rendering NPI and TIN missing/invalid	10%	10%	10%
	2. Provider Directory	5%	5%	5%
Oral Health 50%	3. Oral Evaluation, Dental Services for Children	5%~~10%~~	5%~~10%~~	5%~~10%~~
	4. Topical Fluoride for Children	5%~~10%~~	5%~~10%~~	5%~~10%~~
	5. Sealant Receipt on Permanent First Molars for Children	5%~~10%~~	5%~~10%~~	5%~~10%~~
	6. Preventive Services Utilization for Adults	35%~~20%~~	35%~~20%~~	35%~~20%~~
Total		100%	100%	100%

The total amount at risk for Contractor's failure to meet the Performance Standards is equal to 1.0% of the total Gross Premium for the applicable Plan Year (At-Risk Amount).

PROPOSED ATTACHMENT 2 ORAL HEALTH MEASURES PERFORMANCE STANDARDS

Measurement Year 2024	Measurement Year 2025	Measurement Year 2026
Contractor establishes a baseline rate for this measure using HEI data. Contractor does not establish baseline rate: 10% penalty Contractor establishes baseline rate of 0% or more: no penalty	Contractor demonstrates an increase of less than 10% over the baseline rate: 10% penalty Contractor demonstrates (a) an increase of 10% or more over the baseline rate or (b) if the baseline rate is 0%, demonstrates an absolute rate of at least 10%: no penalty	Contractor demonstrates an increase of less than 10% over prior year: 10% penalty Contractor demonstrates an increase of 10% or more over prior year: no penalty

New language added: *The proposed 10% improvement performance level may be revised if appropriate once HEI data are analyzed and baseline rates are established.*

COVERED CALIFORNIA MEASURE SET CRITERIA

- **Epidemiologically relevant:** target conditions that are key drivers of morbidity and mortality for Californians, with significant racial or ethnic disparities in outcomes
- **Outcomes focused:** select measures with clear linkage to clinical outcomes
- **Established:** minimize administrative burden by relying on nationally endorsed metrics that, as much as possible, are shared across multiple measure sets
- **Actionable:** choose measures where improvement is clearly amenable to health care intervention
- **Parsimonious:** focus on a select subset of measures to achieve impact
- **Aligned:** strive to align measure sets and measure specifications to allow maximal synergy across health plans and providers

DENTAL HEALTH MEASURES INVENTORY

- For the 2024-26 contract, Covered CA researched and reviewed more than a dozen DHCS & DQA measures for dental care: preventive, diagnostic, and treatment services; continuity and usual source of care; overall utilization of dental services over time; emergency department visits; and cost of clinical services.
- US Preventive Services Task Force has had a limited focus on clinical preventive dental services. Existing USPSTF recommendations focus on the prevention of dental caries and oral fluoride in pediatric sub-populations and less so on adult populations.
- DHCS and the Dental Quality Alliance are the primary sources of dental measures in use.
  - In comparison, NCQA HEDIS supplies a majority of the validated, evidence-based health plan measures in use, many of which have been endorsed by the National Quality Foundation (NQF) and included by CMS in the Quality Rating System and the Medicaid Adult Core Set.
- HEDIS MY 2023 includes the Oral Evaluation - Dental Services and Topical Fluoride measures for pediatric populations.
- Most recently, the CMS Universal Foundation includes one pediatric measure (Oral Evaluation – Dental Services) in its preliminary set.
- Dental care quality measurement (and its evidence base) is much more limited than health care quality measurement.

COVERED CALIFORNIA DENTAL MEASUREMENT ALIGNMENT

Oral Health Measures Performance Standards	Evidence & Alignment
Pediatric Oral Evaluation, Dental Services (NQF #2517)	HEDIS MY 2023 CMS Child Core Set 2023
Pediatric Topical Fluoride for Children, Dental Services (NQF #2528)	HEDIS MY 2023 CMS Child Core Set 2023 USPSTF Grade B DHCS Dental Pay-for-Performance
Pediatric Sealant Receipt on Permanent First Molars	CMS Child Core Set 2023 DHCS Dental Pay-for-Performance
Adult Use of Preventive Services	DHCS performance measure

In addition to Attachment 2 performance standards, Covered California will monitor a robust set of dental metrics to assess utilization and engagement in care, and evaluate potential additional measures.

REQUESTED ACTION: 2024-2026 QUALIFIED DENTAL PLAN ISSUER CONTRACT UPDATE

- Covered California staff presented draft contract language at the January Board meeting consisting of:
  - The Draft Model Contract
  - Draft Attachments 1, 2, and 3
    - Attachment 1: No substantive changes to proposed requirements since the January Board meeting
    - Attachment 2: Change to percent at risk between Pediatric and Adult oral health measures and to language regarding 10% improvement performance level since the January Board meeting
- Staff requests that the Board formally adopt the 2024 - 2026 Qualified Dental Plan Issuer contract with updates from the January Board meeting consisting of:
  - The Draft Model Contract
  - Draft Attachments 1, 2, and 3

2024 QUALIFIED HEALTH PLAN ISSUER MODEL CONTRACT

James DeBenedetti
Director, Plan Management Division

2024 MODEL CONTRACT UPDATE

- Qualified Health Plan Issuer Model Contracts for the Individual and Small Business markets were significantly refreshed last year for the 2023-25 period.
- Proposed changes presented for discussion at the January 19, 2023, Board meeting, of the 2024 Individual and Small Business contracts were minor (primarily for purposes of clarification) outside of Attachments 1, 2, and 4.
- There have been no further substantive updates since presentation at the January 19, 2023, Board meeting.
- The current draft 2024 Amendment to the 2023-2025 QHP Issuer Model Contract, posted March 6, 2023, can be viewed here: https://hbex.coveredca.com/stakeholders/plan-management/ .

PLAN YEAR 2024 AMENDMENT APPROACH

- Covered California is proposing several revisions within the Plan Year 2024 Attachment 1, Attachment 2, and Attachment 4 amendment to clarify or add to the 2023 contract requirements
- Covered California's approach to the Plan Year 2024 amendment includes:
  - Proposing revisions consistent with Covered California's key priority areas for the 2023-2025 contract refresh
  - Adjusting requirements to reduce administrative burden on providers and health plans where feasible
  - Prioritizing use of standard measures when available
  - Implementing revisions that were previewed during the 2023-2025 contract refresh development
  - Further alignment with other public purchasers and organizations, especially DHCS, CalPERS, and NCQA
- Covered California solicited public comments on proposed revisions through a round public comments in November 2022

SUMMARY OF PROPOSED 2024 REVISIONS

No changes to proposed revisions:

Attachment 1: Advancing Equity, Quality, and Value

- Adding requirements to demonstrate provision of culturally and linguistically competent care
- Adding requirements for behavioral health subcontractor oversight and accountability
- Adjusting social needs screening measure and reporting
- Revising Healthcare Evidence Initiative (HEI) measures based on learnings from ongoing HEI work

Attachment 2: Performance Standards with Penalties

- Implementing performance standards for Patient Level Data file submission completeness and accuracy
- Defining oral health performance standards using standard measures

Attachment 4: Quality Transformation Initiative

- Specifying distribution of percent at risk between Attachment 2 and Attachment 4 for Plan Year 2024

REQUESTED ACTION: 2024 QUALIFIED HEALTH PLAN ISSUER CONTRACT UPDATE

- Covered California staff presented draft contract amendment language at the January Board meeting consisting of:
  - The draft model contract.
  - Attachments 1, 2, and 4. Attachment 3 was not presented as there were no updates in 2024.
- Staff request the Board formally adopt the 2024 Qualified Health Plan Issuer contract update as presented at the January Board meeting consisting of:
  - The draft model contract.
  - Attachments 1, 2, and 4. Attachment 3 will be included as approved in the 2023 Plan Year as there were no updates in 2024.

PUBLIC COMMENT

CALL: (877) 336-4440
PARTICIPANT CODE: 6981308

- To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- The call-in instructions can also be found on page two of the Agenda.

EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM

NOTE: Written comments may be submitted to BoardComments@covered.ca.gov.

2024 STANDARD BENEFIT DESIGNS

Jan Falzarano
Deputy Director, Plan Management Division

SBD DEVELOPMENT: RECAP

- At the March 9, 2023 Board meeting, Covered California staff presented the proposed 2024 Patient Centered Benefit Designs
- Plan Management presented how mental health parity testing outcomes my impact Covered California's benefit designs if a plan's MHPAEA outcomes drove deviations from our plan designs to meet Actuarial Value (AV) compliance
- Board requested an overview of Mental Health Parity testing and also some insight into the cost sharing trade-offs during the SBD development process. Staff will bring this as an information item at a later date for Board review and discussion

REQUESTED ACTION: 2024 PATIENT CENTERED BENEFIT DESIGNS

- Covered California staff presented proposed 2024 Patient Centered Benefit Designs at the March Board meeting
  - One minor typographic error discovered since March 9th Board meeting
    - On the CCSB Silver Copay plans under the 9.5 EHB benefit design document, there was an oversight and we did not update the coinsurance amount for medical transportation under this plan
    - The correction is now updated; the coinsurance is 35% in the CCSB Silver Copay product for the 9.5 EHB plan to be consistent with the 10.0 EHB plan
  - There are no additional changes to the proposed benefit designs since March 9, 2023 Board meeting
- Staff request the Board formally adopt the Patient Centered Benefit Designs for plan year 2024

PUBLIC COMMENT

CALL: (877) 336-4440
PARTICIPANT CODE: 6981308

- To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- The call-in instructions can also be found on page two of the Agenda.

EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM

NOTE: Written comments may be submitted to BoardComments@covered.ca.gov.

FISCAL YEAR 2023-24 NAVIGATOR GRANT PROGRAM CONTRACT

Terri Convey, Director
Outreach and Sales Division

NAVIGATOR GRANT PROGRAM

Discussion Items Before the Board

1. Provide an update on the Navigator Grant Program
2. Discuss a proposal for Fiscal Year 2023 – 2024 Navigator Grant Program contract amendment

Background

- In May 2022, the Board approved a one-year contract extension to the existing Navigator Grant Program with annual funding of $6.5 million for Fiscal Year 2022-2023
- In September 2022, the Board approved a 10% funding augmentation to each grantee, increasing total funding for the program to $7.15 million for Fiscal Year 2022-23
- Total Navigator Grant Program funding is $27.3 million across the four-year period with a one final additional one-year extension available for Fiscal Year 2023-2024

NAVIGATOR PROGRAM FUNDING & PERFORMANCE HISTORY

- Navigator Program increased grants 10% in Fiscal Year 2022- 2023
- Navigator Program will meet its Fiscal Year 2022 - 2023 Enrollment Goal
- 80% of the Navigator Grantees are projected to meet or exceed their enrollment goals

Grant Year	Program Funding	# of Entities	Funding Range	Uninsured Rate Percentage[1]	Actual Enrollment	Program Goal	Performance to Goal	Count of Grantee met or exceeded Goal
2022-23	7,150,000	37	$55,000-$550,000	TBD	36,500 Forecast	34,822	105% Forecast	27 Forecast
2021-22	$6,500,000	40	$50,000-$500,000	TBD	43,971	36,577	120%	28
2020-21	$6,500,000 + $650,000*	41	$50,000-$500,000	6.0%	46,278	36,293	128%	30
2019-20	$6,500,000	42	$50,000-$500,000	7.7%	52,587	36,007	146%	35

* Increased funding by 10% to all grantees to conduct outreach to consumers due to the American Rescue Plan subsidies available.

NAVIGATOR PROGRAM FUNDING CONSIDERATION

- Covered California recognizes that Navigator partners must invest more time and resources to provide culturally and linguistically appropriate help to find those eligible for Covered California, particularly in this year in which so many Californians will need help because of the Medi-Cal redeterminations
- Covered California is recommending a one-year extension to the Navigator Agreement for Fiscal Year 2023 -2024. This will be the final extension available for the current grant program contract
- Further, Covered California is recommending a funding increase of 10% over the current funding level to $7,865,000
- Covered California will release a new Request For Application (RFA) in the first quarter of 2024 for the next three-year funding cycle covering fiscal years 2024-25, 2025-26 and 2026-27. Staff will work with Navigators and other stakeholders to gain feedback about the RFA process and proposed program changes or enhancements

.

Grant Year	Program Funding	# of Entities	Funding Levels	Enrollment Goal
2022-23	$7,150,000	38	$55,000-$550,000	36,576
2023-24	**$7,865,000**	**37**	**$60,500-$605,000**	**35,862**

NAVIGATOR PROGRAM FISCAL YEAR 2023-24 CONTRACT AMENDMENT RECOMMENDATION

Recommendation:

- Recommend Board approval to extend the Navigator Grant Program agreement for FY 2023-24
- Recommend Board approval to increase Navigator Program funding to $7.865 million for FY 2023-24
- Increase grantee funding levels by 10% ranging from $60,500 to $605,000
- Continue the current enrollment and outreach requirements as specified in the agreement for FY 2023-24.

PUBLIC COMMENT

CALL: (877) 336-4440
PARTICIPANT CODE: 6981308

- To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- The call-in instructions can also be found on page two of the Agenda.

EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM

NOTE: Written comments may be submitted to BoardComments@covered.ca.gov.

APPENDIX:
2024 DRAFT PATIENT-CENTERED BENEFIT DESIGNS

PROPOSED PY2024 PLAN DESIGNS – IFP

Benefit	Individual-only Platinum Coinsurance		Individual-only Platinum Copay		Individual-only Gold Coinsurance		Individual-only Gold Copay		Individual-only Silver		Silver 73		Silver 87		Silver 94		Bronze		Bronze HDHP	
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount
Deductible																				$7,050
Medical Deductible										$5,400		$5,400		$800		$75		$6,300		
Drug Deductible										$150		$150		$50		$0		$500		
Coinsurance (Member)		10%		10%		20%		20%		30%		30%		20%		10%		40%		0%
MOOP		$4,500		$4,500		$8,700		$8,700		$9,100		$7,550		$3,150		$1,150		$9,100		$7,050
ED Facility Fee		$150		$150		$350		$350		$450		$450		$150		$50	X	40%	X	0%
Inpatient Facility Fee		10%		$225		30%		$330	X	30%	X	30%	X	20%	X	10%	X	40%	X	0%
Inpatient Physician Fee		10%		---		30%		---		30%		30%		20%		10%	X	40%	X	0%
Primary Care Visit		$15		$15		$35		$35		$50		$50		$15		$5	X	$60	X	0%
Specialist Visit		$30		$30		$65		$65		$90		$90		$25		$8	X	$95	X	0%
MH/SU Outpatient Services		$15		$15		$35		$35		$50		$50		$15		$5		$60	X	0%
Imaging (CT/PET Scans, MRIs)		10%		$75		25%		$75		$325		$325		$100		$50	X	40%	X	0%
Speech Therapy		$15		$15		$35		$35		$50		$50		$15		$5		$60	X	0%
Occupational and Physical Therapy		$15		$15		$35		$35		$50		$50		$15		$5		$60	X	0%
Laboratory Services		$15		$15		$40		$40		$50		$50		$20		$8		$40	X	0%
X-rays and Diagnostic Imaging		$30		$30		$75		$75		$95		$95		$40		$8	X	40%	X	0%
Skilled Nursing Facility		10%		$125		30%		$150	X	30%	X	30%	X	20%	X	10%	X	40%	X	0%
Outpatient Facility Fee		10%		$75		30%		$130		30%		30%		20%		10%	X	40%	X	0%
Outpatient Physician Fee		10%		$20		30%		$40		30%		30%		20%		10%	X	40%	X	0%
Tier 1 (Generics)		$7		$7		$15		$15		$19		$19		$6		$3	X	$17	X	0%
Tier 2 (Preferred Brand)		$16		$16		$60		$60	X	$60	X	$55	X	$25		$10	X	40%	X	0%
Tier 3 (Nonpreferred Brand)		$25		$25		$85		$85	X	$90	X	$85	X	$45		$15	X	40%	X	0%
Tier 4 (Specialty)		10%		10%		20%		20%	X	20%	X	20%	X	15%		10%	X	40%	X	0%
Tier 4 Maximum Coinsurance		$250		$250		$250		$250		$250		$250		$150		$150		$500*		
Maximum Days for charging IP copay				5				5		-		-								
Begin PCP deductible after # of copays												-						3 visits		
Actuarial Value																				
2024 AV (Draft 2024 AVC)		**91.88**		**90.74**		**81.92**		**81.54**		**71.83†**		**73.95†**		**87.86†**		**94.93**		**64.39†**		**64.94**
2024 Additive Adjustment										**0.15**		**0.14**		**0.04**				**0.10**		
2023 AV (Final 2023 AVC)		**91.76**		**89.75**		**81.92**		**80.11**		**71.57†**		**73.86†**		**87.86†**		**94.88**		**64.73**		**64.17**
Enrollment as of June 2022		76,108				171,183				285,897		141,322		333,668		223,646		345,044		98,811
Percent of Total enrollment		5%				10%				17%		8%		20%		13%		21%		6%
Enrollment as of June 2022		21,755		54,353		90,229		80,954												
Percent of Total enrollment		29%		71%		53%		47%												

KEY:		
	X	Subject to deductible
	*	Drug cap applies to all drug tiers
	†	Additive adjustment (included in AV)
		Increased member cost from 2023
		Decreased member cost from 2023
		Does not meet AV
		Within .5 of upper de minimis
		Securely within AV

COVERED CALIFORNIA

2024 Proposed Plan Designs Side-by-Side View for CCSB

Benefit	CCSB-only Platinum Coinsurance		CCSB-only Platinum Copay		CCSB-only Gold Coinsurance		CCSB-only Gold Copay		CCSB-only Silver Coinsurance		CCSB-only Silver Copay		CCSB-only Silver HDHP	
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount
Deductible														$2,850
Medical Deductible						$350		$250		$2,500		$2,500		
Drug Deductible						$0		$0		$300		$300		
Coinsurance (Member)		10%		10%		20%		20%		35%		35%		25%
MOOP		$4,500		$4,500		$7,800		$7,800		$8,600		$8,750		$7,500
ED Facility Fee		$200		$150	X	20%	X	$250	X	35%	X	35%	X	25%
Inpatient Facility Fee		10%		$250	X	20%	X	$600	X	35%	X	35%	X	25%
Inpatient Physician Fee		10%		---	X	20%		--	X	35%		35%	X	25%
Primary Care Visit		$15		$20		$25		$35		$55		$55	X	25%
Specialist Visit		$30		$30		$50		$55		$90		$90	X	25%
MH/SU Outpatient Services		$15		$20		$25		$35		$55		$55	X	25%
Imaging (CT/PET Scans, MRIs)		10%		$100		20%	X	$250	X	35%	X	$300	X	25%
Speech Therapy		$15		$20		$25		$35		$55		$55	X	25%
Occupational and Physical Therapy		$15		$20		$25		$35		$55		$55	X	25%
Laboratory Services		$15		$20		$25		$35		$55		$55	X	25%
X-rays and Diagnostic Imaging		$30		$30		$65		$55		$90		$90	X	25%
Skilled Nursing Facility		10%		$150	X	20%	X	$300	X	35%	X	35%	X	25%
Outpatient Facility Fee		10%		$100		20%	X	$300	X	35%	X	35%	X	25%
Outpatient Physician Fee		10%		$25		20%		$35		35%		35%	X	25%
Tier 1 (Generics)		$10		$5		$15		$15		$20		$19	X	25%
Tier 2 (Preferred Brand)		$25		$20		$50		$40	X	$75	X	$85	X	25%
Tier 3 (Nonpreferred Brand)		$40		$30		$80		$70	X	$105	X	$110	X	25%
Tier 4 (Specialty)		10%		10%		20%		20%	X	30%	X	30%	X	25%
Tier 4 Maximum Coinsurance		$250		$250		$250		$250		$250		$250		$250*
Maximum Days for charging IP copay				5				5						
Begin PCP deductible after # of copays														
Actuarial Value														
2024 AV (Draft 2024 AVC)		**91.17**		**89.42**		**78.84**		**80.67**		**70.02†**		**69.71†**		**71.73**
2024 Additive Adjustment										**0.25**		**0.27**		
2023 AV (Final 2023 AVC)		**90.71**		**88.80**		**78.93†**		**80.49**		**71.93†**		**71.65†**		**71.71**
Enrollment as of December 2022		19,243				30,607				20,805				1,691
Percent of Total enrollment		27%				42%				29%				2%

KEY:		
	X	Subject to deductible
	*	Drug cap applies to all drug tiers
	†	Additive adjustment (included in AV)
		Increased member cost from 2023
		Decreased member cost from 2023
		Does not meet AV
		Within .5 of upper de minimis
		Securely within AV