Access

Management Co., LLC

Care Management Suites

Global Access Gateway

Auth 101 Cheat Sheet

Users/Roles Access Healthcare IPA

| No.	User	Username	Password	Roles
1	Barbara Joy	bjoy@ahc.com	Password@123	SuperAdmin
2	Manjusri Vennamaneni	mvennamaneni@ahc.com	Password@123	SuperAdmin
3	Pariksith Singh	psingh@ahc.com	Password@123	MD
4	Bonnie Garofalo	bgarofalo@ahc.com	Password@123	Nurse, MD
5	Jodi Bressette	jbressette@ahc.com	Password@123	Nurse, MD
6	Shawndae Harvey	sharvey@ahc.com	Password@123	Intake, CD
7	Tara Dorton	tdorton@ahc.com	Password@123	Intake
8	Andrea McMillan	amcmillan@ahc.com	Password@123	Intake
9	Stephanie Cardona	scardona@ahc.com	Password@123	PAC
10	Jalaine Jacobus	jjacobus@ahc.com	Password@123	PAC
11	Ana Gonzalez	agonzalez@ahc.com	Password@123	PAC
12	Yasmine Vera	yvera@ahc.com	Password@123	PAC
13	Flora Dongvort	fdongvort@ahc.com	Password@123	PAC
14	Rachael Talien	rtalien@ahc.com	Password@123	PAC
15	Leah Barry	lbarry@ahc.com	Password@123	PAC
16	Dana Chorvat	dchorvat@ahc.com	Password@123	Intake, PAC, CD
17	Cecilia Maldonato	cmaldonato@ahc.com	Password@123	Specialist

Users/Roles Ultimate Health Plans

No.	User	Username	Password	Roles	MCR
1	Barbara Joy	bjoy@ahc.com	Password@123	SuperAdmin	Part A and B
2	Bonnie Garofalo	bgarofalo@ahc.com	Password@123	Intake, Nurse, MD, PAC	Part B
3	Dana Chorvat	dchorvat@ahc.com	Password@123	SuperAdmin	Part B
4	Dr. V	mvennamaneni@ahc.com	Password@123	MD	Part A and B
8	Jodi Bressette	jbressette@ahc.com	Password@123	Intake, Nurse, MD, PAC	Part B
9	Judy Conley	jconley@ahc.com	Password@123	SuperAdmin	Part B
10	Christine Headen	cheaden@ahc.com	Password@123	Intake, Facility	Part A
17	Kimberly Harris	kharris@ahc.com	Password@123	Intake, Facility	Part A

LOG ON INFORMATION: CHROME!!   https://um.accesshealthcarephysiciansllc.net

Care Management Suites
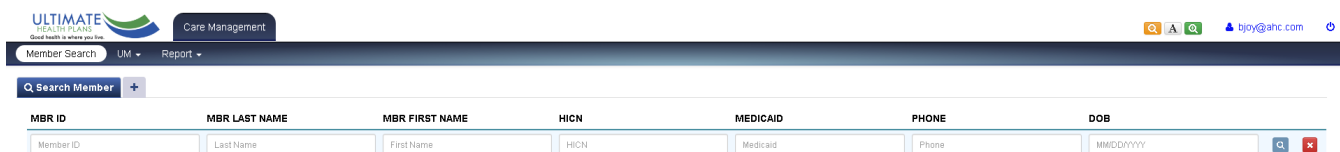
Utilization Management Step by Step Process

- **Changing password**: Hover over your email icon in the top right hand corner.   Choose, Change Password and follow the instructions.
- Logging out: Hover over the icon to the right of your email address and choose log out or click it. Either works.
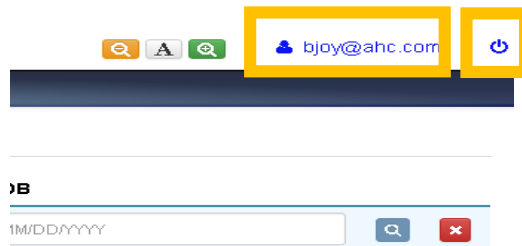
- Searching a Member: The member can be searched by Mbr ID, Last, First, HICN, MCD, Phone or DOB. The Mbr ID over the next releases will allow you to search by any number, whether it is Reference ID, Case ID, Event ID, etc., integrating our modules for Care Management.

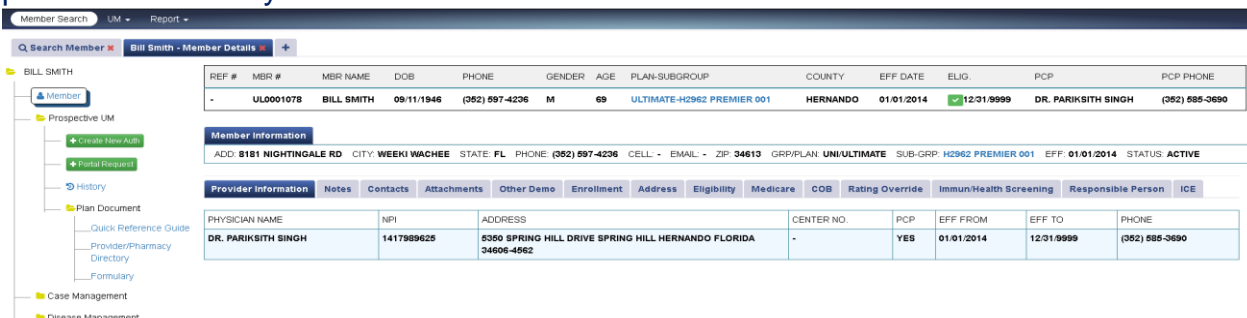- Search Member Results: Displays numerous columns to verify the correct member.

MBR ID	LAST NAME	FIRST NAME	DOB	GENDER	PCP	PCP PHONE	EFF DATE	ADDRESS	CITY	ST	ZIP
UL0001078	SMITH	BILL	09/11/1946	M	DR. PARIKSITH SINGH	(352) 585-3690	01/01/2014	8181 NIGHTINGALE RD	WEEKI WACHEE	FL	34613
UL0001451	SMITH	JOSEPHINE	04/09/1940	F	DR. PARIKSITH SINGH	(352) 585-3690	01/01/2014	2048 SPARKLING WATERS WAY	SPRING HILL	FL	34606
UL0001426	SMITH	ROGER	12/06/1937	M	DR. PARIKSITH SINGH	(352) 585-3690	01/01/2014	2048 SPARKLING WATERS WAY	SPRING HILL	FL	34606
UL0001618	SMITH	C PATRICIA	03/28/1933	F	DR. RASHID SABA	(352) 597-9095	01/01/2014	12363 CLUB HOUSE RD	BROOKSVILLE	FL	34613
UL0001636	SMITH	FREDERICK	01/19/1932	M	DR. RASHID SABA	(352) 597-9095	01/01/2014	12363 CLUB HOUSE RD	BROOKSVILLE	FL	34613

- Select Member: Click on the correct Member and you have the Member Details display.   The Member's important info is at the top, followed by the middle bar with add'l info.   The Provider info is defaulted which you will be able to see all prior PCPs so you can see the member's movement.   The third set of tabs, you will be able to delve deeper into everything as your permissions allow you.
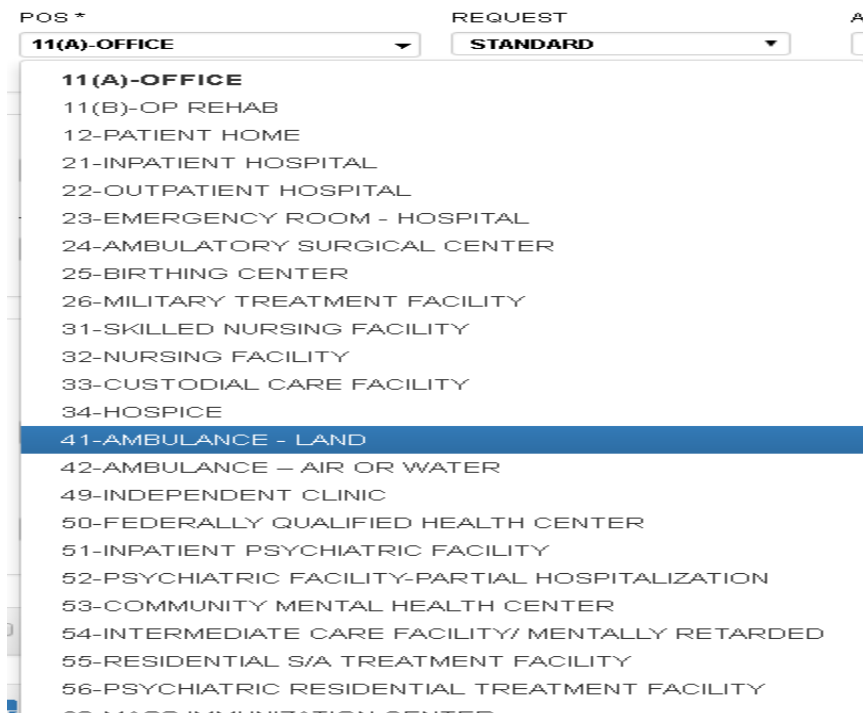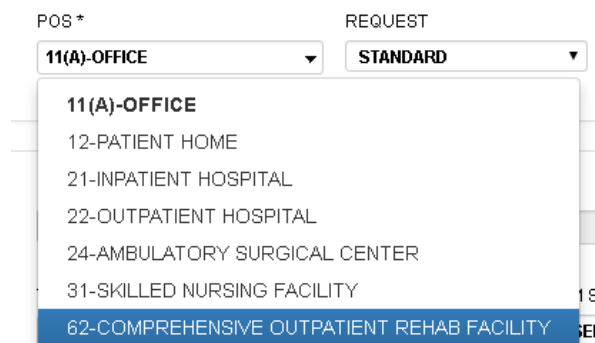
- Select "Create New Auth": By clicking the green create new auth on the left hand side.
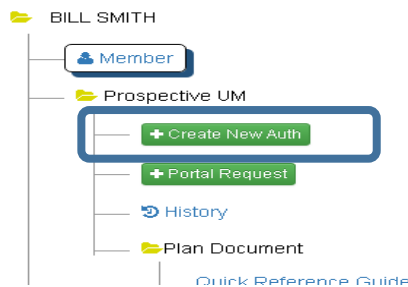
- Creating an auth tips: The place of service (POS) is critical that you choose the correct POS the first time. Your view will be abbreviated for the IPA version. Below is the HP version view. Since Office 11 is the highest volume POS, it is defaulted in the system.

- IPA View of POSs.

- POS Tips: Very, very important!!!
    - 11A: Office: Includes office visits and in office labs/x-rays for diagnostics, **including freestanding Imaging Centers, including Summit, WHD and Advanced Imaging.**
    - 12: Home: Includes HHC, DME, Medical Supplies
    - 21: Inpatient Hospital: Includes all INPATIENT admissions (excludes Acute Rehab/IRF and LTAC)
    - 22: Outpatient Hospital: This includes OP procedures, OP diagnostics, OP Observations, OP in a Bed.
    - 24: Ambulatory Surgery Center: This includes all free-standing, non-hospital freestanding SURGERY centers, such as Hernando Endoscopy, All Saints, etc.
    - 31: Skilled Nursing Facility: This POS is for Skilled only.   Custodial does not require auth.
    - 62: Comprehensive Outpatient Rehab Facility: CORF and ORF: These are OP Rehab requests for Brooksville Rehab 2000. All OP modalities on an OP basis.
- POS 11A: When creating the Auth POS 21, you want to tab starting with the request. You will notice that each POS will be defaulted to the highest volume selections based on each POS. It is extremely important you check each default to the individual characteristics of the request and you should change each default as appropriate to the request you are working, i.e., standard request to expedited, if the request is expedited.   Required fields have an (*) after it. Please know that this will change to a color inside the box in new releases of the software.
- Received*: When you tab to the received date, the system automatically defaults the request to real time.   You will not be able to tab to the From and To Date without receiving a very important Pop Up (see below).   This is a CRITICAL notice for you to ensure you have put the correct received date FROM THE FAX or TODO you received!   It is so important that you use caution when bypassing this pop up as you are at very high risk for error, which the system will be able to track to the user who erred. The From and To date are defaulted to the appropriate 90 day range.

- Click OK and change the date and time. The format of the date time is MM/DD/YYYY HH:MM:SS.   You do not need to do slashes or colons.   The system will recognize your entry and change it to the appropriate date/time format if you did it right.   Pay careful attention to this field. When you continue tabbing, you will see the PCP is defaulted because with UHP, the Plan only allows the PCP to refer or authorize all services except for Inpatient and Obs Admissions, which require notification only.

- What is the difference between a Prior Auth (PA) and a Referral?   A PA is a plan requirement for prepayment review that generates an authorization number, where the claims system, upon receipt of the bill, is pointed to the authorization field and the system matches the authorization on the bill to the authorization in the Plan's UM system.   Any deviation from the system auth results in an auto-adjudicated denial for lack of PA.   A referral is a PCP generated prescription or referral request that does not require the Health Plan to generate a number for payment.
- Why do I have to put referrals into the system?   You don't; however, we are asking you to enter it into the system so the IPA has a record of all referral requests for enriched data purposes.   Referrals do not have to be faxed to the Plan.
- Use PCP/Use Mbr Check box fields: The system auto defaults to the PCP due to volume.   By clicking "USE MBR", the system will auto default to the member's information.   These are patient requests for referrals or auths that we need to send to the plan for coverage determinations.

PCP	REQ PROVIDER* **IN**	USE PCP	USE MBR
PARIKSITH SINGH	PARIKSITH SINGH	☑	☐

- Servicing Provider/Facility: Neither are required fields at the Intake stage when auths are being entered, depending upon the POS.   Please add either/or or both at this stage if known. Searches should bring up your providers.   You can start with last name or first and the system will start to display matches and the more you type, the narrower your display list becomes. Begin typing Dr. Muftah… MU… and the search results are displayed below with just MU. Do not add any prefixes to the Servicing Provider name (like DR.) when doing your searches. Whether you type with normal capitalization and punctuation, the system will change it to all caps in all areas except in notes and contacts.   This is for uniformity of data and reporting.

SVC PROVIDER

SERVICE PROVIDER

MUKESH SATODIYA
AZZAM **MU**FTAH
MAYRA **MU**NOZ-DELGADO
MOHAMMED **MU**GHNI
TABITHA **MU**CHLER
VALDELINE **MU**EHL

- UM Service Group: This is a category you may bypass as appropriate based upon the POS. The purpose of this category is for the Plan or the IPA to create high volume, common procedure codes that will auto prefill in the CPT fields.   For example, Dr. Hamoui always orders a 99213 with a UA and bladder US to check residual urine.   We would build one for his office portal to make it easier on our network PCPs and reduce the administrative burden at

intake. For example, this is an example of a UM service group built for POS 24 for Dr. Muftah with his codes he wants for EGD.

TOS	UM SVC GRP	LEVEL OF CARE*	EXPECTED CHARGES $	EXPEC
TOS	EGD ▼	MEDICAL ▼	EXPECTED CHARGES	MM/D

ICD VERSION ● Version-10 ○ Version-9

PRIMARY DX*	DIAG DESC*		ACTION
ICD CODES	DESCRIPTION		➕

PROC*	PROC DESC*	REQ UNITS	ACTION	INC LETTER
42382	REMOVE FROM GROUP FOR NOW – MUST BE OLD CODE	1	➖	☑
43235	EGD DIAGNOSTIC BRUSH WASH	1	➖	☐
43239	EGD BIOPSY SINGLE/MULTIPLE	1	➖	☐
43450	DILATE ESOPHAGUS 1/MULT PASS	1	➖	☐
43248	EGD GUIDE WIRE INSERTION	1	➖	☐
43247	EGD REMOVE FOREIGN BODY	1	➖	☐
43236	UPPR GI SCOPE W/SUBMUC INJ	1	➖	☐

- Level of Care: Defaulted to Medical for office, but choices are Medical, Surgical and the drop down can be adjusted to reflect the business needs of the customer. The POS will drive the default. For example, ASC will default to Surgical.
- Expected Charges: This will prefill from claims and other Medicare Allowable (MCA) in the future, so you will learn the price tag of everything that is ordered in future releases.
- Expected DOS*: CRITICAL REQUIRED FIELD in order for you to sort your personal queue to process referrals in order of upcoming appointments.   We have allowed you permissions to *backdate the appointment or DOS;* however a supervisor will need to override the auth range for you prior to faxing to the servicing provider.   Currently, all requests for backdated authorizations must go through your supervisor, as only in rare instances, will Health Plans ever backdate an authorization due to Plan prior auth requirements.

EXPECTED DOS*

06/13/2016

FROM	TO
06/14/2016	09/12/2016

- ICDs/Primary Dx: Required field. You can search by ICD10 or Diagnosis Description in either box.   You have an action button where you can add and delete numerous codes; same with CPTs.   Please remember, the HP would like us to keep things to one page if possible; however, you must add every code that is on the request.   To add, click the green + sign below.

ICD VERSION ● Version-10 ○ Version-9

PRIMARY DX*	DIAG DESC*	ACTION
R11.10	VOMITING, UNSPECIFIED	➕

- CPT codes: in addition to having the same functionality as the ICD10s in the search functionality, the CPT codes drive the Health Plan Member Notification Letter.

PROC*	PROC DESC*		REQ UNITS	ACTION	INC LETTER
42382	REMOVE FROM GROUP FOR NOW – MUST BE OLD CODE		1	▬	☑
43235	EGD DIAGNOSTIC BRUSH WASH		1	▬	☐

You will not see this function in the IPA module as AHC UM is not currently responsible for sending member notifications; however, the future will be here soon when the IPA will be taking on UM Part B, and the letter is a function that may be contracted.   When the "INC LETTER" is checked, a "Preview Letter" icon will be visible and it will be necessary to proof the letter for "plain language", simply defined as can a Medicare beneficiary understand what has been approved.

- Add New Document: Check the box and you can add an unlimited amount of documents as necessary to justify the authorization request.   Feature includes an ability to categorize your document by name and by type. Clicking "Choose File" brings you specifically to where you saved your document on your local drive, so you will not have to hunt around every time if you save them in a specific local folder, such as your desktop.   Another feature is you will see the exact name of the document the way you named it.   The blue button when clicked, is a preview of the document you attached and the same functionality to add or delete is weaved throughout the entire system, making the system very intuitive.

☑ Add New Document

DOCUMENT NAME*	DOCUMENT TYPE*	ATTACH DOCUMENT*		INC FAX	ACTION
SURGICAL RECORDS	CLINICAL	Choose File	ACO Spotlight_April 6 2016_Issue 14.pdf	☑	▬
OFFICE RECORDS	PROGRESS NOTES	Choose File	ACO Spotlight_August 20 2014 Issue 32.pdf	☑	▬ ➕

- Add New Note and Add New Contact: You can add notes as appropriate. By clicking "Add New Note".   You can view all notes by clicking "View All Notes".

📝 Add New Note   ✎View All Notes

📝 Add New Contact   👁View All Contacts

📠 Add New Note   ✖

TYPE
AUTH NOTE

SUBJECT
UM NOTE

NOTE
This is the best system ever!!

Cancel   Save

📞 Add New Contact   ✖

TYPE	ENTITY	CONTACT NAME
TELEPHONE CALL	MEMBER	BILL SMITH

CONTACT NUMBER	DIRECTION	DATE AND TIME OF CALL
(352) 597-4236	⦿ OUTBOUND ◯ INBOUND	06/16/2016 07:43:03

REASON	OUTCOME TYPE	OUTCOME
NOTIFICATION	⦿ SUCCESSFUL ◯ UNSUCCESSFUL	NOTIFIED MEMBER OF APPROVAL

NOTE
The member auto generates the member's name and contact info, auto dates and times the call, auto defaults to outbound and outcome type successful. Drop downs can be added by your supervisor as we continue to enhance the system.

Cancel   Save

By clicking "View All Notes: or "View All Contacts", it will bring up a detailed document of all notes and all contacts.   Later in development, we will have more features that allow us to do a date range, or select only those notes we wish to include in our faxes to the Health Plan.   You also have a typical PRINT function here should you need to print.

Print

Total: **1 sheet of paper**

[Print] [Cancel]

Destination   HP LaserJet 4200/4300 ...
[Change...]

Pages   ● All
         ○ e.g. 1-5, 8, 11-13

Copies   1 [+] [–]

ULTIMATE
HEALTH PLANS
Good health is where you live.

Patient Name: **BILL SMITH**
ID #: **UL0001078**
Ref #: -
DOB: **09/11/1946**
Age: **69**

Patient Contacts

06/16/2016 07:46:45 Barbara Joy Utilization Management -
Member - BILL SMITH - Telephone Call - Notification - Successful
Member is thrilled!

- As you move in your Intake Processes, you will finally get to a summary of all of your data entry specific to the member's authorization. You will need to review the auth summary here and ask yourself the question, did I input everything required to generate the authorization? If you didn't, you can go back. If you didn't catch any errors here, no worries.   We have added a quality feature that you will have another stage in the process, where you will be able to see the authorization on how it will look at the Health Plan level. Circled below is where you are and the authorization summary.

INTAKE

📘 Add New Note   👁View All Notes

NOTE TYPE	DATE TIME	USER NAME	SUBJECT	NOTE	INC FAX	ACTION
AUTH NOTE	06/16/2016 07:46:42	BARBARA JOY	UM NOTE	AJKLADSFJKJKLAD ...	☐	✏️ ➕

📘 Add New Contact   👁View All Contacts

ENTITY	CONTACT NAME	TYPE	CONTACT DETAILS	DIRECTION	OUTCOME TYPE	NOTE	DATE TIME	CREATED BY	INC FAX	ACTION
MEMBER	BILL SMITH	TELEPHONE CALL	(352) 597-4236	OUTBOUND	SUCCESSFUL	MEMBER IS THRIL ...	06/16/2016 07:46:45	BARBARA JOY	☐	✏️ ➕

FROM DATE	TO DATE	SVC PROVIDER	FACILITY NAME	PRIMARY DX	PRIMARY DESC	PROCEDURE CODE	PROCEDURE DESC	TOTAL UNITS	TYPE OF SERVICE	UM SVC GROUP
06/15/2016	09/13/2016	-	KELMEDIX, INC.	R06.89	OTHER ABNORMALI ...	E1352	OXYGEN ACC FLW ...	3	-	-
06/15/2016	09/13/2016	-	KELMEDIX, INC.	R06.89	OTHER ABNORMALI ...	-	-	3	-	-
							TOTAL UNITS:	6		

- ODAG Questionnaire: You will be checking boxes appropriate to the authorization but this is not an IPA function. This is a Health Plan quality audit tool on a retrospective basis.   The IPA will be entering data only for data collection at this point. You will uncollapse the ODAG button. The questions are self-explanatory and will be further explained in your implementation training.
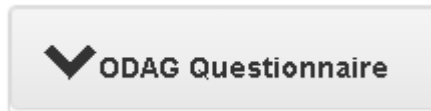
- Intake has finally arrived at the end of their process! You will see three buttons.   "Refer", "Approve" or "Pend". These buttons are set far apart deliberately and when our UI is completed, everything will tighten up for you to fly.

- Approve: Many auths at intake can be inputted and sent directly to the PAC. It will operate in the same fashion throughout the system.

AUTHORIZATION

UHP AUTH NUMBER : _____
For office use only

MEMBER INFORMATION

REF#: -	MBR#: UL0001078	MBR NAME: BILL SMITH	DOB: 09/11/1946
PHONE: (352) 597-4236	GENDER: M	AGE: 69	PLAN-SUBGROUP: ULTIMATE-H2962 PREMIER 001
COUNTY: HERNANDO	EFF DATE: 01/01/2014	ELIG: 12/31/9999	PCP: DR. PARIKSITH SINGH
PCP PHONE NO.: (352) 585-3690	PCP FAX NO.: -		

BASIC DETAILS

POS: 11(A)-OFFICE	REQUEST: STANDARD	AUTHORIZATION: PRESERVICE	TYPE OF CARE: ELECTIVE
RECEIVED: 06/15/2016 09:07:41	FROM: 06/15/2016	TO: 09/13/2016	

AUTHORIZATION DETAILS

TOS: -	UM SVC GRP: -	LEVEL OF CARE: SURGICAL
EXPECTED DOS: 06/30/2016		

REQUESTING PROVIDER

FIRST NAME: PARIKSITH	LAST NAME: SINGH	TAX ID/NPI: - / 1417989625	CONTACT NAME: -
PHONE NUMBER: (352) 585-3690	FAX NUMBER: -	SPECIALTY: INTERNAL MEDICINE	TYPE: MEDICAL DOCTOR

SERVICING PROVIDER

FIRST NAME: DANIEL	LAST NAME: MOYNIHAN	TAX ID/NPI: - / 1033300603	CONTACT NAME: -
PHONE NUMBER: (631) 848-3015	FAX NUMBER: -	SPECIALTY: ORTHOPEDIC SURGERY	TYPE: MEDICAL DOCTOR

FACILITY

FACILITY NAME: -	TAX ID/NPI: - / -	CONTACT NAME: -
PHONE NUMBER: -	FAX NUMBER: -	FACILITY TYPE: -

PRIMARY ICD DETAILS

PRIMARY DX	PRIMARY DESCRIPTION
M25.721	OSTEOPHYTE, RIGHT ELBOW

CPT-4/HCPCS CODE

CPT-4/HCPCS CODE	DESCRIPTION OF PROCEDURE OR SERVICES	REQ UNITS
99205	OFFICE/OUTPATIENT VISIT NEW	1

This form may be returned unprocessed if not completely filled out with all requested information. Authorizations will be given for medically necessary services only. This request cannot be processed without supporting documentation such as office visit notes, pertinent laboratory data, prior treatment note(s), etc. Payment is subject to verification of member eligibility, benefit coverage and appropriate coding guidelines. Emergencies do not require prior authorization.
Confidentiality Notice: This facsimile and/or email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

Cancel   Confirm

At this stage, you can cancel and return back to the authorization if you need to edit or add a note, a contact, delete or add a code, etc., by clicking "Cancel".   If you QA your form, and it looks good, click "Confirm".   Immediately you will see a pop up on the bottom of your screen with a "sticky note" of your authorization to assign depending on whether you need to refer it or approve it for processing.   For Approve, you will see the PAC Queue.


When you click the bucket, the system will display the PACs individually with the upper row, left to right, having the lowest volume of work.   It is further stratified by Expedited and Standard in order to make prudent assignment choices for efficiency across all buckets.
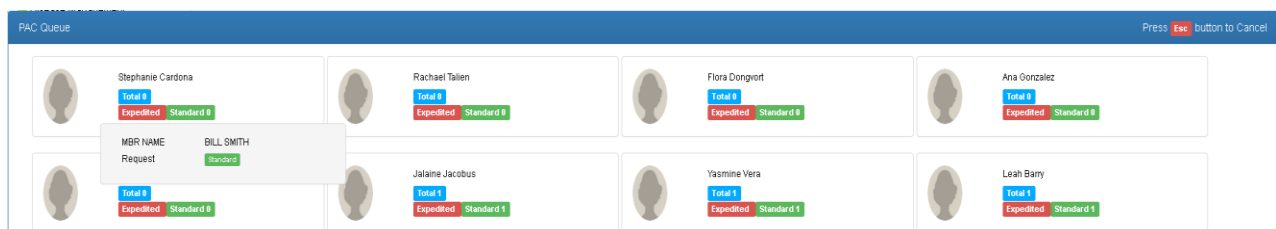
If you had to refer it to the Nurse, you would see different, appropriate displays of the nurse reviewers in the same low to high volume.

For REFER, you will click on the Refer button and your choices will be displayed to either refer to the appropriate bucket:
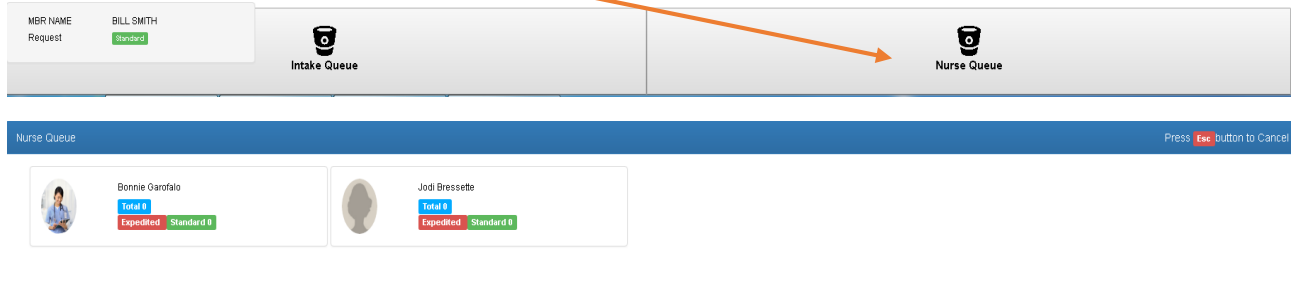
○ Intake Queue (should you need someone else to review on your team)

○ Nurse Queue

Just click the person you want to assign to and your intake work is done.   The sticky note disappears and returns you to your intake queue.

Care Management Suites

PAC Queue if you Approved

- The system takes you right to your work queue. It also leaves a copy in the PAC Queue visible only to your supervisor.

- You will be directed to your Work Queue. Your work queue has two tabs, Work and HP Submitted.   Your Work Queue is your Pending Work that you have to Process.   The HP submitted Queue has your follow up that you submitted to the HP.   Follow up requires you to update the authorization number for the plan. If you did not receive any auth numbers from the HP, you will access your work tab.

- Access your Work Queue and select member.

- You will review the complete authorization summary and scroll to the bottom. You will be able to add a note, add a contact. Now you click on sumbit to send the fax to HP. you will get a Quality Check of the entire authorization Summary and will look similar to below

- You also have ability to edit NPI, Tax ID, Contact Name, Phone and Fax Number of PCP, Provider and Facility by clicking on the detail as mentioned below:

- The bottom of the QC Auth Review has two buttons: Cancel to go back or Confirm/Print to Fax.

- Once you click Confirm, you will get a Print/Fax pop-up in new window from where you can send fax to HP

- Once you send fax, you will be redirected back to your work queue.
- When the HP auth comes in, you will access your HP Submitted Tab.

You will select the member's whose auth came back and click on the member. You will see the authorization summary and scroll to the bottom.   You will be able to add a note, add a contact which is not usually necessary, but you will need to access the "Plan Decision Information".   You will add the Auth/Reference Number, upload the plan's documents they returned to you with the auth number, and classify the document type.   When done, you click Complete. Upon clicking complete, the member will vaporize from your HP Submitted Queue, you will see the number less one on the tab, and you will immediately return to your work

queue.

SUBMITTED QUEUE

Edit

Add New Note

Add New Contact

Plan Decision Information

AUTHORIZATION REFERENCE NUMBER:

DOCUMENT NAME	DOCUMENT TYPE	ATTACH DOCUMENT		ACTION
DOCUMENT NAME	SELECT ▾	Choose File		

Complete

Pend

Care Management Suites
List of Key Documents you need for Gag

List of Major Diagnostic Categories [edit]

MDC	Description
0	Pre-MDC
1	Diseases and Disorders of the Nervous System
2	Diseases and Disorders of the Eye
3	Diseases and Disorders of the Ear, Nose, Mouth And Throat
4	Diseases and Disorders of the Respiratory System
5	Diseases and Disorders of the Circulatory System
6	Diseases and Disorders of the Digestive System
7	Diseases and Disorders of the Hepatobiliary System And Pancreas
8	Diseases and Disorders of the Musculoskeletal System And Connective Tissue
9	Diseases and Disorders of the Skin, Subcutaneous Tissue And Breast
10	Diseases and Disorders of the Endocrine, Nutritional And Metabolic System
11	Diseases and Disorders of the Kidney And Urinary Tract
12	Diseases and Disorders of the Male Reproductive System
13	Diseases and Disorders of the Female Reproductive System
14	Pregnancy, Childbirth And Puerperium
15	Newborn And Other Neonates (Perinatal Period)
16	Diseases and Disorders of the Blood and Blood Forming Organs and Immunological Disorders
17	Myeloproliferative DDs (Poorly Differentiated Neoplasms)
18	Infectious and Parasitic DDs (Systemic or unspecified sites)
19	Mental Diseases and Disorders
20	Alcohol/Drug Use or Induced Mental Disorders
21	Injuries, Poison And Toxic Effect of Drugs
22	Burns
23	Factors Influencing Health Status and Other Contacts with Health Services
24	Multiple Significant Trauma
25	Human Immunodeficiency Virus Infection