

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1927</b>	<b>Date: September 29, 2017</b>
	<b>Change Request 10252</b>

**SUBJECT: Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is for the contractor to archive reports that are no longer used by the A/B Medicare Administrative Contractors.

**EFFECTIVE DATE: Business requirement 10252.1 – October 30, 2017; Business requirement 10252.2 – November 30, 2017; Business requirement 10252.3 January 1, 2018**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: Business requirement 10252.1 – October 30, 2017; Business requirement 10252.2 – November 30, 2017; Business requirement 10252.3 January 1, 2018**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

<b>Pub. 100-20</b>	<b>Transmittal: 1927</b>	<b>Date: September 29, 2017</b>	<b>Change Request: 10252</b>
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**EFFECTIVE DATE: Business requirement 10252.1 – October 30, 2017; Business requirement 10252.2 – November 30, 2017; Business requirement 10252.3 January 1, 2018**

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**IMPLEMENTATION DATE: Business requirement 10252.1 – October 30, 2017; Business requirement 10252.2 – November 30, 2017; Business requirement 10252.3 January 1, 2018**

## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services' (CMS) goal is to identify and remove any shared system produced obsolete reports (i.e., reports that no longer meet the needs of the business owner). The removal of obsolete reports: 1) reduces system complexity and makes future maintenance easier and more efficient, 2) reduces processing and storage costs at the Virtual Data Centers (VDCs), and 3) reduces processing and storage costs at the MACs by discontinuing the need to warehouse these reports at their local data centers.

The purpose of this Change Request (CR) is to confirm that certain reports produced by FISS can be archived since they are no longer used by the A/B MACs. FISS has identified approximately 158 reports that can be archived. This CR will be completed in 3 phases.

CMS will issue a separate CR in which FISS will be directed to remove obsolete reports from the shared system.

**B. Policy:** There are no policy changes associated with this CR. This CR is subsequent to CR9564.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10252.1	In Phase 1, the contractor shall review and identify the reports that should continue to be produced within 30 days of CR issuance.	X		X							
10252.1.1	The contractor shall use the attached spreadsheet to identify the reports that should not be archived.  Note: No response is needed for those reports where the MAC agrees with archiving.	X		X							

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
10252.1.2	The contractor shall provide a short explanation why a report cannot be archived and upload their spreadsheet to the Analysis tab in eChimp.	X		X						
10252.1.3	The contractor shall participate in two one-hour conference calls to discuss their responses to business requirement 10252.1.	X		X						
10252.2	In Phase 2, the contractor shall review and identify the reports that should continue to be produced within 60 days of the CR issuance.	X		X						
10252.2.1	The contractor shall use the attached spreadsheet to identify the reports that should not be archived.  Note: No response is needed for those reports where the MAC agrees with archiving.	X		X						
10252.2.2	The contractor shall provide a short explanation why a report cannot be archived and upload their spreadsheet to the Analysis tab in eChimp.	X		X						
10252.2.3	The contractor shall participate in two one-hour conference calls to discuss their responses to business requirement 10252.2.	X		X						
10252.3	In Phase 3, the contractor shall review and identify the reports that should continue to be produced within 90 days of the CR issuance.	X		X						
10252.3.1	The contractor shall use the attached spreadsheet to identify the reports that should not be archived.  Note: No response is needed for those reports where the MAC agrees with archiving.	X		X						
10252.3.2	The contractor shall provide a short explanation why a report cannot be archived and upload their spreadsheet to the Analysis tab in eChimp.	X		X						
10252.3.3	The contractor shall participate in two one-hour conference calls to discuss their responses to business requirement 10252.3.	X		X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements:**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Kathy Campion, 410-786-4706 or [kathy.campion@cms.hhs.gov](mailto:kathy.campion@cms.hhs.gov) , Richard Kociszewski, 443-870-3551 or [richard.kociszewski@cms.hhs.gov](mailto:richard.kociszewski@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 1**



**PHASE I**

Business Functional Area	Report Number	SSM Short Title	Job Name	Concur (Yes) or Non-Concur (No)	Comments Required for Non-Concur
Core	839	MSP Accounts Receivable Contractor Recommendation For Reclassification As CNC	FSSB9419		
Core	839-B	MSP Recommended For Termination Of Collection Activity	FSSB9419		
Core	FSSBMEDRR01	MEDP Reason Code Status on Reason Code File	FSSBMEDR		
Core	5610A	COB Claims Not Crossed Over because the Sequence Number Exceeded 99.	FSSJ0054		
Core	5628	COB Final Crossover Control Totals for EMC Version 6.0	FSSJ0054		
Core	5631A	COB Gap Filling	FSSJ0054		
Core	FSSB5631	COB Final Crossover Control Total for EMC Version 401	FSSJ0054		
Core	FSSB5632	COB Final Crossover Control Totals COBA Final Crossover Control Totals	FSSJ0054		
Core	FSSB5632A	COB Gap Filling	FSSJ0054		
Core	FSSB5632C	Count of the Different Record Types and DUPS Dropped	FSSJ0054		
Core	534	COB Changes To ANSI Standard Codes	FSSJ0054 FSSJ054E		
Core	005	EMC Records received by Provider version 5010	FSSJ0075		
Core	1954-1955	NOTICE OF MEDICARE CLAIM DETERMINATION (HCFA)	FSSJ0075 FSSJ0080 FSSJ0085 FSSJ0095		
Core	321	MSP MANUAL/AVOIDANCE (PAGE 1) AND MSP SAVINGS STATISTICS (PAGE 2)	FSSJ0075 FSSJ0080 FSSJ0085 FSSJ0095		
Core	343	MSP FIRST CLAIM DEVELOPMENT COST AVOIDANCE	FSSJ0075 FSSJ0080 FSSJ0085 FSSJ0095		
Core	039	EMC RECORDS RECEIVED BY PROVIDER VERSION 6.0	FSSJ0101		
Core	039-A	EMC RECORDS RECEIVED BY PROVIDER REPORT VERSION 4010	FSSJ0101		
Core	039-B	EMC RECORDS RECEIVED BY PROVIDER REPORT VERSION 4010A1	FSSJ0101		
Core	6403	No EDI Enrollment Form or Invalid EMC Version	FSSJ0101		
Core	6403-2	Version 4010A1/5010 Required	FSSJ0101		
Core	6407	No EDI Enrollment Form	FSSJ0101		
Core	6498	Invalid/Missing Receipt Date	FSSJ0101		
Core	FSSB6430-A	Processing Totals	FSSJ0101		
Core	FSSB6430-B	Count of the Different Record Types	FSSJ0101		
Core	FSSB6430-C	EMC Error	FSSJ0101		
Core	FSSB6440-A	Processing Totals Version 4010A1	FSSJ0101		
Core	FSSB6440-B	Count Of The Different Record Types Version 4010A1	FSSJ0101		
Core	FSSB6440-C	EMC Error Report Version 4010A1	FSSJ0101		
Core	FSSB6440-D	Claim Adjustment Reason Code (CARC)	FSSJ0101 FSSJ0104		
Core	040	EMC RECORD COUNT VARIANCE	FSSJ0101 FSSJ0104 FSSJ0106		
Core	6405	Implementation Guide Error	FSSJ0102		
Core	6494	Invalid/Missing Receipt Date Corrected	FSSJ0103		
Core	6496	Corrected Receipt Dates	FSSJ0108		
Core	041	EMC OUT-OF-SEQUENCE ERROR	FSSJ0141		
Core	956	PRO Adjustment Tape Transmittal Letter	FSSJ0142		
Core	958	PRO Adjustment Request Accept / Reject	FSSJ0142		

Core	960	Revisions to Monthly PRO Adjustment Bill	FSSJ0142		
Core	974	Revisions to Monthly PRO Adjustment Bill	FSSJ0143		
Core	315	PRO ADJUSTMENT BILL	FSSJ0143		
Core	628	Truncation-Claims with Reimbursement over \$9.9 Million	FSSJ0150		
Core	FSSB0277	Provider Responses Not Assigned Either Intermediary	FSSJ0277		
Core	5613-A	837 4010-A1 Flat File Out Of Balance Report	FSSJ054C		
Core	5612-C	837 5010 Flat File - Claims With Non-Info RARC & No CAS Segment	FSSJ054C		
Core	982	Reason Codes with Non-Informational RARC And No CARC Present	FSSJ054C FSSJ055E		
Core	FSSW0802	Batch Header Record - Batch Numbers with Overactivated DCNs	FSSJ0802		
Core	804A	Mammography Certification Provider Report – Matched Digital Provider Updates and Terminations	FSSJ0804		
Core	804B	Mammography Certification Verification Provider Report - Matched Digital Provider	FSSJ0804		
Core	804C	Mammography Certification Provider Report - Matched Film Provider Updates And Terminations	FSSJ0804		
Core	804D	Mammography Certification Provider Report - Matched Film Providers	FSSJ0804		
Core	804E	Mammography Certification Provider Report - Unmatched Digital Provider Terminations	FSSJ0804		
Core	804F	Mammography Certification Provider Report - Unmatched Digital Providers	FSSJ0804		
Core	804G	Mammography Certification Provider Report – Unmatched Film Provider Terminations	FSSJ0804		

## PHASE II

Business Functional Area	Report Number	SSM Short Title	Job Name	Concur (Yes) or Non-Concur (No)	Comments Required for Non-Concur
Core	FSSUHC20-A	HCPCS Additions and Updates Manual File	FSSJHC10 FSSJHCP2 FSSJHC80		
Core	RPTPAY11	MSP (Medicare Secondary Payer) Claims that Incorrectly Rejected with Reason Codes 39071, 39072, and 39073	FSSJPAY1		
Core	RPTPAY31	MSP Savings Report – Adjusted Claims for Reason Codes 39071, 39072 and 39073 by MSP Type	FSSJPAY2 FSSJPAY3		
Core	RPTPAY61	MSP Savings Report – MSP Savings Captured and No Savings	FSSJPAY5		
Core	FSSUPCIPR01	Claims that need Adjusting for PCIP Payment	FSSJPCIP		
Core	FSSBCRER-A	CWF Reason Codes List from PARM	FSSJQREA		
Core	55A (CONT)	PENDING NON-MEDICAL, OTHER THAN CLEAN CLAIMS	FSSJR053 FSSJR055 FSSJR057 FSSJR059 FSSJR061 FSSJR063 FSSJR065 FSSJR067 FSSJR069 FSSJR071 FSSJR073 FSSJR075 FSSJR077 FSSJR079 FSSJR081 FSSJR083 FSSJR085 FSSJR087 FSSJR089 FSSJR091 FSSJR093 FSSJR095 FSSJR097 FSSJR099 FSSJR101 FSSJR103		

Core	751 (CONT)	Medically Unlikely Edits (MUE) Savings And Appeals	FSSJR055 FSSJR057 FSSJR059 FSSJR061 FSSJR063 FSSJR065 FSSJR067 FSSJR069 FSSJR071 FSSJR073 FSSJR075 FSSJR079 FSSJR081 FSSJR083 FSSJR085 FSSJR087 FSSJR089 FSSJR091 FSSJR093 FSSJR095 FSSJR097 FSSJR099 FSSJR101 FSSJR103 FSSJR105 FSSJR107		
Core	35A (CONT)	PENDING NON-MEDICAL, OTHER THAN CLEAN CLAIMS	FSSJR105 FSSJR107 FSSJR109 FSSJR111 FSSJ007R		
Core	751 (CONT)	Medically Unlikely Edits (MUE) Savings And Appeals	FSSJR109 FSSJR111  FSSJUL50  FSSJ007R  FSSJUMUE		
Core	FSSBSTA1-A	NPI/OSCAR Statistical	FSSJSTAT		
Core	819	Listing of MSPI Records With Incomplete Notice	FSSQ0800		
Core	831	Employers With Insufficient Address Information	FSSQ0800		
Core	828	Listing Of Insurer Chains With No Master Insurer	FSSQ0805		
Core	820	Status of Accounts Receivable Health Insurance SMI/HL	FSSQ0810		
Core	830A	Status Of Accounts Receivable (HI) – Out Of Balance Principal Detail	FSSQ0810		
Core	830B	Status Of Accounts Receivable (SMI) – Out Of Balance Principal Detail	FSSQ0810		
Core	831A	Status Of Accounts Receivable (HI) – Out Of Balance Interest Detail	FSSQ0810		
Core	831B	Status Of Accounts Receivable (SMI) – Out Of Balance Interest Detail	FSSQ0810		
Core	832A	Status Of Accounts Receivable (HI) - Principal Detail	FSSQ0810		
Core	832B	Status Of Accounts Receivable (SMI) - Principal Detail	FSSQ0810		
Core	833A	Status Of Accounts Receivable (HI) - Interest Detail	FSSQ0810		
Core	833B	Status Of Accounts Receivable (SMI) - Interest Detail	FSSQ0810		
Core	834A	Status Of Accounts Receivable (HI) - Principal Written Off Detail	FSSQ0810		
Core	834B	Status Of Accounts Receivable (SMI) - Principal Written Off Detail	FSSQ0810		
Core	835A	Status Of Accounts Receivable (HI) - Interest Written Off Detail	FSSQ0810		
Core	835B	Status Of Accounts Receivable (SMI) - Interest Written Off Detail	FSSQ0810		



Core	836A	Out-Of-Balance Principal Detail - Inpatient Claims (HI)	FSSQ0810		
Core	836B	Out-Of-Balance Principal Detail - Outpatient Claims	FSSQ0810		
Core	837A	Out-Of-Balance Interest Detail - Inpatient Claims (HI)	FSSQ0810		
Core	837B	Out-Of-Balance Interest Detail - Outpatient Claims (SMI)	FSSQ0810		
Core	840A	Status Of MSP Debt - CNC (HI)	FSSQ0810		
Core	840B	Status Of MSP Debt - CNC (SMI)	FSSQ0810		
Core	841-A	MSP 751 Detail Listing of Other Exclusions over 180 Days old (HI)	FSSQ0810		
Core	841-B	MSP 751 Detail Listing of Other Exclusions over 180 Days old (SMI)	FSSQ0810		
Core	842-A	MSP 751 Detail Listing of Other Exclusions over 180 Days old (HI)	FSSQ0810		
Core	842-B	MSP CNC 751 Detail Listing of Other Exclusions over 180 Days old (HI)	FSSQ0810		
Core	843-A	MSP CFO Delinquency Detail - HI Non Data Match	FSSQ0810		
Core	843-B	MSP CFO Delinquency Detail - HI Data Match	FSSQ0810		
Core	844-A	MSP CFO Delinquency Detail - SMI Non Data Match	FSSQ0810		
Core	844-B	MSP CFO Delinquency Detail - SMI Data Match	FSSQ0810		
Core	850A	CNC Status of Accounts Receivable (HI) - Out of Balance Principal Detail	FSSQ0810		
Core	850B	CNC Status of Accounts Receivable (SMI) - Out of Balance Principal Detail	FSSQ0810		
Core	851A	CNC Status of Accounts Receivable (HI) - Out of Balance Interest Detail	FSSQ0810		
Core	851-B	CNC Status of Accounts Receivable (SMI) - Out of Balance Interest Detail	FSSQ0810		
Core	852A	CNC Status of Accounts Receivable (HI) - Principal Detail	FSSQ0810		
Core	852B	CNC Status of Accounts Receivable (SMI) - Principal Detail	FSSQ0810		
Core	853A	CNC Status of Accounts Receivable (HI) - Interest Detail	FSSQ0810		
Core	853B	CNC Status of Accounts Receivable (SMI) - Interest Detail	FSSQ0810		
Core	860	Status of Accounts Receivable Unsolicited Voluntary Refunds	FSSQ0810		

### PHASE III

Business Functional Area	Report Number	SSM Short Title	Job Name	Concur (Yes) or Non-Concur (No)	Comments Required for Non-Concur
Core	804H	Mammography Certification Provider Report - Unmatched Film Providers	FSSJ0804		
Core	FSSB0835	Provider Remittance Records Not Assigned an Intermediary	FSSJ0835		
Core	FSSJ0837R01	Region Code Errors	FSSJ0837		
Core	FSSW3898	WPS Legacy 276 Totals for Region XX	FSSJ1600		
Core	FSSB1601	PIMR Selection Verification	FSSJ1601		
Core	FSSB1602	PIMR Prepay	FSSJ1602		
Core	FSSB1603	PIMR Denial	FSSJ1603		
Core	FSSB1604	PIMR Claim Processing Data	FSSJ1604		
Core	FSSB1605	PIMR Repricing - Claims Receiving Reason Code	FSSJ1605		
Core	FSSB1606	PIMR Selection Verification	FSSJ1606		
Core	FSSB1607	PIMR Prepay	FSSJ1607		
Core	FSSB1608	PIMR Denial	FSSJ1608		
Core	FSSB1609	PIMR Claim Processing Data	FSSJ1609		
Core	FSSB1650R01	PIMR Claims that did not Price PIMR	FSSJ1650		
Core	651	Mass Adjustment Claim Match	FSSJ1710		
Core	FSSB2817-A	Medicare Part A - CMS Adjustment Claims Downcode	FSSJ2817		
Core	FSSB2817-B	Medicare Part A - CMS Adjustment Claims - Med Review Downcode	FSSJ2817		
Core	111	COBC Detailed Error Report	FSSJ5150		
Core	112	COBC Summary Error Report	FSSJ5150		
Core	114	COBC Detailed Error Report For Provider	FSSJ5150		

Core	115	COBC Workload Error Report	FSSJ5150		
Core	117	COBC Error Hold Selection Summary Report	FSSJ5150		
Core	TRL49	Trial 49 Demonstration Report	FSSJ5725		
Core	HHDEMO	Home Health Homebound Demonstration	FSSJ5775		
Core	HHDAYC	Home Health Daycare Demonstration Record	FSSJ5776		
Core	FSSB6003-A	Quarterly Outlier Adjustment	FSSJ6003		
Core	621 B	ITM Summary	FSSJ621A		
Core	621 C	PRTA/RHHI Sampling respondent	FSSJ621C		
Core	7205	Control/Parm Cards Added To Online Parm Record XXXXXXXX	FSSJ7205		
Core	RPT81021	FSSF810T Status Update Report	FSSJ8101		
Core	053	FY19XX CFO CORRECTION ACTION PLAN QUARTERLY	FSSJ8400		
Core	805	RTS Insurer File Load	FSSJ9005		
Core	816	Listing of IRS Records Medicare Paid Secondary	FSSJ9010		
Core	817	Listing of IRS Records Without Reimbursement Amount	FSSJ9010		
Core	817C	Listing of IRS Records Without Reimbursement Amount Demonstration Projects.	FSSJ9010		
Core	818	Listing of IRS Records that Math a Cancelled Claim	FSSJ9010		
Core	815	Duplicate Claims	FSSJ9013		
Core	808	Claims Added To The RTS Tracking File	FSSJ9015		
Core	830	Employers Added to Tracking File	FSSJ9015		
Core	Medicare Summary Notice	Medicare Summary Notice	FSSJ9030		
Core	838	MSP Allowance Of Uncollectable Accounts - Detail Receivable Activity	FSSJ9095		
Core	762	PSA Zip Code File Error	FSSJ9961		
Core	763	PSA Zip Code File Summary Update	FSSJ9961		
Core	FSSWABTR	Unexpected Events Requiring Systems Review	FSSJABTR		
Core	FSSBADJ6	FISS Mass Adjustment	FSSJADJ6		
Core	0980	ANSI STANDARD CODES CHANGE	FSSJANSZ		
Core	354 (CONT)	CLAIMS PAID OUTSIDE OF CWF	FSSJB580 FSSJB585 FSSJB590 FSSJB595 FSSJB675 FSSJB680 FSSJB685 FSSJB690 FSSJB695 FSSJM075 FSSJM080 FSSJM085 FSSJM090 FSSJM095		
Core	360 (CONT)	CLAIMS THAT BYPASSED MCE/OCE	FSSJB580 FSSJB585 FSSJB590 FSSJB595 FSSJB675 FSSJB680 FSSJB685 FSSJB690 FSSJB695 FSSJM075 FSSJM080 FSSJM085 FSSJM090 FSSJM095		
Core	RPTUDCU4	HIC NBR/DCN Missing Before Correction	FSSJCL11		
Core	RPTUDCU5	HIC NBR/DCN Missing After Correction	FSSJCL31		
Core	FSSB5633	COB Final Crossover Control Totals	FSSJCOBB		

	FSSUHC03-A	Fee File Additions And Changes	FSSJHC02 FSSJHC2A FSSJHC2B FSSJHC2C FSSJHC2D FSSJHC2E FSSJHC2F FSSJHC2G FSSJHC2H		
Core	New Report Name RTHC03A	Look at Report Doc in the Documentation Drive at M:\FISS-Doc\SourceFiles\Reports\F			
Core	FSSUHC16-A	New HDME Codes Added from Fee Files	FSSJHC10		
Core	FSSUHC16-B	Fee File Additions & Updates to HDME File	FSSJHC10		
Core	FSSUHC20-B	HDME Additions and Updates Manual File	FSSJHC10		
Core	FSSUHC50-A	SNF HIPPS HCPCS File Additions	FSSJHC10		
Core	FSSUHC71-A	Physicians Fee Schedule Payment File Updates	FSSJHC10		