

New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404

Shawn Sullivan, Secretary



Department on Aging

phone: 785-296-4986
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Sam Brownback, Governor

March 21, 2011

Administrator
Westview of Derby
445 N. Westview
Derby, KS 67037

Provider #: 1041074801
HP Enterprise Services Provider #: 100107490A

Dear Administrator:

We forwarded the per diem rate shown on the enclosed Case Mix Payment Schedule for the fourth quarter of state fiscal year 2011 to our fiscal agent, HP Enterprise Services. The rate will become effective April 1, 2011.

The Kansas Department on Aging (KDOA), administers the Medicaid nursing facility services payment program on behalf of KHPA. The rate was calculated by applying the appropriate Medicaid program policies and regulations to the cost report (Form MS 2004) data shown on the enclosed payment schedule.

For each nursing facility and nursing facility for mental health, the per diem rate for care shall not exceed the rate charged for the same type of service to residents not under the Kansas medical assistance program. If the private pay rate indicated on the agency register is lower, then the Kansas medical assistance program rate, beginning with its effective date, shall be calculated as follows: If the average Medicaid case mix index is greater than the average private pay/other case mix index, the Kansas medical assistance program rate shall be the lower of the private pay rate adjusted to reflect the Medicaid case mix index or the calculated Kansas medical assistance program rate. If the average Medicaid case mix index is less than or equal to the average private pay/other case mix index, the Kansas medical assistance program rate shall be the average private pay rate. The effective date of the private pay rate in the registry shall be the later of the effective date of the private pay rate or the first day of the following month in which complete documentation of the private pay rate is received by the agency. SEE KANSAS ADMINISTRATIVE REGULATION (KAR) 30-10-18(b).

If you disagree with the rate in the attached payment schedule, you have the right to request a fair hearing appeal in accordance with K.A.R. 30-7-64 et seq. Your written request for such an appeal should be delivered to or otherwise mailed so that it is received by the Department of Administration, Office of Administrative Hearings, 1020 South Kansas Ave, Topeka, Kansas 66612-1311 within 30 days from the date of this letter. (Pursuant to K.S.A. 77-531, an additional three days shall be allowed if this notice letter is mailed rather than hand delivered.) Failure to timely request or pursue such an appeal may adversely affect your rights on any related judicial review proceeding.

If you have questions regarding the Medicaid rate, other than those on desk review adjustments, write to Chris Chase or call her at (785) 296-0703. She can also be reached via electronic mail at Chris.Chase@aging.ks.gov. For questions concerning desk review adjustments please contact John Oliver, Audit Manager, at (785) 296-6457 or by email at John.Oliver@aging.ks.gov.

Sincerely,

Amanda Barta, Reimbursement Manager
NF/CARE Programs
Program and Policy Commission

AB:ckc
Enclosures

Kansas Medicaid / MediKan

Case Mix Schedule
4th QTR 2011

Current Provider Information

Provider Number: 1041074801	HP Enterprise Services Provider No: 100107480A	Medicaid CMI: 0.9277 (a)
Facility Name: Westview of Derby	Area/County: 32 037	Medicare CMI: 1.3830
Address: 445 N. Westview		Private Pay/Other CMI: 0.8336
City/State/Zip: Derby, KS 67037		
Administrator: Arlen Reeves		

Cost Report Statistics

Calendar Year Cost Reports Used for Base Data:	12/31/2007	12/31/2008	12/31/2009	
Inflation Factor:	9.350%	4.000%	3.044%	
Facility Cost Report Period CMI:	1.0249	0.9680	1.0180	
Statewide Average CMI:	0.9875	1.0024	1.0085	0.9996 (b)
NF or NF/MH Beds:	120	120	120	
Bed Days Available:	43,800	43,920	43,800	
Inpatient Days:	39,374	35,152	30,379	
Occupancy Rates:	83.0%	80.0%	69.4%	
Medicaid Days:	22,738	24,625	21,234	
Calc Days if Appl:	0	0	0	

Calculation of Combined Base Year Reimbursement Rate

Operating				
Total Reported Costs:	\$667,266	\$1,080,818	\$1,029,179	
Cost Report Adjustments:	(\$24,443)	(\$18,530)	\$11,013	
OIA Limit Adjustment:	\$0	\$0	\$0	
Total Adjusted Costs:	\$662,823	\$1,062,288	\$1,040,189	
Total Inflated Adjusted Costs:	\$689,184	\$1,103,464	\$1,070,546	
Total Combined Base Cost:				\$3,113,194
Days Used in Division Oper:	37,230	37,332	37,230	111,792
				27.85 Oper Per Diem
				30.60 Oper Per Diem Cost Limitations
				27.85 Oper Per Diem Rate (1)

Indirect Health Care				
Total Reported Costs:	\$1,226,934	\$1,271,264	\$1,176,728	
Cost Report Adjustments:	\$0	(\$37,019)	(\$33,620)	
Total Adjusted Costs:	\$1,226,934	\$1,234,265	\$1,143,108	
Total Inflated Adjusted Costs:	\$1,344,331	\$1,283,636	\$1,177,904	
Total Combined Base Cost:				\$3,805,871
Days Used in Division IDHC:	37,230	37,332	37,230	111,792
				34.38 IDHC Per Diem
				44.28 IDHC Per Diem Cost Limitation
				34.38 IDHC Per Diem Rate (2)

Direct Health Care				
Total Reported Costs:	\$1,992,503	\$2,648,739	\$2,285,684	
Cost Report Adjustments:	(\$17,131)	\$11,181	\$5,523	
Total Adjusted Costs:	\$1,975,372	\$2,659,920	\$2,291,207	
Total Inflated Adjusted Costs:	\$2,160,858	\$2,786,295	\$2,300,951	
Total CMI Adjusted Cost:	\$2,082,639	\$2,870,532	\$2,336,823	
Total Combined Base Cost:				\$7,289,794
Days Used in Division DHC:	35,374	35,152	30,379	101,905
				71.54 Case Mix Adjusted DHC Per Diem
				94.86 DHC Per Diem Cost Limitation
				71.54 Allowable DHC Per Diem Cost (a)
				88.39 Medicaid Acuity Adjustment (3)
				(c)*((a)/(b))

Real and Personal Property Fee

5.57 Real and Personal Property Fee	5.57
0.00 Inflation 0.000%	0.00
0.00 RPPF Rebase Add On	0.00
5.57 RPPF Before Limit	5.57
9.05 RPPF Limitation	9.05
5.57 Allowable RPPF (4)	5.57

Calculation of Medicaid Rate

Operating, IDHC, and DHC Rates (1) + (2) + (3):	126.62
Comparison to inflated prior base rate components	117.33
Greater of current or prior base components	126.62
Real and Personal Property Fee	5.57
Incentive Factor	1.00
DME Pass Through	0.14
Minimum Wage Pass Through	0.00
Total Medicaid Rate Effective	135.33

04/01/2011

KANSAS CASE MIX SYSTEM

Resident Listings

Print Date: 03/11/2011

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Resident Listing as of 01/01/2011

Provider Number: 10410748D1
 Provider Name: Westview of Derby

AA8a,b	Resident Name	SSN	Effective Date (R2b)	Classification Code	Classification Category	Payment Source	Index
05	ALLEN, LEOTA	515348717	12/28/2010	CB1	Clinically Complex / ADL 12-16	Medicaid	1.0700
03	BATTERSHELL, GLENDA	511443272	12/09/2010	IA1	Cognitive Impairment / ADL 4-5	Medicaid	0.6700
00, 2	BECKER, DONNA	511486198	12/29/2010	RAA	Rehabilitation All Levels / ADL 4-9	Medicare	1.0700
05	BEEBE, LOLA	514245127	12/06/2010	PD1	Reduced Physical Function / ADL 11-15	Medicaid	0.8900
05	BELVINS, MILDRED	447388498	11/11/2010	IB2	Cognitive Impairment with Nursing Rehab / ADL 6-10	Medicaid	0.8600
05	BOLINGER, EDITH	512507520	11/17/2010	JA1	Cognitive Impairment / ADL 4-5	Medicaid	0.6700
05	BOYCE, HELEN	525589095	11/23/2010	CA1	Clinically Complex / ADL 4-11	Medicaid	0.9500
03	BURGE, EDNA	515129062	10/29/2010	IA1	Cognitive Impairment / ADL 4-5	Medicaid	0.6700
05	CAHALA, LOIS	388385123	10/12/2010	PE1	Reduced Physical Function / ADL 16-18	Medicaid	0.9700
00, 7	CLARK, ROSALEE	509252898	10/20/2010	RAB	Rehabilitation All Levels / ADL 10-13	Medicaid	1.2400
01	CROXSON, ESTHER	088548662	11/05/2010	CB1	Clinically Complex / ADL 12-16	Other	1.0700
05	DUGAN, BETTY	512184964	10/13/2010	PD1	Reduced Physical Function / ADL 11-15	Other	0.8900
05	DUKE, SANDRA	510480850	12/09/2010	PE1	Reduced Physical Function / ADL 16-18	Medicaid	0.9700
01, 1	DYAR, DONNA	510485616	08/23/2010	RAA	Rehabilitation All Levels / ADL 4-9	Medicare	1.0700
02	EASTERLY, ELTON	446096459	12/23/2010	PD1	Reduced Physical Function / ADL 11-15	Medicaid	0.8900
05	EVERSON, MARGARET	511242323	12/20/2010	IB2	Cognitive Impairment with Nursing Rehab / ADL 6-10	Other	0.8800
05	FORTNER, BETTY	444302557	09/24/2010	CA1	Clinically Complex / ADL 4-11	Other	0.9500
05	FRANCIS, DORIS	515722071	10/15/2010	IB1	Cognitive Impairment / ADL 6-10	Medicaid	0.8500
05	FULLMER, EVELYN	512421143	11/01/2010	IA1	Cognitive Impairment / ADL 4-5	Medicaid	0.6700
05	GOODWYN, MARGARET	494309868	10/25/2010	PD2	Physical Function with Nursing Rehab / ADL 11-15	Medicaid	0.9100
05	HANSEL, JUNE	552101189	11/02/2010	PD1	Reduced Physical Function / ADL 11-15	Medicaid	0.8900
03	HELPERSTAY, DOROTHY	486035634	11/19/2010	CA1	Clinically Complex / ADL 4-11	Medicare	0.9500
05	HIX, WAYNE	512629082	11/08/2010	PA1	Reduced Physical Function / ADL 4-5	Medicaid	0.5900
05	HOWARD, GERALDINE	499183487	10/27/2010	PD2	Physical Function with Nursing Rehab / ADL 11-15	Medicaid	0.9100
03	HUTCHINGS, MARY	514183599	11/18/2010	CB1	Clinically Complex / ADL 12-16	Medicaid	1.0700
05	KENNEDY, LILLIE	510200145	12/10/2010	CB1	Clinically Complex / ADL 12-16	Medicaid	1.0700
03	LEE, EVELYN	513260191	12/16/2010	SSA	Special Care / ADL 4-14	Medicare	1.2800
05	LEHMAN, JOYCE	511146212	10/26/2010	PA1	Reduced Physical Function / ADL 4-5	Medicaid	0.5900
05	LIBY, HELEN	515076651	11/24/2010	IB1	Cognitive Impairment / ADL 6-10	Medicaid	0.8500
05	LONG, ROBERT	509263337	11/15/2010	SSB	Special Care / ADL 15-16	Medicaid	1.3300
05	LOWRY, NELLIE	511222160	11/12/2010	PE1	Reduced Physical Function / ADL 16-18	Medicaid	0.9700

KANSAS CASE MIX SYSTEM

Resident Listings

Print Date: 03/11/2011

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Resident Listing as of 01/01/2011

Provider Number: 1041074801
 Provider Name: Westview of Derby

AA8a,b	Resident Name	SSN	Effective Date (R2b)	Classification Code	Classification Category	Payment Source	Index
05	LUFF, MARTHA	514620110	10/19/2010	CA1	Clinically Complex / ADL 4-11	Medicaid	0.8500
05	MANNING, MAX	585031180	12/13/2010	PB1	Reduced Physical Function / ADL 6-8	Other	0.6300
05	MARTINEZ, WALTER	515063399	12/02/2010	CB1	Clinically Complex / ADL 12-16	Medicaid	1.0700
01	MASON, SUSAN	512481429	10/18/2010	CA1	Clinically Complex / ADL 4-11	Medicaid	0.8500
05	MATTOCKS, JUDITH	513342067	12/16/2010	SSB	Special Care / ADL 15-16	Medicaid	1.3300
03	MCDIFFETT, FRANK	509640172	10/19/2010	PA1	Reduced Physical Function / ADL 4-5	Medicaid	0.5900
00, 7	MICHAEL, WILMA	515164598	12/13/2010	SE2	Extensive Special Care 2 / ADL > 6	Medicare	1.7900
05	MILLER, VICTORIA	511164772	11/29/2010	IB2	Cognitive Impairment with Nursing Rehab / ADL 6-10	Medicaid	0.6800
05	MURPHY, MARY	443184449	11/16/2010	PE1	Reduced Physical Function / ADL 16-18	Medicaid	0.9700
05	MURRAY, DON	519343876	11/02/2010	IA1	Cognitive Impairment / ADL 4-5	Medicaid	0.6700
02	NEWBERRY, NANCY	432266654	11/12/2010	PE1	Reduced Physical Function / ADL 16-18	Medicaid	0.9700
02	NIX, JAMES	445242507	11/19/2010	SSC	Special Care / ADL 17-18	Medicaid	1.4400
05	NORTH, JACKIE	511443448	10/21/2010	CB1	Clinically Complex / ADL 12-16	Medicaid	1.0700
05	OSBORN, CAROLINE	515050102	12/20/2010	PA1	Reduced Physical Function / ADL 4-5	Other	0.5800
02	OSBORNE, HELEN	509147763	11/10/2010	CB1	Clinically Complex / ADL 12-16	Medicaid	1.0700
05	OSLER, JAMES	515163359	12/29/2010	IB2	Cognitive Impairment with Nursing Rehab / ADL 6-10	Other	0.8800
00, 7	PETERSON, BETTY	555466629	12/29/2010	SE2	Extensive Special Care 2 / ADL > 6	Medicare	1.7900
03	RICKARD, HETTIE	511549076	11/16/2010	CC1	Clinically Complex / ADL 17-18	Medicaid	1.2500
05	ROBERTS, MADINE	408341961	12/14/2010	PE1	Reduced Physical Function / ADL 16-18	Medicaid	0.9700
05	SANCHEZ, DAVID	510563978	12/30/2010	CB1	Clinically Complex / ADL 12-16	Medicaid	1.0700
05	SCHILL, MARY	484280367	07/29/2010	CA1	Clinically Complex / ADL 4-11	Medicaid	0.9500
02	SCHWABAUER, THEODORE	511169741	12/23/2010	IB1	Cognitive Impairment / ADL 6-10	Medicaid	0.8500
01, 1	SEAL, ROBERT	534288104	12/01/2010	SE2	Extensive Special Care 2 / ADL > 6	Medicare	1.7900
02	SHAFFER, MARY	140206600	11/02/2010	PE1	Reduced Physical Function / ADL 16-18	Medicaid	0.9700
05	SHIPMAN, REX	510422239	12/03/2010	PA1	Reduced Physical Function / ADL 4-5	Medicaid	0.5900
05	SHIRLEY, MARY	432267354	11/10/2010	PD2	Physical Function with Nursing Rehab / ADL 11-15	Other	0.9100
02	SIEVER, WANDA	510345833	11/01/2010	CB1	Clinically Complex / ADL 12-16	Medicaid	1.0700
00, 7	SINCLAIR, JUANITA	447247049	11/22/2010	RAB	Rehabilitation All Levels / ADL 10-13	Medicare	1.2400
02	SISAVITH, BOLINTHIEM	586149132	11/29/2010	IA1	Cognitive Impairment / ADL 4-5	Medicaid	0.6700
05	SPECK, KATHRYN	509581105	12/17/2010	PE1	Reduced Physical Function / ADL 16-18	Medicaid	0.9700
03	STEGEMAN, FLORENCE	511741854	10/25/2010	BA2	Behavior Problem with Nursing Rehab / ADL 4-5	Medicaid	0.7100

KANSAS CASE MIX SYSTEM

Resident Listings

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Resident Listing as of 01/01/2011

Provider Number: 1041074801
Provider Name: Westview of Derby

AAa,b	Resident Name	SSN	Effective Date (R2b)	Classification Code	Classification Category	Payment Source	Index
05	STOCKTON, LEONA	509140212	11/11/2010	PD1	Reduced Physical Function / ADL 11-15	Medicaid	0.8900
05	SPOUT, TEX	513341641	11/01/2010	IA1	Cognitive Impairment / ADL 4-5	Medicaid	0.6700
03	STURM, WALLACE	511108484	12/28/2010	CA2	Clinically Complex with Depression / ADL 4-11	Medicare	1.0600
05	SWARTZ, BESSIE	514077284	10/20/2010	IB2	Cognitive Impairment with Nursing Rehab / ADL 6-10	Medicaid	0.8500
05	THORNTON, DOROTHY	480199687	10/11/2010	CC1	Clinically Complex / ADL 17-18	Medicaid	1.2500
00, 1	TITUS, ARTHUR	512079103	12/21/2010	SE2	Extensive Special Care 2 / ADL > 6	Medicare	1.7900
05	TOLE, HUGHIE	430078103	10/20/2010	PA1	Reduced Physical Function / ADL 4-5	Other	0.5900
05	VANSICKLE, WILLEVA	511205492	12/22/2010	IB2	Cognitive Impairment with Nursing Rehab / ADL 6-10	Medicaid	0.8800
05	WATSON, BETTY	510163663	12/08/2010	PD1	Reduced Physical Function / ADL 11-15	Other	0.8900
05	WELLS, CONLA	513327145	12/20/2010	PD1	Reduced Physical Function / ADL 11-15	Other	0.8800
03	WENKE, BETTY	508208888	10/28/2010	CB1	Clinically Complex / ADL 12-16	Medicaid	1.0700

Total Residents and CMI Averages

Medicaid Residents:	52	0.9277
Medicare Residents:	10	1.3830
Other Residents:	11	0.8336
Total Residents:	73	0.9759



RUG CMI
STATE OF KANSAS
CALCULATION OF KANSAS-SPECIFIC RELATIVE WEIGHTS
BASED ON RUG-III VERSION 5.21B 34 GROUP INDEX MAXIMIZER MODEL
SORTED BY NORMALIZED RELATIVE WEIGHT

RUG	Description	CMI
SE3	4 or 5 Services	2.100
SE2	2 or 3 Services	1.790
RAD	ADL Score 17-18	1.660
SE1	0 or 1 Services	1.540
SSC	ADL Score 17-18	1.440
CC2	ADL Score 17-18 PHQ-9 \geq 10	1.420
SSB	ADL Score 15-16	1.330
RAC	ADL Score 14-16	1.310
SSA	ADL Score 7-14	1.280
CC1	ADL Score 17-18	1.250
RAB	ADL Score 10-13	1.240
CB2	ADL Score 12-16 PHQ-9 \geq 10	1.150
CB1	ADL Score 12-16	1.070
RAA	ADL Score 4-9	1.070
CA2	ADL Score 4-11 PHQ-9 \geq 10	1.060
PE2	ADL Score 16-18 2 or more RNRPs	1.000
PE1	ADL Score 16-18 0 or 1 RNRP only	0.970
CA1	ADL Score 4-11	0.950
PD2	ADL Score 11-15 2 or more RNRPs	0.910
PD1	ADL Score 11-15 0 or 1 RNRP only	0.890
IB2	ADL Score 6-10 2 or more RNRPs	0.880
BB2	ADL Score 6-10 2 or more RNRPs	0.860
IB1	ADL Score 6-10 0 or 1 RNRP only	0.850
PC2	ADL Score 9-10 2 or more RNRPs	0.830
BB1	ADL Score 6-10 0 or 1 RNRP only	0.820
PC1	ADL Score 9-10 0 or 1 RNRP only	0.810
IA2	ADL Score 4-5 2 or more RNRPs	0.720
BA2	ADL Score 4-5 2 or more RNRPs	0.710
IA1	ADL Score 4-5 0 or 1 RNRP only	0.670
PB2	ADL Score 6-8 2 or more RNRPs	0.650
PB1	ADL Score 6-8 0 or 1 RNRP only	0.630
PA2	ADL Score 4-5 2 or more RNRPs	0.620
BA1	ADL Score 4-5 0 or 1 RNRP only	0.600
PA1	ADL Score 4-5 0 or 1 RNRP only	0.590
BCI (Default)		0.620

HARMONY HEALTHCARE INTERNATIONAL, INC.

430 Boston Street, Suite 104, Topsfield, MA 01983 ♦ Tel: 978-887-8919 ♦ Fax: 978-887-3738

www.harmony-healthcare.com

State	Kansas								
RUG Grouper	RUG-III Version 5.12b, 34 group, index maximizer model								
Payment Method	Facility average case mix indices to used to adjust the Direct Health Care costs in the determination of upper payment limits and rate calculation								
Frequency	Four times per year								
Snap Shot Date(s)	First day of each calendar quarter Rate Effective Date: Snap Shot Date: July 1 April 1 October 1 July 1 January 1 October 1 April 1 January 1								
Medicaid Audit	Not Known								
MDS Selection	<ul style="list-style-type: none"> • Medicaid is known to be a per diem payer source on the first day of the calendar quarter or at any time during the preceding quarter • Resident's most current assessment available on the first day of each calendar quarter. • Including those receiving hospice services. 								
Calculation Method	Three average case mix indices (each month in the quarter to determine quarterly) for each Medicaid nursing facility shall be determined four times per year. Simple average.								
Non-Medicaid Averages Utilized in Rate Calculation	The private-pay/other average CMI is the simple average, carried to four decimal places, of all indices for residents where neither Medicaid nor Medicare were known to be the per diem payer source on the first day of the calendar quarter or at any time during the preceding quarter								
Default	Resident assessments that cannot be classified will be assigned the lowest CMI for the State (PAI).								
Corrections	Not stated								
Clinical Add-Ons	Case mix indices for ventilator-dependent residents for whom additional reimbursement has been determined shall be excluded from the average CMI calculations.								
Clinical Performance Incentive Add-Ons	<p>Must not have received any survey deficiency of scope and severity level "H" ."G" level deficiencies and that correct the "G" level deficiencies within 30 days of the survey receive 50% of the calculated incentive factor.</p> <table> <tr> <td>1) CMI adjusted staffing ratio > 75th percentile (4.80) or CMI adjusted staffing < 75th percentile but improved > 10%</td> <td>\$2.50</td> </tr> <tr> <td>2) Staff turnover rate < 75th percentile (29%) or Staff turnover rate > 75th percentile but reduced > 10%</td> <td>\$2.50 \$0.25</td> </tr> <tr> <td>3) Completion of the full Kansas Culture Change Instrument Survey</td> <td>\$0.38</td> </tr> <tr> <td>4) Medicaid occupancy > 60%</td> <td>\$1.13</td> </tr> </table>	1) CMI adjusted staffing ratio > 75th percentile (4.80) or CMI adjusted staffing < 75th percentile but improved > 10%	\$2.50	2) Staff turnover rate < 75th percentile (29%) or Staff turnover rate > 75th percentile but reduced > 10%	\$2.50 \$0.25	3) Completion of the full Kansas Culture Change Instrument Survey	\$0.38	4) Medicaid occupancy > 60%	\$1.13
1) CMI adjusted staffing ratio > 75th percentile (4.80) or CMI adjusted staffing < 75th percentile but improved > 10%	\$2.50								
2) Staff turnover rate < 75th percentile (29%) or Staff turnover rate > 75th percentile but reduced > 10%	\$2.50 \$0.25								
3) Completion of the full Kansas Culture Change Instrument Survey	\$0.38								
4) Medicaid occupancy > 60%	\$1.13								

RUG	Facility Count	CMI	Total
BA1	0	0.60	0
BA2	0	0.71	0
BB1	0	0.82	0
BB2	0	0.86	0
BCI (Default)	0	0.62	0
CA1	0	0.95	0
CA2	0	1.06	0
CB1	0	1.07	0
CB2	0	1.15	0
CC1	0	1.25	0
CC2	0	1.42	0
IA1	0	0.67	0
IA2	0	0.72	0
IB1	0	0.85	0
IB2	0	0.88	0
PA1	0	0.59	0
PA2	0	0.62	0
PB1	0	0.63	0
PB2	0	0.65	0
PC1	0	0.81	0
PC2	0	0.83	0
PD1	0	0.89	0
PD2	0	0.91	0
PE1	0	0.97	0
PE2	0	1.00	0
RAA	0	1.07	0
RAB	0	1.24	0
RAC	0	1.31	0
RAD	0	1.66	0
SE3	0	2.10	0
SE2	0	1.79	0
SE1	0	1.54	0
SSA	0	1.28	0
SSB	0	1.33	0
SSC	0	1.44	0
Totals	0		0