

HSHS



Sacred Heart
St. Joseph's

PURCHASE OF SERVICES AGREEMENT

I. Parties and Contract Period

THIS PURCHASE OF SERVICES AGREEMENT including all attachments (the "Agreement") is between Sauk County Department of Human Services, (hereinafter the "Purchaser"), and **Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis, St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis, and Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis dba Sacred Heart Health Clinics** (hereinafter the "Provider"). This Agreement is to be effective for the period of **January 1, 2020 through December 31, 2020.**

The Provider employee responsible for day-to-day administration of this Agreement will be **Shari Tieman, Division Director of Managed Care**, whose business address is **900 W. Clairemont Avenue, Eau Claire, Wisconsin, 54701**. In the event that the administrator is unable to administer this Agreement, Provider will contact Purchaser and designate a new administrator.

The Purchaser employee responsible for day-to-day administration of this Agreement will be **Jessica Mijal**, whose business address is **PO Box 29, Baraboo, WI 53913**. In the event that the administrator is unable to administer this Agreement, Purchaser will contact Provider and designate a new administrator.

II. Services to be Provided

Subject to the terms and conditions set forth in the State/County Contract for Social Services and Community Programs, and Community Youth and Family Aids Programs. Purchaser agrees to purchase for and Provider agrees to provide to eligible clients the services as described in detail in this Agreement.

III. Payment for Services

Purchaser and Provider agree:

- A. The total amount to be paid to Provider by Purchaser for services provided in accordance with this Agreement shall not exceed the contracted dollar amount of:
**Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis
& Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis dba Sacred Heart Health Clinics**
900 W. Clairemont Avenue
Eau Claire, WI 54701
Tax ID: 39-0807060

\$ 20,000.00 per calendar year

St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis
2661 County Highway I (LE Phillips)
Chippewa Falls, WI 54729
Tax ID: 39-0810545

\$ 20,000.00 per calendar year

The Provider agrees that the total cost for services provided and the rate (per hour, day, month, and year) and the number of clients served for the term of this Agreement should not exceed the rate defined on **Attachment 1, which shall be amended annually to account for annual chargemaster increases.**

The number of people to be served, number of units, and contract amounts are estimates for the purpose of the Agreement. The Purchaser pays for actual units of services approved and received by consumers. Specific expenditures within the categories of the Contract Summary may vary. However, the total contracted dollar amount in the Agreement is controlling unless an amendment to the Agreement is mutually agreed upon in writing.

- B. If the Provider requests an advance payment in excess of \$10,000, the Provider agrees to supply a Surety Bond per §46.036(3) (f) Wis. Stats. The Surety Bond must be for an amount equal to the amount of the advance payment applied for. The advance payment may be up to one-twelfth (1/12) of an annual contract. If the contract period is for less than twelve months, the contract amount may be adjusted in amounts no greater than the amount determined by dividing the contract amount by the number of months in the contract period.

IV. Billing and Collection Procedures

- A. The Provider shall be reimbursed in accordance with a uniform schedule of fees as defined in §46.03(18), Wis. Stats., unless waived by the Purchaser with written approval of the Department of Health and Family Services.
- B. Fees collected on behalf of a client from any source will be treated as an adjustment to the costs and will be deducted from the amount paid under this Agreement.
- C. The billing and collection effort of the Provider may be limited at the discretion of the Provider to the submission of not more than two statements of the client's responsible party or the processing of their third party payment claim forms. Although the Provider may, at its discretion, use more extensive billing and collection procedures, Provider shall not be obligated to institute suit to collect sums due, nor to undertake any other collection procedure with respect to third party payment sources or the client. The procedures used by the Provider shall comply with the provisions of Wisconsin Administrative Code HSS 1.01-1.06.
- D. Coordination of Benefits: When Purchaser is other than the primary payor, any further compensation to Provider from Purchaser or the covered individual will be

determined in accordance with this Agreement. Notwithstanding the forgoing, in no event shall Purchaser be required to pay more than they would have paid had the Purchaser been the primary payor. Further, this provision shall not be construed to require Provider to waive cost shares and non-covered services. This provision shall not be construed to supersede any state or federal government rule or regulation.

V. Eligibility Standards for Recipients of Services

Provider and Purchaser understand and agree that the eligibility of individuals to receive the services to be purchased under this Agreement from Provider will be determined by Purchaser. An individual is entitled to the right of an administrative hearing concerning eligibility and the Purchaser shall inform individuals of this right.

VI. Indemnity and Insurance

A. Provider agrees that it will at all times during the existence of this Agreement indemnify Purchaser against any and all loss, damages, and costs or expenses which Purchaser may sustain, incur, or be required to pay by reason of any eligible client's suffering, personal injury, death or property loss resulting from participating in or receiving the care and services to be furnished by the Provider under this Agreement; however, the provisions of this paragraph shall not apply to liabilities, losses, charges, costs or expenses caused by the Purchaser.

B. Provider agrees that, in order to protect itself as well as Purchaser under the indemnity provision set forth in the above paragraph, Provider will at all times during the term of this Agreement keep in force a liability insurance policy issued by a company authorized to do business in the State of Wisconsin and licensed by the Wisconsin Department of Insurance or a program of self-insurance.

Upon request, Provider will furnish Purchaser with written verification of the existence of such insurance. In the event of any action, suit, or proceeding against Purchaser upon any matter herein indemnified against, Purchaser shall, within five working days, cause notice in writing to be given to Provider by certified mail, addressed to its post office address.

VII. Affirmative Action/Civil Rights Compliance

A. If applicable and upon request, the Provider agrees to submit to the Purchaser a current copy of the Subrecipient Civil Rights Compliance Action plan for meeting Equal Opportunity Requirements under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title VI and XVI of the Public Service Health Act, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981 and the Americans with Disabilities Act (ADA) of 1990. If applicable, the Provider shall attach its individual CRC Action Plan as part of this Agreement. If an approved plan has been received during the previous calendar year, a plan update is acceptable. The plan may cover a three-year period.

B. The Provider agrees to the following provisions:

1. No otherwise qualified person shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, religion, sex, disability, or age. This policy covers eligibility for, and access to, service delivery and treatment in all programs and activities.
 2. No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner or term of employment on the basis of age, race, religion, color, sex, national origin or ancestry, handicap (as defined in Section 504 and the Americans with Disabilities Act (ADA), physical condition, developmental disability as defined in §51.05(5), arrest or conviction record (in keeping with §111.32), sexual orientation, marital status, or military participation. All employees are expected to support goals and programmatic activities relating to non-discrimination in employment.
 3. If applicable, the Provider shall post the Equal Opportunity Policy, the name of the Equal Opportunity Coordinator and the discrimination complaint process in conspicuous places available to applicants and the clients of services, and applicants for employment and employees. If applicable, the complaint process will be made available in languages and formats understandable to applicants, clients, and employees.
 4. The Provider agrees to use best efforts to comply with the Purchaser's civil rights compliance policies and procedures.
 5. The Provider agrees that through its normal selection of staff, it will employ staff with special translation or sign language skills or find persons who are available within a reasonable time and who can communicate with non-English speaking or hearing impaired clients; train staff in human relations techniques, sensitivity to persons with disabilities and sensitivity to cultural characteristics; and make programs and facilities accessible, as appropriate, through outstations, authorized representatives, adjusted work hours, ramps, doorways, elevators, or ground floor rooms, and Braille, large print, or taped information for the visually impaired. Informational materials will be posted and/or available in languages and formats appropriate to the needs of the client population.
- C. Purchaser will take constructive steps to ensure compliance of the Provider with the provisions of this subsection. The Provider agrees to comply with Civil Rights monitoring reviews performed by the Purchaser, including the examination of records and relevant files maintained by the Provider. The Provider further agrees to reasonably cooperate with the Purchaser in developing, implementing, and monitoring corrective action plans that result from any reviews.

VIII. Renegotiation

This Agreement or any part thereof must be renegotiated in the case of (1) increased or decreased volume of services; (2) changes required by federal or state laws or regulations or court action; or (3) monies available affecting the substance of this Agreement.

IX. Contract Revisions and/or Terminations

- A. Failure to comply with any part of this Agreement may be considered cause for revision, suspension, or termination.
- B. Revisions of this Agreement must be agreed to by Purchaser and Provider by an amendment signed by the authorized representatives of both parties.
- C. Provider shall notify Purchaser whenever it is unable to provide the required quality or quantity of services. Upon such notification, Purchaser and Provider shall determine whether such inability will require a revision or cancellation of this Agreement.
- D. If Purchaser finds it necessary to terminate the Agreement prior to the contract expiration date for reasons other than non-performance by the Provider, actual costs incurred by the Provider may be reimbursed for the amount agreed to in Attachment 1 of this Agreement.
- E. This Agreement can be terminated by a 60-day written notice by either party.

X. Resolution of Disputes

The Provider may appeal decisions of the Purchaser in accordance with the terms and conditions of the Agreement and Chapter 68, Wis. Stats.

XI. Records

- A. Provider shall maintain such records and financial statements as required by State and Federal laws, rules, and regulations.
- B. Provider will allow inspection of records and programs, insofar as it is permitted by State and Federal laws, by representatives of the Purchaser, the Department of Health and Family Services and its authorized agents, and Federal agencies, in order to confirm Provider's compliance with the specifications of this Agreement.
- C. The use or disclosure by any party of any information concerning eligible clients who receive services from Provider for any purpose not connected with the administration of Provider's or Purchaser's responsibilities under this Agreement is prohibited except with the informed written consent of the eligible client or the client's legal guardian.

XII. Reporting

Provider shall use best efforts to reasonably comply with the reporting requests from the Purchaser.

XIII. Provider Responsibilities

Provider agrees to meet State and Federal service standards and applicable state licensure and certification requirements as expressed by State and Federal rules and regulations applicable to the services covered by this contractual Agreement. In addition, Provider shall:

- A. Provider and Purchaser have worked collaboratively in establishing costs for reimbursement purposes.
- B. See Section XVIII for audit language.
- C. Maintain an accounting system and management information system compatible with cost accounting and control systems.
- D. Transfer a client from one category of care or service to another only with the approval of the Purchaser.
- E. The Provider certifies through signing this Agreement that neither the Provider nor any of its principals are debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in federal assistance programs by any federal department or agency. In addition, the Provider shall notify the Purchaser within five business days in writing and sent by registered mail if the Provider or its principals receive a designation from the federal government that they are debarred, suspended, proposed for debarment, or declared ineligible by a federal agency.

XIV. Conditions of the Parties Obligations

- A. This Agreement is contingent upon authorization of Wisconsin and United States laws and any material amendment or repeal of the same affecting relevant funding or authority of the Department of Health and Family Services shall serve to terminate this Agreement, except as further agreed to by the parties hereto.
- B. Nothing contained in this Agreement shall be construed to supersede the lawful powers or duties of either party.
- C. The Purchaser shall insure that the Provider meets applicable State certification and licensure requirements.
- D. It is understood and agreed that the entire contract between the parties is contained herein, except for those matters incorporated herein by reference, and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter thereof.
- E. Purchaser shall be notified in writing of all material complaints filed in writing against the Provider for services provided under this Agreement. Provider shall inform the Purchaser in writing of the resolution of the complaint.

- F. Purchaser shall receive from the Provider a copy of the most recent licensing or certification report concerning the Provider.

XV. Client Rights and Grievances

The Provider shall have a formal written grievance procedure that is approved by the licensing or certification authority, if applicable. The Provider shall, prior to or at the time of admission to the Program, provide oral and written notification to each client of his or her rights and the grievance procedure. The Provider shall post the client rights and the grievance procedure in an area readily available to clients and staff of the program.

XVI. Caregiver Background Checks

- A. The Purchaser and the Provider agree that the protection of the clients served under this Agreement is paramount to the intent of this Agreement. In order to protect the clients served, the Provider shall comply with the provisions of HFS 12. Wis. Admin. Code (on-line at <http://www.legis.state.wi.us/rsb/code/index.html>).
- B. The Provider shall conduct caregiver background checks at its own expense of all employees assigned to do work for the Purchaser under this Agreement if such employee has actual, direct contact with the clients of the Purchaser. The Provider shall retain in its Personnel Files all pertinent information, to include a Background Information Disclosure Form and/or search results from the Department of Justice, the Department of Health and Family Services, and the Department of Regulation and Licensing, as well as out of state records, tribal court proceedings and military records, if applicable.
- C. After the initial background check, the Provider must conduct a new caregiver background search every four years, or at any time within the period when the Provider has reason to believe a new check should be obtained.
- D. The Provider shall maintain the results of background checks on its own premises for at least the duration of the Agreement. The Purchaser may audit the Provider's personnel files to assure compliance with the State of Wisconsin Caregiver Background Check Manual (on-line at <http://www.dhfs.state.wi.us/caregiver/publications/cgvrprogman.htm>).
- E. The Provider shall not assign any individual to conduct work under this Agreement who does not meet the requirement of this law.
- F. The Provider shall use best efforts to notify the Purchaser in writing within one business day if an employee has been charged with or convicted of any crime specified in HFS 12.07(2) (on-line at <http://www.legis.state.wi.us/rsb/code/index.html>).

XVII. Independent Contractor

Nothing in this Agreement shall create a partnership or joint venture between the Purchaser and the Provider. The Provider is at all times acting as an independent contractor and is in no sense an employee, agent, or volunteer of the Purchaser.

XVIII. Audit Requirements

- A. The Provider shall submit an annual program or agency-wide audit to the Purchaser if the total amount of annual funding provided by the Purchaser through this and other contracts is \$100,000 or more.
- B. The audit shall be in accordance with the requirements of 2 Code of Federal Regulations, Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F – Audits, if the Provider meets the criteria of that Regulation for needing an audit in accordance with that Regulation. The audit shall also be in accordance with:
 - The *State Single Audit Guidelines*, if the Provider is a local government that meets the criteria of 2 Code of Federal Regulations, Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F for needing an audit in accordance with that Regulation, or,
 - The Provider Agency Audit Guide for all other providers.
- C. Source of funding: Will be provided to the Provider upon request at the end of the Agreement for audit purposes.
- D. Reporting Package: The Provider shall submit to the Purchaser a reporting package that includes: (a) all audit schedules and reports required for the type of audit applicable to the agency; (b) a summary schedule of prior year findings and the status of addressing these findings; (c) a Management Letter (or similar document conveying auditor's comments issued as a result of the audit); and (d) management responses/corrective action plan for each audit issue identified in the audit.
- E. Additional supplemental schedule: The reporting package shall include supplemental schedule showing revenue and expenses for this Agreement if the Purchaser determines that the information in the Schedule of Federal and State Awards (program and agency wide audits) and the Statement of Functional Revenue and Expense (agency-wide audits only) does not meet its information needs.
- F. Submitting the Reporting Package: The Provider shall submit the required reporting package to the Purchaser within 180 days of the end of the Provider's fiscal year.
- G. Access to auditor's work papers: When contracting with an audit firm, the Provider shall authorize its auditor to provide access to work papers, reports, and other materials generated during the audit to the appropriate representatives of the Purchaser. Such access shall include the right to obtain copies of the work papers and

computer disks, or other electronic media, upon which records/working papers are stored.

H. Failure to comply with the requirements of this section: In the event that the Provider fails to have an appropriate audit performed, or fails to provide a complete audit report to the Purchaser within the specified timeframes, the Purchaser may:

1. Conduct an audit or arrange for an independent audit of the Provider and charge the cost of completing the audit to the Provider;
2. Disallow the cost of audits that do not meet these standards; and/or
3. Withhold payment, cancel the Agreement, or take other actions deemed by the Purchaser to be necessary to protect the Purchaser's interest.

XIX. Health Insurance Portability and Accountability Act of 1996 "HIPAA" Applicability.

- A. The Provider agrees to comply with the Federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the Provider provides or purchases with funds provided under this Agreement.

XX. License, Certification, and Staffing

- A. Provider shall meet State and Federal service standards and applicable State licensure and certification requirements as expressed by State and Federal rules and regulations applicable to the services covered by this Agreement. The Provider shall attach copies of its license or certification document and the most recent licensing or certification report concerning the Provider to this Agreement when returning the signed Agreement to the Purchaser. During the contract period, the Provider shall also send the Purchaser copies of any licensing inspection reports within (5) business days of receipt of such reports.

- B. Provider shall ensure that staff providing services are properly supervised and trained and that they meet all of the applicable licensing and certification requirements.


XXI. Signatures

- A. This Agreement is agreed upon and approved by the authorized representatives of the Purchaser and Provider as indicated below.
- B. This Agreement becomes null and void if the time between the Purchaser's authorized representative signature and the Provider's authorized representative signature on this Agreement exceeds sixty days.

Purchaser Sauk County Department of Human Services

Sacred Heart Hospital of the Hospital
Sisters of the Third Order of St. Francis,
St. Joseph's Hospital of the Hospital
Sisters of the Third Order of St. Francis,
and Sacred Heart Hospital of the Hospital
Sisters of the Third Order of St. Francis
dba Sacred Heart Health Clinics


Authorized Signer


Signature

Daniel A. Brattset
Name (please print)

Michael Cottrell
Name (please print)

Director Sauk County Dept. of
Title (please print) Human Services

HSBS CFO
Title (please print)

2/25/20
Date

2-28-2020
Date

Sacred Heart Hospital of the Hospital Sisters
of the Third Order of St. Francis, dba Prevena
Health


Signature

Ashok Rai, M.D.
Name (please print)

President & CEO
Title (please print)

03/09/2020
Date

Attachment 1

REIMBURSEMENT FOR AUTHORIZED SERVICES

Effective Date: 01/01/2020 to 12/31/2020

{To Be Amended Annually in accordance with Provision III. A.}

Purchaser: SAUK COUNTY DEPARTMENT OF HUMAN SERVICES

Provider: Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis/Sacred Heart Hospital
of the Hospital Sisters of the Third Order of St. Francis dba Sacred Heart Health Clinics

SPC/Service Description	Reimbursement Rate	Unit
5.03 Inpatient Psych - Adult	\$1,230	1 st Day
	\$1,051	Add'l Day
90791	EVAL PSYCH DIAG MD	
90792	EVAL PSYCH DX W/MED SVC MD	
90832	PSYCH THIRPY 30MIN	
90833	IND PSY W/MED EVAL 30MIN	
90834	PSYCH THIRPY 45MIN	
90853	PSYCH GRP THPY	
SPC/Service Description	Reimbursement Rate	Unit
7.03 Detox	\$1,408	1 st Day
	\$1,497	Add'l Day
G0434	Drug Screen	
82948	Alcohol Breath	
90791	EVAL PSYCH DIAG MD	
90792	EVAL PSYCH DX W/MED SVC MD	
90832	PSYCH THIRPY 30MIN	
90833	IND PSY W/MED EVAL 30MIN	
90834	PSYCH THIRPY 45MIN	
90853	PSYCH GRP THPY	
SPC/Service Description	Reimbursement Rate	Unit
5.03 Inpatient Psych - Adolescent	\$1,549	Per Day
90791	EVAL PSYCH DIAG MD	
90792	EVAL PSYCH DX W/MED SVC MD	
90832	PSYCH THIRPY 30MIN	
90833	IND PSY W/MED EVAL 30MIN	
90834	PSYCH THIRPY 45MIN	
90853	PSYCH GRP THPY	

Provider: St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis

***CPT Codes: 90791, 90832, 90834, 90837, 90853, G0434 or successor/additional codes

Inpatient Program	Reimbursement Rate	Unit
Medically Managed Detox	\$656	Per Day
Medically Managed Inpatient	\$599	Per Day
Medically Monitored	\$412	Per Day
Residential	\$340	Per Day
Room & Board	\$87	Per Day

**Provider: Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis
(inclusive of Sacred Heart Hospital dba Prevea Health)**

Physician Service Description	Reimbursement Rate
Admissions	CPT 99221: \$80.27 CPT 99222: \$87.46 CPT 99223: \$100.64
Subsequent Visit	CPT 99231: \$27.56 CPT 99232: \$33.54 CPT 99233: \$52.72
Discharges	CPT 99238: \$50.33
Outpatient Visits	CPT 99213: \$39.54 CPT 99214: \$62.31
Urine Drug Screen	CPT: G0480 or 80305: \$15.33
Urine Pregnancy Test	CPT: 81025: \$9.80
Alcohol Breath Test	CPT: 82075: \$18.67

Service	Provider Licensure	CPT Code	Modifier	Reimbursement Rate
Outpatient AODA/Mental Health Intake	LPC/LMFT/LCSW	90791	HO	\$110.18
Outpatient AODA/Mental Health Intake	PHD	90791	HP	\$146.90
Outpatient AODA/Mental Health Intake	APNP	90791	UB	\$146.90
Outpatient AODA/Mental Health Intake	MD	90791	UA	\$146.90
Outpatient AODA/Mental Health - 30 Minutes	LPC/LMFT/LCSW	90832	HO	\$54.05
Outpatient AODA/Mental Health - 30 Minutes	PHD	90832	HP	\$71.60
Outpatient AODA/Mental Health - 30 Minutes	APNP	90832	UB	\$71.60
Outpatient AODA/Mental Health - 30 Minutes	MD	90832	UA	\$71.60
Outpatient AODA/Mental Health - 45 Minutes	LPC/LMFT/LCSW	90834	HO	\$71.35

Outpatient AODA/Mental Health - 45 Minutes	PHD	90834	HP	\$95.14
Outpatient AODA/Mental Health - 45 Minutes	APNP	90834	UB	\$95.14
Outpatient AODA/Mental Health - 45 Minutes	MD	90834	UA	\$111.67
Outpatient AODA/Mental Health - 60 Minutes	LPC/LMFT/LCSW	90837	HIO	\$106.95
Outpatient AODA/Mental Health - 60 Minutes	PHD	90837	HP	\$142.60
Outpatient AODA/Mental Health - 60 Minutes	APNP	90837	UB	\$142.60
Outpatient AODA/Mental Health - 60 Minutes	MD	90837	UA	\$167.48

Provider: Sacred Heart Hospital dba Prevea Health – DIRECT SERVICES (invoice billing)

Court Evaluation – MD (direct invoice)	\$210 per hour
Court Evaluation – Psychologist (direct invoice)	\$90 per hour

CCS SERVICES

Provider: Sacred Heart Hospital dba Prevea Health – DIRECT SERVICES (invoice billing)
CCS OUTPATIENT SERVICES

SERVICE DESCRIPTION	REIMBURSEMENT RATE
Substance Abuse Treatment or Psychotherapy Master's Degree Counselor	\$153.43/Hour of time-intake, 1-1 therapy
Substance Abuse Treatment Paraprofessional Master's Group Therapy	\$149.11 Hour of time-intake, 1-1 therapy \$51.14
Paraprofessional Group Therapy	\$49.70

Provider: St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis dba L.E. Phillips
DIRECT SERVICES (invoice billing)

CCS RESIDENTIAL TREATMENT

SERVICE ARRAY DESCRIPTION	
Medication Management	
Physical Health Monitoring	
Individual Skill, Development and Enhancement	
Individual and/or Family Psychoeducation	
Group Psychoeducation	
Wellness Management and Recovery/Recovery Support Services	
Substance Abuse Treatment	
Service Planning	
Residential Treatment Per Day – Revenue Code 91	\$323.27
Room and Board Per Day (Billed to County of Residence) – Revenue Code 1002	\$86.74