

Centers for Medicare & Medicaid Services
Home Health, Hospice and DME Open Door Forum
Moderator: Jill Darling
April 20, 2022
2:00 pm ET

Coordinator: ...and thank you for standing by. At this time, all participants are in a listen-only mode. This call is being recorded. If you have any objections, you may disconnect at this time. I will now turn the call over to your host, Jill Darling. You may begin when ready.

Jill Darling: Right, thank you, (Erin). Good morning and good afternoon everyone. Welcome to today's Home Health Hospice and DME Open Door Forum. We appreciate your patience. And we have a pretty lumpy agenda. So, we're just waiting for more folks to get in.

Before we get into the agenda, I have one brief announcement. This open door forum is open to everyone. But if you are a member of the press, you may listen in but please refrain from asking questions during the Q&A portion of the call. If you have any inquiries, please contact CMS at Press@cms.hhs.gov.

So first up we have Susan Bauhaus who will review the fiscal year 2023 Hospice Proposed Rule.

Susan Bauhaus: Thank you, Jill.

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On April 4, CMS published the Fiscal Year 2023 Hospice Proposed Rule. This proposed rule set forth routine hospice payment rate and aggregate cap proposals for fiscal year 2023 in accordance with existing statutory and regulatory requirement. CMS projects a 2.7%, or 580 million increase in hospice provider payment for fiscal year 2023.

The proposed 2.7% hospice payment update for fiscal year 2023 is based on an estimated 3.1% inpatient hospital market basket update reduced by a productivity adjustment currently estimated to be 0.4%.

The proposed cap amount for fiscal year 2023 is \$32,142.65, which is the fiscal year 2022 cap amount of \$31,297.61, increased by 2.7%. The rule also proposes a permanent cap on negative wage index changes greater than a 5% decrease from the prior year, regardless of the underlying reason for the decrease. This would be implemented in a budget-neutral manner and would smooth the impact of year-to-year changes in hospice payments related to changes in the hospice wage index.

Comments on this proposed rule can be submitted by mail or electronically to [regulations.gov](https://www.regulations.gov) and are due by May 31.

Now I'm going to hand it over to (Jermama) for additional updates.

(Jermama Keys): Thank you, Susan.

Good afternoon everyone and thank you again for joining us with this Open Door Forum. We have several announcements to share with the hospice

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community today. First, we would like to remind everyone about the upcoming May 2022 Care Compare Refresh, which will take - which will have the two new claims-based measures -- the Hospice Care Index, or HCI, and Hospice Visits in the Last Days of Life, HVLDL. And they will be added to Care Compare as of the May 2022 Refresh.

The refresh will include the HIS Quality Measures, the results from Quarter 3 2020 through Quarter 2 of 2021, the CAHPS Hospice Survey Data, reflecting Quarter 1 of 2019 through Q4 of 2019 and Quarter 3 of 2020, in addition to Quarter 2 of 2021, and lastly, the claims-based measures results reflecting Quarter 2 2019 through Quarter 4 2019 and Quarter 3 2020 through Quarter 2021.

The Provider Preview Report was issued on March 21, 2022. Provider Preview Reports have been revised to include state averages for HIS and CAHPS in addition to claims-based measures. Providers have 30 days to review their quality measure results in CASPER prior to the May 2022 Care Compare Refresh, during which this data will be publicly displayed.

All this - although the actual preview period is 30 days, the reports will continue to be available for another 30 days for a total of 60 days. CMS encourages providers to download and save their Hospice Provider Preview Reports for future references as they will no longer be available on CASPER after the 60-day period.

Next, we have updates about the Fiscal Year 2023 Proposed Rule. This proposed rule is now open for public comment. The public comment period

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will be open for 60 days, following a date of the posting at the official -at the Office of the Federal Register Web site. Public comments on this proposed rule are due on May 31, 2022.

The Hospice Fiscal Year 2023 Proposed Rule discussed updates related to the HQRP that includes future quality measures and HOPE, the consumer assessment of healthcare providers and system or CAHPS Hospice Survey with star ratings, and public reporting, in addition to a request for information that builds from last year's health equity discussion and a health equity structural composite measure concept.

Here are few key details from the fiscal year proposed rule. Statutory penalty for failure to reports beginning in FY 2024 and for each subsequent year, the market basket penalty for any hospice that does not comply with the quality data submission requirements for the fiscal year will increase to 4%, and the RFI.

We are seeking public comment from hospices on their health and equity initiatives and a structural composite measure to inform future measure development. This request for information comes a variety of health equity initiatives and a structural composite measure concept. We encourage hospices to provide public comments addressing this request for information.

Finally, we have a new resource available on the HQRP Web site. On November the 9th, CMS convened this Technical Expert Panel to discuss HOPE and HOPE-based quality measures. And in February of 2022, CMS published a summary report from the November 2021 TEP Meeting on its Provider and Stakeholder Engagement Web page.

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In addition to the TEP Expert Panel Report, on March 30, 2022, the latest quarterly outreach was provided via the same Requirement and Best Practice Web page and the Download section by Swingtech. This communication provides informational messages to hospices related to the HQRP.

If you would like to receive these quarterly e-mails, you can add or update the e-mail addresses to which these messages are sent by sending an e-mail to QRPHelp@swingtech.com. Be sure to include your facility name and CMS certification number along with any additional request.

Now I will have some updates for hospice - for home health. I'm sorry.

First, we have several updates about OASIS. The public comment period for OASIS-E (PRA) ended on April 11, 2022. The CMS Quarterly OASIS Q&As for April were published yesterday. Please check the Home Health QRP Spotlight and Announcements page for links to access these documents.

The Draft OASIS-E Guidance Manual, updated Draft OASIS-E All Item Instrument and updated version of the OASIS Data Q&As are planned to be posted in early summer. Please check the Home Health QRP Spotlight and Announcements page for these updates and links to these baskets when available.

If there are any questions related to assessing - accessing reports on iQIES, please direct this to the iQIES helpdesk.

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Next, we have several public reporting announcements from Charles Padgett.

Charles Padgett: Thank you, (Jermama).

So, I just want to remind providers CMS released a home health provider announcement on March 25th, and I'm just going to review that announcement. I want to make sure that providers are aware. CMS had previously identified an issue in the iQIES system that may have affected your home health agency's services provided values that are displayed on the Home Health Provider Preview Reports that were distributed in iQIES on February 23rd of 2022. Moreover, we had previously asked the home health agencies to review the services provided information on the Provider Preview reports for the April 22 Refresh and contact their OASIS education coordinator or OASIS automation coordinator should inaccuracies be identified.

The process to collect and maintain the services provided information recently migrated into iQIES and we are addressing the issues identified. To allow time to complete the identified changes, we have decided for the April 2022 Refresh to publish the same services provided data for each home health agency that was posted on the Care Compare for the January 2022 Refresh. We believe that this will allow us to publish the most accurate services provided data at this time.

We are still urging the home health providers to carefully review the services provided data within the recently issued preview reports. However, we would like to note that we are not attaching a deadline to this review. These reports were distributed in iQIES again on February 23rd of 2022. If the values are

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incorrect for your agency, please contact your state automation or state OEC and request an update of your services provided data in iQIES. Should you have a question, please contact the iQIES Helpdesk by phone at 1-800-339-9313, or by e-mail at iQIES@cms.hhs.gov.

CMS continues to work to refine and rectify this update process moving forward.

For those of you experiencing issues locating your agency's home health provider preview reports, we have posted the steps you might follow to access your report. These instructions for both new and existing users are available below the March 25, 2022 Provider Message posted on the Home Health QRP Spotlight and Announcements Web page. And again, should you have questions, please feel free to reach out to the iQIES Helpdesk.

And that's all I have. Thank you so much.

I'm going to now hand it off to my colleague, Lori Teichman.

Lori Teichman: Thanks so much, Charles.

Hello everyone. I just have a few things to speak about the Home Healthcare CAHPS Surveys today, otherwise known as HHCAHPS.

We - I just wanted to announce a reminder, first of all, that we still have the recording, the viewing, if you'd like to see the Home Health CAHPS Survey Update Training that was conducted at the end of January 2022. It was a very

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good training, and especially any home health agencies that are interested in what we cover during update trainings, we welcome you to contact the Home Health CAHPS, excuse me, Survey Coordination Team by e-mailing the RTI Home Health CAHPS Coordination Team at H-H-C-A-H-P-S@rti.org. They will send you a link to the recording.

We began the participation requirement for the Calendar Year 2024 Home Health Annual Payment Update now in April 2022. Home health agency is required to provide data for the CY2024 Home Health APU for the month of April 2022 through March 2023.

And we have also just posted on the Home Health CAHPS Survey Web site the Calendar Year 2024 Home Health CAHPS Survey Participation Exemption Request forms. This form is for home health agencies that believe they are exempt from participating in the Home Health CAHPS survey because they are a small agency specifically, that they had 59 or fewer patients from the period of April '21 through March 2022.

So, all home health agencies that believe they are an agency with those qualifications, they should go online to the Home Health CAHPS Survey Web site and fill out the new calendar year 2024 Home Health APU Home Health CAHPS Survey Participation Exemption form.

We're going to have this form posted though for an entire year, which we posted on the Home Health CAHPS Web site until March 31, 2023, which is the last day of participation for the calendar year 2024 Annual Appointment Update.

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Also, on Home Health CAHPS Survey Web site, we have the latest Home Health CAHPS Survey quarterly newsletter. And we usually posted newsletters every quarter in the month of April, July, October and January. So, we put the new one up, April 1. I encourage everybody to look at it. It's a great newsletter. It's one page and we always have a very interesting and up-to-date and very relevant topics for the survey.

The next data submission deadline for the Home Health CAHPS Survey for the survey vendors is tomorrow, Thursday, April 21, 2022. I believe most vendors, if not all, have already submitted all of their data. But even so, home health agencies are responsible to reviewing their data submission reports which can be accessed via their dashboard on the Home Health CAHPS Web site. All home health agency should do this to make sure that their survey data have been successfully submitted by their respective survey vendors.

So, if there are any home health agencies out there that still have not do that - still have not done that, excuse me, please do so. You can do it today.

Also, as I always know, this is important. It's always important to note that home health agencies that are thinking about changing their vendors or even just exploring how to change their vendors successfully, we encourage you strongly to contact RTI for their assistance in this process. Please e-mail or call RTI. You can e-mail them at hhcahps@rti.org or by telephoning RTI on the toll free number 866-354-0985. Those are also the same ways to contact RTI and if you have any technical assistance questions about the survey. And

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we encourage you always to contact them about any questions that you have about the Home Health CAHPS Survey.

Thank you so much for listening. And I now am going to pass this over to (Marcly) - excuse me, Marcie O'Reilly, who is going to speak to you about the Home Health Value-Based Purchasing Program.

Marcie O'Reilly: Thanks, Lori. Good day everyone.

((Crosstalk))

Marcie O'Reilly: We're a little more than four and a half months into the pre-implementation year for the expanded Home Health Value-based Purchasing Model and I'm going to take a few minutes to point out some existing resources related to the model as well as let you know about what's coming in the next several weeks and months.

Educational materials are or will be located on the Expanded HHVBP Model Web page. The URL for this Web page is located within today's agenda. Also note, some items will be located in iQIES.

If you haven't already done so, I encourage you to review the following existing resources. The recording and slides for the expanded HHVBP Model 101 Webinar that was presented in February, this is located under Events, near the bottom of the Web page.

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The April issue of the Frequently Asked Questions, or FAQs, and the newsletters are also located on the Web page under HHVBP Resources near the bottom of the page as well. And these will provide you much - some additional information.

There are many resources coming soon. To name a few, the benchmark and achievement thresholds for each of the applicable quality measures for which we anticipate will be posted in iQIES in mid-May. Also, expect a Model implementation guide plus a guide specific to this for the applicable quality measures in the HHVBP Model, updated materials related to the two composite measures in the model and podcasts and videos related to quality improvement in home health in general.

Near the end of July, we anticipate posting a sample interim performance report and a sample annual report in iQIES. We will follow that up with a Webinar in August to discuss these reports. I also encourage you to sign up for our e-mail blast by registering for the expanded HHVBP Model listserv so you know when these items are available. Links to sign up for the listserv are included at the top of the Web page and in the newsletters.

Questions about the expanded HHVBP model should be sent to our helpdesk e-mail, HHVBPquestions at lewin, L-E-W-I-N .com. This e-mail address is also included within today's agenda.

Thank you. I will now turn it over to Emily Calvert.

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Emily Calvert: Hello. Thank you. Hi everyone, this is Emily Calvert from the Center for Program Integrity, and I'll be providing an update on the suspension of prior authorization requirements for orthoses items prescribed and furnished urgently or under special circumstances.

So, on April 13th, we began prior authorization for certain orthoses items. These include three lower limb or knee orthoses and also two lumbar sacral or back orthoses. Prior authorization of these codes is being implemented in three different stages. But due to the need for certain patients to receive an orthoses item that may otherwise be subject to prior authorization when the two-day expedited review would delay the care and risk the life of the beneficiary, CMS is suspending prior authorization requirement for those HCPCS codes. And those specific codes are L0648, L0650, L1832, L1833 and L1851. Sorry, that last one was L1851 furnished under certain circumstances.

So, claims for these HCPCS codes should be billed using the modifier ST. These will not undergo prior authorization but instead they will be subject to 100% prepayment review.

And then for suppliers furnishing the under a competitive bidding program exception, these claims should be billed with modifiers KV, J5 or J4 to convey that the DMEPOS item is needed immediately. Ten percent of claims submitted using those three modifiers, KV, J5 and J4 for those HCPCS codes will be subject to prepayment review.

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So, 100% of the claims submitted using the ST modifier will be subject to prepayment review, and 10% of claims submitted using the codes - the modifiers, KV, J5 and J4 will be subject to prepayment review.

Prior authorization for these orthoses items, when furnished under circumstances not previously covered for those two specifics that we just went over, as well as all other items on the Required Prior Authorization List will continue as normal. And in addition, we will be having a Federal Register notice coming up pretty soon to go over this information in more detail with some more guidance.

So, more information on the suspension of orthoses items due to the urgent need or special circumstances can be found on our Web site, the CMS DMEPOS Prior Authorization Web site, and the shorthand link for that site is go, G-O, cms dot gov/DMEPOSPA (go.cms.gov/DMEPOSPA). And then we also have a resource mailbox that you can always send questions and comments to. And that mailbox is DMEPOSPA@cms.hhs.gov.

I will now turn the call back over to either Jill or the moderator, (Erin). Thank you.

Jill Darling: Thanks, Emily, and thank you to all of our speakers.

Right now, we will have our Q&A. So, (Erin), would you mind opening the lines please?

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Coordinator: Yes, thank you. If you would like to ask a question, please press star 1 at this time. Please unmute your phone and record your name clearly when prompted. Your name is required to introduce your question. To cancel your request, you can press star 2. Again, to ask a question, please press star 1 at this time. Speakers, please stand by. Speakers, the first question comes from (Dana Payne). Your line is open.

(Dana Payne): Yes, I just had a question on the hospice side. On the HQRP, when she was talking about the Web site to sign up for e-mail updates, I did not quite get that e-mail. I got QRP Health, and that's all I could understand.

(Jermama): Was it to sign up for the quarterly e-mail?

(Dana Payne): All I could hear is she said sign up for e-mail updates in regards to the HQRP.

(Jermama): It was probably in reference to the quarterly outreach e-mail.

(Dana Payne): Okay.

(Jermama): And that e-mail address is Q as in Quebec, R as in Race, P as in Push, Help at swingtech, S-W-I-N-G-T-E-C-H, dot com.

(Dana Payne): Got it. Okay, thank you.

Woman: No problem.

Coordinator: Next question is from (David Snapp).

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Your line is open.

(David Snapp): Hi, I have a hospice cap question. I was wondering if there was anyone on the call that could tell me if it's possible to run beneficiary account and payment reports so that they look like they did at a particular date and time or is the system more like you have to run it that day in order to capture that picture.

Woman: When you say the hospice cap, are you talking about the aggregate cap, the inpatient cap? I'm trying to get understanding of what you're asking.

(David Snapp): Sure. The PS&R reports that you run that allow the - like the self-reporting caps where you get the beneficiary accounts and the gross payments.

(Lori Teichman): Can you actually send that question to the (ADS) mailbox so that we can do a little research on our end to be able to answer that more fully for you?

(David Snapp): Sure.

(Lori Teichman): (Unintelligible) doing a little digging on our end.

(David Snapp): Okay. What was that mailbox?

(Lori Teichman): Jill, what is the (ODF) mailbox? I'm not sure if it's on the agenda or not.

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Brian Slater: Yes. Yes, it's on the agenda if you have that for the meeting appointment. It's the HomeHealth, all one word, _Hospice_DMEODF-L at cms dot hhs dot gov.

(David Snapp): Okay.

Coordinator: And, speakers, our next question comes from (Denise Schafer).

Your line is open.

(Denise Schafer): Thank you. We have a question on home health pre-claim review or the Choice Demonstration. I'm not sure if anyone present can answer my question or at least refer me to where I might be able to find an answer. It's on placement of the UTN on the electronic claim.

Brian Slater: Yes. I think while we have a member from CPI here, I don't think that they can address that specific question. So, I think just to make sure that we get it right, I know that the - that project is very well involved. So, we want to make sure that we get the response accurate enough. So, if you could put that into the mailbox, too, we can triage that accordingly and get someone back to you ASAP.

(Denise Schafer): Will do. Thank you very much.

Brian Slater: Yes, thank you.

Coordinator: Our next question comes from (Mark Sanders). Your line is open.

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(Mark Sanders): Hi. I just had a quick question to clarify on the Home Health Value-Based Web page. The speaker mentioned that the Web address was on the invite to this meeting, and I don't see it there. Is this the innovation.cms.gov Web site which has the Home Health Value-based Purchasing Model page or is it something different?

Marcie O'Reilly: You broke up a little bit. But the address, the URL for the expanded Home Health Value-Based Purchasing Model is on the CMMI Web site. And the URL is included in the agenda on today's appointment. So, if you click on that, you should get right to the Web page.

(Mark Sanders): Okay. I just don't see it on the agenda. That's all. The Web address.

Marcie O'Reilly: Yes.

Jill Darling: (Erin), do we have any more questions?

Coordinator: Yes. Our next question comes from (Brian Vamstedt). Your line is open.

(Brian Vamstedt): Hello, good afternoon and thank you for taking this call today.

This is more of a comment that I would certainly appreciate a response. This is geared specifically to home health side of the regulations. As we look to unwind the Public Health Emergency, we know that it was just extended but I think all signs are pointing to this potentially being the last time it could be extended. There is a great opportunity for some regulatory waivers that have

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been made available during the PHE to be made permanent, and we appreciate those flexibilities. They've been absolutely fundamental, important for patient care.

Specifically, my comment is related to the requirement for home health agencies at 42CFR Part 484.55 regarding the various therapists to be able to conduct the initial and comprehensive assessment for patients. I think this is a very important regulatory waiver that we've been granted in the PHE.

And we had certainly urged the agency to consider making this long-term flexibility on a permanent basis because we think that this - waiving this requirement had no negative impact to patient care and it really doesn't add a lot of value.

So, I appreciate any response to that. But that is more of a comment than question. Thank you again.

Brian Slater: Yes, I definitely appreciate the comment. I think all those in the industry, you know, are thinking of the current flexibilities that are out there and which ones that they feel that, you know, should be finalized and kept and those that maybe should be amended. You know, just know that the agency is considering all alternatives, all current waiver that has been out there and what flexibility you should continue and which ones will sunset at the end of the PHE. So, all those conversations are being (have) but we very much appreciate the insights from an industry standpoint and appreciate the comment. So, thank you.

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Coordinator: And, speakers, our next question comes from (Julie Ader). Your line is open.

(Julie Ader): Thank you for taking this question. In regards to the Home Health iQIES system error that you're working on, when you reach out to your state OASIS education coordinator, the answer that you get as far as getting that corrected is that if you have not had a survey on or after October 19 of 2021 that it cannot be corrected because the way it's being corrected is with the CMS Form 1572A.

So, is that the piece that you're working on correcting at this time so that these folks aren't having to wait years in order to get corrected?

(Tom): Hi there. So, I'm not sure why you're - this is (Tom). I'm not sure why you're getting that answer from your coordinator. But you should be able to go in the - you should - they should be able to go into iQIES and actually take a look at and update the services provided.

So, if you wouldn't mind, you kind of detail that in an e-mail and I will give - we will give you some sort of written response so that you have something to go on, if that makes sense.

(Julie Ader): I can. I also reached out to the iQIES Helpdesk and got the same answer.

(Tom): Okay. So, I guess we've got a disconnect somewhere. I apologize I didn't catch your name. So, we have a disconnect somewhere and (Deb) and I both work on the reporting portion of iQIES and we will try to facilitate a little better response so that you can have a little bit more to go on.

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(Julie Ader): Do you want that to go back to the iQIES@cms.hhs.gov?

(Tom): No, if you want to put this one separately in the e-mail bin that the others have been describing, that way we can triage it accordingly and make sure that we get back to you directly.

(Julie Ader): Thank you.

(Tom): Yes, ma'am.

Coordinator: Next question comes from...

((Crosstalk))

(Tom): And before I give up - I'm sorry. Before I give up the microphone, so the gentleman asked me about the link and was it the innovation.cms.gov two callers ago or two questions ago, and that is the absolute correct e-mail address or URL that you're looking for to get to the Web site in the - for the HHVBP stuff.

Apologies for the interruption.

Coordinator: That's okay. Next question comes from (Valerie Johnson). Your line is open.

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(Valerie Johnson): Hey there, thank you. Actually, that was my question as well. I'm looking for the expanded URL for Home Health Value-Based Purchasing. Can you say that one more time for us? It's not in the invitation.

(Brian): It's interesting because I'm staring and looking right at it but something got caught. So, it's [HTTPS innovation.cms.gov/innovation-models/expanded-home/healthvalue - model](https://innovation.cms.gov/innovation-models/expanded-home/healthvalue-model).

Marcie O'Reilly: (Brian), you're cutting out.

(Brian): I'm sorry. Do I need to repeat that?

Marcie O'Reilly: Or I can if you want me to. But yes, you cut out like every other word.

(Brian): Okay, then go ahead. I'll let you have a better - see if you get better luck.

Marcie O'Reilly: Okay. This is Marcie again. So, it is <https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model>. (Correct link: <https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model>)

Jill Darling: And this is Jill. If that still doesn't work, I just Googled Home Health Value-Based Purchasing Model and it'll come up in the first two searches, if that's easier for everyone.

Coordinator: And, speakers, our next question comes from (Sherri Weiland). Your line is open.

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(Sherri Weiland): I cancelled. Thank you. The answers - the question's been answered.

Coordinator: Okay, thank you. And, speakers, we just had one queue up. Give me one moment to gather the name. Speakers, our next question comes from (Tanya Anderson). Your line is open.

(Tanya Anderson): I'm okay. Because she was going so fast I couldn't write it down but I was able to Google it and I did find it, so.

Coordinator: And, speakers, at this time, we have no additional questions in queue.

Jill Darling: All right, well, thank you everyone for joining us today. Again, you know, it's very helpful when you receive the agenda and we try to add links and e-mails to help you route prior to the call so that you have them for you for future use. But also, we're willing to give them over the phone as well.

So, we will conclude today's call. And thank you for joining us. Have a great day.

Coordinator: Thank you, Jill. That concludes today's conference. Thank you all for participating. You may now disconnect and have an amazing day.

END

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