

Centers for Medicare & Medicaid Services

Open Door Forum:

Home Health, Hospice and DME

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Jill Darling: Good morning and good afternoon, everyone. My name is Jill Darling, and I'm with the Office of Communications here at CMS; welcome to today's Home Health, Hospice and DME Open Door Forum. Before we begin, I have a few announcements. This call is being recorded; the recording and transcript will be available on the CMS Open Door Forum podcast and transcript webpage; that link is on the agenda. If you are a member of the press, you may listen in, but please refrain from asking questions during the webinar. If you do have any questions, please e-mail press@cms.hhs.gov. All participants are muted. For those who need closed captioning, a link will be located in the chat function of the webinar. We will be answering questions to the presentations provided today. So, you may raise your hand using the feature at the bottom of the screen, and we will call on you to ask your question. And we will do our best to get to as many questions as we can. So now I will turn the call over to our Co-Chair, Brian Slater.

Brian Slater: Thanks, Jill appreciated. Good morning and good afternoon, everyone. Just a couple of quick reminders before we get into the agenda. The calendar year 2024 rule that we will be walking you through momentarily was posted on June 30, and we are now in the comment period. Since things are now posted for the comment period it will close on August 29, so make sure you go to <http://www.regulations.gov> to submit any comments you have on the rule. Being as though we are in the comment period, there may be some items, proposals, and specifics that we can't necessarily respond to on the call. Just please be cognizant of that. But my team is here to walk you through all of the payment proposals at a high level. Without further ado, I will turn it over to my team. Take it away Danny.

Danny Tsoi: The CY 2024 rule proposes routine and statutorily requires updates to Home Health payment rates. The proposed Home Health Payment System updates the percentage, is a proposed 2.7% increase that is approximately \$460 million, accounting for an estimated 5.1% decrease as required by statute. That reflects the effects of the proposed prospective permanent behavior adjustment, and the adjustment is estimated to be a \$170 million decrease. The estimated 0.2 increase reflects the effects of a proposed update to the fixed dollar loss ratio used in determining outlier payments, which we estimate to be a \$35 million increase. CMS estimates that Medicare payments to HHAs in CY 2024 will decrease in aggregate by 2.2% or approximately \$375 million compared to CY 2023 based on proposed policies. For the CY 2024 Home Health Prospective Payment System proposed rule using the updated calendar year 2022 claims methodology and calendar year 2023 Home Health Prospective Payment System final rule, CMS determined that Medicaid paid more than under the new system than it would have under the old system. CMS is proposing an additional permanent adjustment percentage of

negative 5.653% in CY 2024 to address the differences in aggregate expenditure. The proposed permanent adjustment of negative 5.653%, including the remaining 3.925%, to account for calendar year 2020-21 not applied to the CY calendar year 2023 payment rate it accounts for actual behavioral changes in calendar year 2022. The law provides CMS the discretion to make any future permanent or temporary adjustments in a timely manner to determine appropriate thorough analysis of estimated aggregated expenditures through calendar year 2026. As such, we are not opposing implementing a temporary adjustment calendar year 2024.

Chantelle Caldwell: Good afternoon. Next, I will discuss rebasing and revising of the Home Health Market Basket. Since Home Health Prospective Payment System was implemented, the Market Basket used to update Home Health payment has been rebased and revised to reflect more recent data on Home Health cost structures. CMS last rebased and revised the Home Health Market Basket in the CY 2019 HHPPS final rule with comment period, where 2016-based Home Health Market Basket was adopted. For CY 2024, CMS is proposing to adopt the 2021-based Home Health Market Basket, which includes proposed changes to the Market Basket cost weights prep and price proxies. Additionally, we are proposing that the Market Basket update for the final rule will be based on the most recent data available at the time of the rulemaking. As a result of the proposed rebasing and revising of the Home Health Market Basket, the proposed CY 2024 labor-related share would be 74.9%, which is based on the proposed 2021 Home Health Market Basket compensation cost weight. As a reminder, the current labor share is 76.1%. We are proposing to implement the revised labor-related share in a budget-neutral manner.

Next, I will discuss the recalibration of the PDGM case-mix weights. Each of the 432 payment groups under PDGM has an associated case mix weight and loop threshold. CMS policy to annually recalibrate the case-mix weights and thresholds using the most complete utilization data available at the time of rulemaking. In this proposed rule, CMS proposes to recalibrate the case-mix weights, including functional level and comorbidity adjustment subgroups and loop thresholds using the calendar year 2022 Home Health claim data to more accurately pay for types of patients HHAs are serving. This rule also proposes to update the Home Health wage index, the CY 2024 national standardized 30-day period payment rates, and the CY 2024 national per-visit payment amounts by the Home Health update percentage, which again would be 2.7%. This rule also proposes to update the CY 2024 fixed dollar loss ratio to ensure aggregate outlier payments do not exceed 2.5% of total aggregate payments as required by statute.

The final thing I will be discussing is the proposal for disposable negative pressure wound therapy. In accordance with Division FF Section 4136 of the Consolidated Appropriations Act of 2023, CMS is proposing to codify statutorily requirements for negative pressure wound therapy using a disposable device for patients under a Home Health plan of care. The CAA of 2023 requires that beginning January 1, 2024, it would now be a separate payment for the disposable negative pressure wound therapy device only, and payment for the services to apply the device would now be included under the HHPPS. Beginning in the calendar year 2024, for each subsequent year, claims for the separate payment amount for an applicable device would now be accepted and processed on claims submitted using the type of bill that is most commonly used by Home Health Agencies, which is the type of bill 32X. I will now hand it over to Kendra.

Kelly Vontran: Kendra, we cannot hear you.

Jill Darling: All right, we will come back to Kendra; Kendra try logging off and logging back on. I will move to Lori.

Lori Luria: Thank you very much. I apologize. I am Lori Luria, and I'm one of the CORs for the Home Health CAHPS survey. The other COR is Beth Simon is also on this call. We have a few updates for Home Health CAHPS Survey. First, we just posted the July 2023 newsletter on our website. And when I say at the Home Health CAHPS Survey website, I am referring to the URL on the agenda. So, throughout the next few points, I will be talking about the Home Health CAHPS Survey website, and that is where it is. We always post our newsletters as close to the first day of the month as we can, so that will be at the beginning of the months of January, April, July, and October, and this month the newsletter is only a page long. They feature something that is important for everybody to know. We are, in this July newsletter, we are featuring two issues. The first is that court survey administration; we updated our introductory language in the telephone scripts for the telephone surveys. We also updated the race category, so they are now alphabetized, and that demographic question which is at the very end of the survey.

Also, very important to know, is that our data submission is also quarterly in the same months, and so it is always the third Thursday, which is July 20th, a week from tomorrow. Most of the vendors have started to submit already; we always advise all Home Health Agencies that you want to be sure that your data has been submitted to contact your survey vendor for Home Health CAHPS, and the easier route would be to go into the portal on the website, on the Home Health CAHPS website that says for HHAs, and go in there, and click on data submission, and you can see what the most recent data that has been submitted for your Home Health Agency right now. The data that would be submitted that is due next week is the data for the first quarter of 2023, the month of January, February, and March of 2023.

We also post the updated patient mix adjustment factors that are used in the publicly recorded data on the Home Health CAHPS website. We always post the patient mix adjustment factors that correspond with the data that is being publicly reported right now. So, I am sorry it is Medicare Care Compare is what is called now. When the data is updated in July, the patient mix adjustment factors that are presented in a short paper on our website will be changed to reflect the new data. Also, these patient mix adjusters are of special interest to people who use the files, as you may know, all of the data files reside now on the provider updater data catalog that is on [CMS.gov](https://cms.gov). Those data files actually are for Home Health CAHPS for this quarter, and the same files are posted on the Home Health CAHPS website, too; you can access them in either place.

I announced this last time we had an Open Door Forum, and it is still true. If you are a Home Health Agency that has yet to participate in the Home Health CAHPS survey, we welcome you to do so now as soon as possible. The best way to do it is to contact our federal contractor, RTI the Home Health CAHPS coordination team, which is at hcahps@RTI.org. Also, use the e-mail address to contact the Home Health CAHPS coordination team, for not only for signing up but also for any other questions if you are currently participating in the survey. Such as, if you wish to change your vendor or you are having other issues, you had maybe a gap in your ability

to submit your monthly file to your vendor. Whatever it is, please contact the Home Health CAHPS survey coordination team. You have e-mail, or also you can telephone toll-free, the phone number I don't have it on me or on the agenda, but its 866-354-0985; again, it is 866-354-0985. Thank you, Jill. Should I introduce the speakers that follow? Or will I be going back to Chantelle?

Brian Slater: Let's see if we can get Kendra back in real quick before we go to Jermama and Thomas.

Lori Luria: Ok, thank you so much, Thank you everyone.

Kendra Delaine: First thing, I do apologize about the disruption there; however, I'm good to go now. To circle back, I will go over the request for information on access to Home Health Aide services. CMS is soliciting comments from the public, including Home Health providers, as well as patients and advocates. Regarding the information related to issuing the appropriate access to and provision of Home Health Aide services for all beneficiaries receiving care under the Home Health benefit. This proposed rule also includes additional questions regarding any notable barriers and obstacles to recruiting and retaining Home Health Aides and ways to ensure that Home Health Aides are consistently paid wages equivalent to the other care setting and commensurate with the impact they have on patient care. Finally, I will go over home intravenous, immune, globulin, IVIG items and services. As required under Division FF Section 4134 of the Consolidated Appropriations Act, CAA 2023, CMS is proposing a regulation to implement coverage and payment of items and services related to administration of IVIG in a patient home or someone with a diagnosis of primary immune deficiency disease or PIDD. Currently, Medicare pays for IVIG product usage while using the average bill price or the ASP methodology, and the items and services needed for in-home administration of IVIG for the treatment of PIDD are paid under the Medicare administration program. This Administration program will end on December 31, 2023, and CAA 2023 will establish permanent coverage and payments of the items and services needed for in-home administration beginning January 1, 2024. Thank you.

Jill Darling: Thanks, Kendra. Next, we have Jermama Keys and Thomas Pryor on the Home Health QRP.

Jermama Keys: Good afternoon, everyone. Today we have several announcements about the Home Health quality program or HHQRP. First, we would like to share several public reporting updates. The most recent QAO interim performance report was made available in iQIES folder as of June 22. This report includes the OASIS assessment completed during the period of April 1, 2022, through March 31 of, 2022. It also included the OASIS assessment submitted by May 5, 2023. The next Care Compare refresh will take place this month, and the preview reports related to the July 2023 refresh of Home Health Compare were released to provide us on April 5, 2023, preview on May 5. Preview reports for October 2023 Care Compare refresh will be released to providers on or around July 13 of 2023, and that preview period for the October recess will be open until August 12, 2023. Next, we do have rule-making updates to share. As you all know, the calendar year 2024 Home Health Prospective Payment System update notice of proposed rulemaking or NPRM was displayed on July 30 and published on July 10. The comment period

extends through August 29, 2023, and the Home Health QRP has the following proposals in the calendar year 2024 NPRM. We are proposing the adoption of the following measures: the COVID-19 vaccine percent of patients or residents who are up to date. Measure: TO the Home Health QRP beginning with the calendar year 2025. CMS also proposes to adopt a functional discharge score or D.C. function measure to the Home Health QRP beginning with calendar year 2025. The COVID-19 vaccine measure continues CMS's commitment to promoting the uptake of the COVID-19 vaccine and ensures alignment with the current CDC guidance.

With the edition of discharge function measured, we propose the removal of the application of the percent of Long-Term Care Hospitals for LTCH patients with an admission discharge function assessment and a care plan that addresses function, the application of functional assessment, care plan measure from HHQRP beginning in the calendar year 2025. Additionally, CMS proposes the removal of two OASIS items that are not necessary for collection, and the reference number is MM110, episode timing, and M2220 therapy needs item. CMS is also proposing the public reporting of the four measures of discharge function, transfer of health TOH information to provider, posted acute care measure of TOH, provider transfer of health, TOH information to the patient, and the COVID-19 vaccine present of patient residents who are up to date. We also proposed technical changes in this rule, to codify our requirements that Home Health Agencies must meet or exceed the data submission threshold set at 90% of all required OASIS and submit the data through the CMS-designated data system. We are also seeking input on future Home Health QRP measure concepts, and we will provide updates on the Home Health QRP Health Equity initiative. I will pass it over to Thomas Pryor to provide updates on the Special Focus Program.

Thomas Pryor: Thanks, Jermama. Can you hear me okay? So finally, in this rule, we provided proposals for hospice and formal dispute resolution IDR process and Special Focus Program or SFP. The new IDR process from hospice is being proposed to align with IDR for Home Health Agencies. It would allow hospice providers an informal opportunity to refute condition-level survey findings. Additional provisions CMS is proposing SFP through increased regulatory oversight would address issues that place hospice beneficiaries at risk of receiving unsafe and/or poor-quality care. The SFP was discussed in the CY22 Home Health payment proposed rule. It was not finalized due to a commentary request for CMS to convene a technical expert panel or TEP to inform SFP development. A TEP was convened in the follow-up of 2022 to get input from key stakeholders on various aspects of SFP and used by CMS to inform the development of the SFP algorithm, selection, and graduation criteria proposed in the rule. And information related to the TEP final report is also included in the current proposed rule. That ends the update. Jermama Keys, I think I turn it back to you.

Jermama Keys: Yup, for detailed description of each of these proposals that were just outlined, please visit the full NPRM, and that is posted on Federal Register. To access the calendar year 2024 Home Health, an NPRM on the Federal Register to read the entire rule and to submit comments. Finally, we would like to announce several new resources that are now available on the Home Health QRP website. The April 2023 quarterly Q&A was posted on the QTSO website on April 18, 2023, and there will be another posting of Q&A some time this month to the QTSO website as well. CMS also released a Home Health Hospice Health Equity Technical Expert Panel Report on May 2023. This report provides a summary of the TEP's input on options for

health equity measurement, in-home health, and hospice care settings. The Home Health and Hospice Health Equity Tech Reports are available in the Related Links section of the Home Health QRP Health Equity webpage. I will now pass it over to Marcie O'Reilly for VBP updates.

Marcie O'Reilly: Thanks, Jermama. Hi, good day; this is Marcie O'Reilly, the Coordinator for the Expanded Home Health Value-Based Purchasing Model. I'm joining you today to provide an overview of the proposals, reminders and updates included in the Home Health PPS notice of the proposed rulemaking related to the model. For the expanded HHVBP model, CMS is proposing to codify in the Code of Federal Regulations the measure removal factors that were finalized on the Calendar Year 2022 final rule. We proposed to replace the two normalized composite change measures for self-care and for mobility with the discharge function score measure, effective January 1, 2025. We also replace the OASIS base discharge-based community measure with a claims-based discharge community post-acute care, or PAC, measure for Home Health Agencies effective January 1, 2025.

Jointly replace the claims-based acute care hospitalization during the first 60 days of Home Health use and the emergency department use without hospitalization during the first 60 days of Home Health measures with one claims-based potentially preventable hospitalization measure effective January 1, 2025. We propose to change the weight of individual measure within the OASIS base claims-based measure category due to the change in the total number of measures. And beginning with the performance calendar year 2025, we propose to update the model baseline year to the calendar year 2023 for all applicable measures in the proposed measure set, including those measures included in the current measure set. With the exception of the two-year discharge community to PAC measure, which would be calendar year 2022 and calendar year 2023 for baseline.

We have also proposed to add an additional opportunity within the appeals process to request a reconsideration of the annual total performance score and payment adjustment. We look forward to receiving comments on these proposals submitted through [regulations.gov](https://www.regulations.gov). Additionally, in this role, we have included a reminder that the public reporting of HHVBP performance data and payment adjustments will begin in December 2024. We have also included an update on health equity to let stakeholders know that we are committed to developing approaches to meaningfully incorporate advancement of health equity and to the expanded HHVBP model. As we move this important work forward, we continue to take input from Home Health stakeholders and monitor the application of proposed health equity policies across CMS initiatives, such as proposed payment adjustments in the hospital and programs. At this time, however, we would like to give HHA time to learn the requirements of the expanded model and gather at least two years of performance data and study the effects of the expanded model on health equity outcomes before incorporating any potential change to the expanded model regarding health equity.

On to a non-rule related topic, the first interim performance report, or IPR, which includes the first calendar year 2023 performance data for OASIS-based measures, final benchmarks, and achievement thresholds and cohorts' assignments, will be published in iQIES within the next week or so. We will send an e-blast when they are available. After that, if you do not see your HHA report in the HHA provider preview reports order, please contact the iQIES help desk. The e-mail address for this help desk is included in the agenda for today's ODF. To help HHAs better

understand this report, we will host a webinar on July 27, 2023, 2:00-3:00 PM EST. Members of HHVBP model technical system teams will provide an overview of the data and information available in the IPR, which will help Home Health Agencies monitor their performance during their calendar year 2023 performance year. Please note, only CCNs with a Medicare certification date before January 1, 2022, will receive a July 2023 IPR. I encourage you to register for the event and submit questions ahead of time. The registration link is included in today's agenda and is at the top of the models webpage. Also included in today's agenda are links to the model's webpage and e-mail address for the model help desk as well as iQIES help desk. I will post all the aforementioned links into the chat so that they are clickable, or you can copy them. Thank you. I now hand it back over to Jill.

Jill Darling: Great, thank you, Marcie, and thank you, everyone. So now we will go into our Q&A. As a reminder, please use the raise-hand feature at the bottom of the screen, and we will be calling you for your question. Please have one question and one follow-up so we can move on and get other questions then from folks.

Jermama Keys: Jill, I am actually going to do hospice really quick before we take questions. I know I am confusing everybody, but please bear with me.

Jill Darling: Okay, no worries, go ahead.

Jermama Keys: So, good afternoon again; I will share a couple of updates related to the Hospice Quality Reporting Program, or HQRP. First, we have a brief rule update for the fiscal year hospice proposed rule was published on March 31, and CMS proposed rule comment period actually closed. Now CMS is reviewing all comments that were submitted and taking them into consideration as we draft fiscal year 2024 hospice final rule. We do have some HQRP compliance updates later this month, CMS will issue notices of non-compliance to hospices that failed to meet hospice quality reporting requirements for fiscal year 2024. The fiscal year 2024 APU reconsideration period will be open 30 days from the date of notification of non-compliance. Providers should watch for letters in the mail and in the CASPER folders. For additional information, please visit the Reconsideration Request page of the HQRP website.

Next, we would like to mention several new resources available on the HQRP website. As previously stated, CMS released the Home Health and Hospice Health Equity Technical Expert Panel Report. This report provides a summary of the TEP's input on options for health equity measurement and Home Health and hospice health care settings. The TEP report is available in the Related Links section of the Hospice Quality Reporting Health Equity webpage. CMS released an updated introduction to the Hospice Quality Report Program web-based training on May 30. This is a two-part training series for hospice providers, which provides a general overview of HQRP, reviews the program's use of data sources, and introduces the HQRP data submission requirements and reports available to providers. You can access the web-based training on the HQRP training and education library page of the HQRP website. Finally, HQRP's June 2023 quarterly e-mail update was made available on June 23, 2023, and it contains updates for the hospice community. Thank you all for your time today. I'll pass it back to Jill.

Jill Darling: Great. Thanks, Jermama. All right thanks, so now we will do the Q&A. So, like I had mentioned earlier, please use the raised hand feature at the bottom of the screen; we will call you. Please have one question and one follow-up so we may get to other folks.

Jacquelyn Ryan: All right, first person I see is Lisa. Lisa, you're able to unmute yourself.

Lisa Bivens: Yes, I would like to know if you please could define what it means to be up to date on COVID vaccination for our patients please.

Jermama Keys: We base our up-to-date definition on the CDC guidelines. And usually refer providers to the CDC website and their guidelines for the webpage.

Lisa Bivens: Okay, thank you.

Jermama Keys: You're welcome.

Jacquelyn Ryan: All right the next person is Stephanie. Stephanie, you can unmute.

Stephanie Fishkin: Yes, thank you very much, I may have missed it, I was wondering if anybody brought up in Home Health proposed rule there was some rulemaking around a Hospice Special Focus Program.

Thomas Pryor: That is correct.

Stephanie Fishkin: Okay, I didn't know if it had been when you were talking about the proposed rule for Home Health CAHPS. If anyone had noted that there was regulatory information around hospice.

Thomas Pryor: Yeah, I gave an update on that.

Stephanie Fishkin: My apologies, I missed, thank you.

Thomas Pryor: Yup.

Jacquelyn Ryan: All right and next we, Tyler, you are able to unmute and ask your question.

Tyler Shrive: Yes, thank you. I just came across MLN fact sheet that states period of enhanced oversight for new hospices in Arizona, California, Nevada, and Texas. I don't believe it's actually been published in one of those weekly newsletters yet. So, someone was able to find it and send it over to me. Could you provide more color around this? I have noticed you will notify the letter to the address on file in PECOS. How do you determine the duration of the enhanced oversight? I noticed it can be anywhere between 30 days and a year. Where is the guideline on the duration of that?

Brian Slater: Yeah, unfortunately, we don't have any colleagues from CPI on the call today. So, if you wouldn't mind sending that question to the ODF mailbox and we'll triage it over to those in CPI and they'll get back to you.

Tyler Shrive: All right, thank you.

Brian Slater: Thanks, Tyler.

Jacquelyn Ryan: Okay, it looks like Lisa has her hand raised again.

Lisa Bivens: Yes, I just had another question in the event that you had an opening. If someone could please explain why CMS is concerned about access to a Home Health Aide Services for beneficiaries to include an analysis of their reimbursement to those workers, yet staffing challenges and costs are the same are not considered or were not considered when developing the proposed rule, which imposes significant cuts to Home Health.

Brian Slater: Thanks for the question, Lisa; it basically stems from a handful of anecdotal reports that we have received from the agency. As you know, outside entities and associations. In addition to some OIG reports that I think I recall fairly recently that you know have focused on this. We understand limitations and staffing issues, and those are things we are gleaning responses, and you know, if there is, you know, a story behind that, I think we are maybe not privy to. So that is where we are putting that out there for public consumption and comments.

Jacquelyn Ryan: All right, let's move on. Lisa Johnson. If you're able to unmute yourself? Lisa, are you there? All right, I will move on and come back to her. Paul, you are able to unmute yourself.

Paul Komishock: I am. Thank you. My question is, in May, CMS announced that effective immediately, seat elevators were going to be covered as an accessory on power wheelchairs. Are there any further updates regarding that? We have had a limited amount of information since the initial announcement. Are there updates on the progress of that as far as coverage or things like that?

Brian Slater: I will try to look. I don't think there's anyone from our Durable Medical Equipment component on the call today. So, Paul, could you do the same as Tyler and send that into the ODF policy mailbox, and we would triage accordingly?

Paul Komishock: Okay, great, thank you.

Brian Slater: Yup, no, thank you.

Jacquelyn Ryan: All right, Lisa Johnson, are you able to unmute? I will move on, and we will come back to Lisa. Just checking here. Our other Lisa Bivens you can unmute and ask your question.

Lisa Bivens: I did not have any further questions.

Jacquelyn Ryan: Okay, no problem. All right, we have Lisa Johnson then. Are you able to unmute now? Okay, I am not sure. I think we are done with hands right now.

Jill Darling: Okay, thank you, Jackie. Lisa, since you were unable to ask your question, possibly technical difficulties, here is the e-mail to send your question and comment. Ok, so let's do one more check for hands. I see Sandra Pierce.

Jacquelyn Ryan: All right, Sandra, you should be able to unmute yourself.

Sandra Pierce: Hi, yes, I have a question regarding discharge, the functional discharge score, could you speak more to how that will be calculated, regarding the GG items, can you spend on that a little bit more.

Jermama Keys: Hi Sandra because it is directly related to the proposed rule. I am not able to give that much detail in reference to calculation. But if you phrase your question and send it to the Home Health Quality questions mailbox, we will be able to update you with, I guess, kind of like the specs. Is that what you mean? How do we get to the number itself?

Sandra Pierce: Maybe not the exact specs, more or less. Is it looking at the GG items at the start of care and then comparing them to the GG items at discharge? I know the goal might be going away, or it is proposed that the goal will go away is just expand a little bit more, not the exact specs.

Jermama Keys: Got it. I think that it would probably be better answered once you phrase your question, and we keep a tally of it. To the actual mailbox. If it comes up again, we can also help other providers answer that question.

Sandra Pierce: Okay, thank you.

Jermama Keys: No problem.

Jill Darling: All right, everyone, well, it seems that is all we have. So, you will get some time back in your day; we appreciate you joining us on our new Zoom platform for our Open Door Forums. Again, thank you. And have a wonderful day, everyone.