

Centers for Medicare & Medicaid Services  
Open Door Forum: Home Health, Hospice and DME  
Moderator: Jill Darling  
December 16, 2020  
2:00 pm ET

Operator: Welcome and thank you for standing by. All participants are in a listen-only mode until the question-and-answer session of today's call. At that time, you can press star, 1 to ask a question. I'd like to inform all parties that today's call is being recorded. If you have any objections, you may disconnect at this time. It's my pleasure to turn the call over to your host, Jill Darling. You may now begin, ma'am.

Jill Darling: Great. Thank you, (Michelle). Good morning and good afternoon everyone. For those in the Baltimore area, happy snowy day to you. Welcome to today's Home Health Hospice and DME Open Door Forum. I'm Jill Darling in the CMS Office of Communications.

Before we dive into today's agenda, I have my 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 do have any inquiries, please contact CMS at [press@cms.hhs.gov](mailto:press@cms.hhs.gov).

And we do apologize for starting a little later than we normally do. We were having - had some technical difficulties trying to get some speakers on the line but we are here and we shall begin. And I will hand the call off to (Brian Slater).

(Brian Slater): Great. Thanks, Jill. Good morning to all those on the West Coast and good afternoon and snowy afternoon, like she said, to those in the Baltimore region.

Just want to thank everyone for joining today and also mention that obviously this is our last one of this year. So I hope that everyone has a safe and healthy and happy season.

And the fact that we're so close to the holidays, we're starting to work on skeleton crews I think in some areas, at least I'll speak for my own since I'm the only one from my area on today, so in light of any potential questions, just keep in mind that we might have to leverage the (ODF) mailbox a little more today potentially so just wanted to throw that out there.

But we man that mailbox so if there is anything that comes in, we will make sure that we triage it to the appropriate area and get a response for you. So with all that being said, I will now pass the call off to (Gina Longus) - or actually I think it's (Heidi Edmunds):) rather.

(Heidi Edmunds): Hi. Thanks, (Brian). And again, good afternoon to everyone on the East Coast and good morning to everyone out on the West Coast. I'm going to provide a quick update on the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies or DMEPOS Competitive Bidding Program.

On November 20, 2020 we announced the list of contract suppliers for round 2021 of the DMEPOS Competitive Bidding Program that will begin on January 1, 2021 in 127 competitive bidding areas, or CBAs, for two product categories: off-the-shelf back braces and off-the-shelf knee braces. These contracts will run through December 31, 2023.

CMS estimates a Medicare benefit savings of over \$600 million over three years for these two product categories due to the inclusion in the competitive bidding program and beneficiaries will receive considerable savings as well through lower copayments. The DMEPOS competitive bidding program will

also continue to help limit fraud and abuse in the Medicare program while still ensuring access to quality items.

You can find information about the program and the list of contract suppliers for off-the-shelf back and knee braces on the competitive bidding implementation contractor, or CBIC, website which is [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com). And again I'll repeat it. It's [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com).

However, the supplier directory on Medicare.gov will also be updated in the coming days with a list of contract suppliers so stay tuned for that announcement as well.

For the product categories and competitive bidding areas that were part of the bidding process for round 2021 but are not competitive bidding areas of product categories for which CMS awarded Round 2021 contracts, payment will be based on fee schedule amounts adjusted in accordance with regulations in CFR-414.210(g).

And I want to thank you again for your time and wish you all a very safe and healthy holiday season and with that I will pass it over to the next speaker, (Joan Proctor).

(Joan Proctor): Thanks, (Heidi). Again, my name is (Joan Proctor). I'm the Home Health Quality Reporting Program Coordinator. I have several announcements relative to (Oasis) and home reporting from the Home Health Quality Reporting program. First, to begin we'd like to announce that the HH - the Home Health Quality Reporting Program user manual has been updated to reflect quality measure changes since its launch in August of 2019.

These changes include measure additions, removals, corrections and clarifications. Please visit the download section of the Home Health Quality Measures webpage to view the updated manual and the Q1 manual change table.

I also have two updates regarding the Q&A portion, the questions-and-section of our program. First, the updated quarterly (Oasis) Q&As for October 2020 are now available in the (Oasis) section of the (unintelligible) website. Secondly, a revised version of the guide to home health help desk is now available.

This updated document provides guidance to home health providers for home health questions. The new version removes the (Oasis) tech issues help desk along with several other changes. For more information and to access the document, please visit the Home Health QIT help desk webpage.

Lastly, for the Home Health Quality Reporting Program, there are updated data submission deadlines for the Home Health Quality Reporting Program and you can head to the Home Health Quality Reporting data submission deadlines webpage to view the updated dates.

Relative to public reporting, I've got a few updates relative to public reporting. First the October 2020 quarterly refresh for the Home Health Quality Reporting Program is available as of November 1. As part of this refresh, the new changes in skin integrity measure is now available. We also would like to remind you that data collection for the Home Health Quality Reporting Program is frozen through 2021.

This includes your star rating. All confidential QM reports, including review and correct reports, will continue to be populated with data as normal. So

while we won't be updating star rating, I want to emphasize that the confidential quality measure report and your review and corrects reports will be - continue to be populated with data as normal for your use.

Remember that there will be no preview report for refreshes that would have occurred during the freeze. All of this data can now be viewed on Care Compare and the provider data catalog website. Data.medicare.gov as well as home health compare and other legacy compare sites are now decommissioned as of December 1, 2020.

Thank you. I'm going to turn it over now for updates on HCAHPS by (Lori Teichman).

(Lori Teichman): Thank you so much, (Joan). Good afternoon and good morning to everyone. January registrations for the intro training for new vendors and the update training sessions for currently approved vendors for the Home Health CAHPS survey are posted now on the Home Health CAHPS website, which is <https://homehealthcahps.org>. And this website is in the agenda.

The intro training is a self-directed training and a certificate is issued at the end of the training and assessment for new applicant vendors. The update training for currently approved Home Health CAHPS survey vendors is Friday January 29, 2021 from 12 noon to 2 pm. It's two hours.

And all currently approved Home Health CAHPS survey vendors are required to attend the annual update training. We also welcome any of the vendors' subcontractors to attend the update training and also are welcome to attend the intro training too, the self-directed training.

The Home Health CAHPS quarterly newsletter for quarter one 2021 will be posted January 4 on the Home Health CAHPS website. Home Health agencies are responsible for submitting their monthly list of Home Health CAHPS eligible patients to their respective Home Health CAHPS survey vendors so that the vendors may commence sampling and data collection of the home health agencies' patients in accordance to the Home Health CAHPS survey schedule.

If an HHA does not have any patients for any given month, the HHA must notify their vendor so that the vendor can record that there are no patients for that given month for the HHA. If an HHA does not notify their vendor and the vendor in turn does not report this to RTI that there were no eligible patients for that month then CMS will assume that the home health agency did not participate in home health CAHPS for that month which will in turn impact their annual payment update compliance decision for that month.

All home health agencies are responsible for monitoring their respective vendors' data submission reports in the For HHAs Secure Portal on the home health CAHPS website. This is the best way to find out if your Home Health CAHPS vendor has submitted all of your Home Health CAHPS data to the home health CAHPS data warehouse.

If you are a home health agency participating now in the survey and you are considering changing from your current Home Health CAHPS survey vendor to a new one, or a to a different one, excuse me, you should contact RTI for their assistance in this process of changing from your current vendor to the new vendor. And you could email RTI at [hcahps@rti.org](mailto:hcahps@rti.org), which is also on the agenda, or you could telephone RTI at 866-354-0985.

And that's about it for me. And now it's my pleasure to introduce (Cindy Massuda) who will speak about the Hospice Quality Reporting Program.

(Cindy Massuda): Thank you, (Lori), very much. Good afternoon and welcome everybody. Thank you for joining us for the update to the Hospice Quality Reporting Program. I want to start with a few reminders about the upcoming calendar year 2021 Hospice Quality Reporting Program data submissions.

The reporting of hospice quality data begins January 1, 2021 and runs through December 31, 2021 in order for hospices to meet the quality reporting requirements that apply to both the hospice item set and the CAHPS hospice survey requirements.

Data from the calendar year 2021 impacts your annual payment update in fiscal year 2023. To ensure your hospice achieves its full annual payment update, please be sure to meet the quality reporting requirements for both the hospice item set and the CAHPS hospice survey. For more information about achieving compliance, please refer to our getting started - to our tip sheets and other information we have on our training and education library web pages along with our best practices web pages that are included in the agenda for today's open door forum.

I'd now like to share several updates related to the ongoing development of the standardized hospice patient assessment, which is the Hospice Outcomes and Patient Evaluation, or HOPE. We convened our second annual technical expert panel meeting last month in November 2020 to discuss ongoing measure development related to HOPE. The tech members provided feedback on several measures being considered for the HOPE. A summary of that report will be available shortly. Please look for the announcement on our Hospice Quality Reporting Program web pages.

Also, alpha testing of HOPE is currently underway. CMS completed provider enrollment for the alpha test in June of 2020. Training for the hospices participating in the alpha test began in September of 2020 and data collection began in October of 2020. We expect the data collection to be completed by the end of January 2021.

And then for public reporting I want to reiterate what (Joan Proctor) was saying that hospice - that like the home health compare, hospice compare was -- excuse me -- was discontinued on December 1, 2020. Care compare is now the streamlined redesigned of the tool to be used on [medicare.gov](https://www.medicare.gov) and please refer to the new website for care compare and please bookmark that website.

Please note that public reporting of hospice's data froze after November of 2020 refresh due to the temporary exemption of the Hospice Quality Reporting Program data submission requirements in response to the COVID-19 public health emergency. This means that following the November 2020 refresh, the data publicly reported will be constant through the November 2021 refresh. No provider preview reports will be issued for those refreshes that continue to display the constant or frozen data. For additional information on the COVID public health emergency data exemption, please refer to our tip sheet on the COVID for public reporting.

And with that I will turn it over to my colleague (Debra Dean-Whittaker).  
Thank you.

(Debra Dean-Whittaker): Hello everyone. This is (Debra Dean-Whittaker). I wanted to alert everyone that December 31 is the deadline for submitting a size exemption request for the CAHPS hospice survey 2020 data collection year. The



exemption is for one year only. So even if you received a size exemption for 2019, you must submit the form again for 2020.

Let me say that again. The size exemption is good for only one year. If you received a size exemption last year and you still qualify, you need to request one for 2020. It does not carry over from year to year. If your hospice served a total of fewer than 50 survey eligible patient caregiver pairs in the calendar year 2019, you are eligible to apply for a size exemption for the data collection year of 2020.

Again, if you count your survey-eligible patients and caregivers from 2019 and you had fewer than 50 patient/caregiver pairs then you are eligible to apply for the 2020 size exemption. However, to receive the exemption you must submit it by December 31, 2020. That is soon.

To submit the form, go to the survey website. It's on the agenda. Take a look at the left-hand menu. Choose the tab entitled Participation Exemption for Size. This will provide you with instructions and if you scroll down you'll get to the form. You can fill it out and submit it online. You can also print it but don't forget to submit it online. After submitting the form, you will receive a receipt. We recommend that you keep it for future reference.

If you think your hospice is eligible but you're not sure or you think you're close, go ahead and submit the form. Late forms, however, will not be accepted so please do submit your form before the deadline December 31.

That is all I have and I think I'll return this to Jill Darling. Thank you.

Jill Darling: Great. Thanks, (Debra), and thank you to all of our speakers today. (Michelle), will you please open the lines for Q&A?

Operator: Yes. If you would like to ask a question, please press star, 1 on your phone.  
Unmute and clearly record your name so that we can introduce your question.  
Again, that is star, 1. It'll be one moment for the questions to come through.

Our first question comes from (Michael Tig). Your line is now open.

(Michael Tig): Thank you very much. I have a question related to home health. I'm with health care center GS software vendor. We're getting several questions from clients regarding the no-pay RAP that starts January 1, 2021. All indications are that any primary diagnosis code under PDGM could be used, including potentially a default to be submitted, such as I-10, on every patient for that no-pay RAP.

Since we have emails from (Will Gehne) indicating there are no edits for the RAP in the final claim and that the final claim is the one that actually determines payment, I've not seen that clarification anywhere, just that any HIPPS code could be used. And I'm seeking to see if there's information that I may have missed that CMS has produced.

(Will Gehne): Hi. This is (Will). There isn't anything published about that at this point but it is - you're correct.

(Michael Tig): Okay. Thank you very much. We just make sure we weren't going to tell clients that and raise a potential audit that every patient is being reported on the no pay RAP as I-10 and therefore trigger audits and such. Appreciate it. Thank you very much.

Operator: Our next question comes from (Cody Weaver). Your line is open.

(Cody Weaver): Yes. We have some questions here at Strategic Health Care Programs about the HIS 3.0 go live. Is that still anticipated for January 1, 2021 or do we expect any delays such as the OMB approval?

Woman: At this time we're anticipating the January 1, 2021 implementation. Thank you.

(Cody Weaver): Thank you.

Operator: Our next question comes from (Christine Bunch). Your line is open.

(Christine Bunch): Yes. I have a question for (Joan Proctor). I just wanted to confirm. So is the care compare for home health also frozen until November 2021?

(Joan Proctor): That is the only thing that's frozen is the star rating, the data that's displayed on there, so yes.

(Christine Bunch): Thank you.

(Joan Proctor): You're welcome.

Operator: Our next question comes from (Katie Weary). Your line is open.

(Katie Weary): Thank you. I was wondering if we know yet what the consequence is to a hospice that does not use the HIS, the new version, version 3, on January 1. If they're not able to get that into their system and use it, will their data even be accepted if they're using the old form? That's my first question. And my second question is, is there an anticipated date when the HIS version 3 will be approved? I know we have a go ahead date of January 1 but some folks are looking for that actual form prior to that date. Thanks.

(Cindy Massuda): Hi, (Katie). It's (Cindy Massuda). So in terms of submitting the data, we - is your first question, they - the system is being set up so that we would not - because we're only removing section O, we would not be accepting that section but the rest of the form would be able to get - so it would still go through the system. We just would not have access to the section O. So...

(Katie Weary): Okay. Thanks.

(Cindy Massuda): And in terms of the approval, we're still expecting OMB approval and as soon as we know that we will be sharing that with the industry.

(Katie Weary): Thanks, (Cindy).

(Cindy Massuda): Thank you. And have a happy holiday.

Operator: Our next question comes from (Ann Conroy). Your line is open.

(Ann Conroy): Yes. Hi. I have a question about the new hospice item set measure that's going to be going into effect in January. Again, so I know you're going to pull the information for this off the claim now instead of off the HIS form but I'm wondering is this just going to come off the Medicare only claims but what about, you know, a non-Medicare patient? How is that going to get transmitted to you?

(Joan Proctor): So this will be Medicare-only claims. I mean, that is one - when we do claims and because we are well over 90%, we're probably about 94% of all of the hospice claims, we are only able to access the Medicare claims so it's based on Medicare claims.

(Ann Conroy): Okay. So you're going to have one measure at start of the care that will be all payers and then a measure at time of death that will be Medicare payers only.

(Joan Proctor): The measure takes effect for - it's for the decedent on or after January 1 of 2021 so we address that issue. We're looking for those - we're addressing those - the claims. We'll be using the claims for those decedents on or after January 1 of 2021 using the claims.

(Ann Conroy): Okay. So Medicare only then.

(Joan Proctor): Yes.

(Ann Conroy): Okay. All right. All right. Thank you very much.

Operator: Our next question comes from (Kim Griffith). Your line is open.

(Kim Griffith): My questions have already been answered regarding the new end of life claim base measure. Thank you.

Operator: Thank you. Our next question comes from (Cheryl Draw). Your line is open.

(Cheryl Draw): Hi. I just want further clarification. So we should start filling out the new version 3 HIS tool on January 1 for all discharges effective January 1.  
Correct?

Woman: Correct.

(Cheryl Draw): Okay. Thank you.

Operator: Our next question comes from (Heather Thompson). Your line is open.

(Heather Thompson): Yes. Thank you. I was hoping that you could provide some clarification around the exact measure definition for the hospice visits and the last day of life measure, the HIS 3.0, including whether or not the day of patient death will be counted as day one of if that is considered day zero. And I also wanted to ask about you had just mentioned that the new end-of-life visit measure will apply only to Medicare patients. Does that also apply to the existing HIS admission measures? Will those only include Medicare patients now as well?

(Joan Proctor): Okay. Thank you. So the hospice item set measures and all our measures that are not claims based are applied to all payers and are for all patients. The data that we pull from claims when we do a quality measure like the hospice's, its last day of life, we're using Medicare claims.

(Heather Thompson): And as far as the measure definition for the hospice visits and the last day of life measure?

(Joan Proctor): The date of death would be day zero.

(Heather Thompson): Thank you.

Operator: Our next question comes from (Theresa Gregory). (Theresa), your line is open.

(Theresa Gregory): Yes. Thank you. This is (Theresa Gregory) with Medical Services of America. I was just wondering if there is an update on RCD with home health moving forward January 1, 2021.

Woman: You mean the updated version of the (Oasis)?

(Theresa Gregory): No. The review choice demonstration project that are to be rolled out in North Carolina, Florida and I'm sorry I forget the other state.

Woman: You know, can you submit that to our box because we don't have anyone on the call that works on that side of the house today. I don't think we have anyone from OFM who's leading that or DMML.

(Theresa Gregory): Okay. I will. Thank you.

Woman: Okay.

Operator: Our next question comes from (Heather Thompson). (Heather), your line is open.

(Heather Thompson): Thank you for taking another question. I was wondering if you have an update at all on the proposed hospice index measure.

(Cindy Massuda): Hi. This is (Cindy Massuda). The hospice care index measure is up for NQF review. That meeting is in January of 2021 and - where they will provide, you know, whether - their recommendations for that measure and then it would be considered for future rulemaking.

(Heather Thompson): Thank you.

Operator: There are no other questions in queue. As a reminder, it's star, 1 to ask a question. There are a few questions coming in. One moment. Our next question comes from (Jennifer Kennedy). Your line is open.

(Jennifer Kennedy): Thanks so much. (Jennifer) - (Cindy), this is (Jennifer Kennedy). I had a question about the muck list. Usually that posts on December 1 and it didn't. I'm wondering when you think that list may post.

(Cindy Massuda): Thank you, (Jennifer), and nice to hear your voice. That muck list will be posting moment - soon, momentarily so be on the lookout for it. It is definitely past our December 1 deadline but it should be posted shortly and please look for it.

(Jennifer Kennedy): Okay. Great, (Cindy). And you know what? It may be beneficial if CMS just puts out some written clarification about the hospices at the end of life, the start date and all of that because providers are a bit confused.

(Cindy Massuda): Okay. I appreciate that suggestion. Thank you.

(Jennifer Kennedy): Thanks, (Cindy). Happy holidays.

(Cindy Massuda): Same to you. Happy holidays. And note that we will be training for it in January.

(Jennifer Kennedy): Awesome. Great.

(Cindy Massuda): But we will get something up on our website before then. So thank you for that suggestion.

(Jennifer Kennedy): Thanks, (Cindy).

Coordinator: Our next question comes from (Becky Sullivan). Your line is open.



(Becky Sullivan): Thank you very much. My question is around electronic signature on patient documents and is there any guidance, particularly in this COVID world where there are more visits and patients and families are a little less accessible for paper forms, is there any guidance around when secure email can be used to obtain electronic signatures on documents.

Hello?

Coordinator: Hi. Our next question comes from (Candy Dillon). Your line is open.

(Candy Dillon): Yes. I have a question regarding the visits in the last days of life. From what I'm reading is that two visits within the last days of life in any combination of a social worker and a nurse.

(Joan Proctor): That is correct.

(Candy Dillon): Okay. Thank you for that clarification.

(Joan Proctor): Sure. And just for the caller before, I don't think they go a response. I think, Jill, you may just want to refer them to the mailbox regarding electronic signature.

Jill Darling: The email for the Home Health Hospice and DME. That email is on today's agenda. It's always on the agenda so please send that in. Or if you can, you can get back in the queue. Thank you.

Coordinator: I apologize for that. If you can please press star, 1.

Our next question comes from Mr. (Morales). Your line is open.

Mr. (Morales): Hello. Thank you. Can you hear me okay? Yes, I guess. So my question again is about the data. Sorry to keep saying the same thing. For us to understand, we are going to keep reporting the section zero but CMS is not going to use it. They're going to use (unintelligible). They're going to use calculate that measurement, right? But we keep reporting section zero?

(Joan Proctor): That is correct. You can still get that data through - with your vendor for section O, correct.

Mr. (Morales): So, because there are not going to be actual changes in the HIS forms, not yet, in what we are reporting, right?

(Joan Proctor): Right. From your - if you're keeping section O for your purposes with your vendor you will not see any changes. From the CMS perspective, we will not be receiving any of that data. So just section O that has no impact to the other parts of the hospice items set will just be removed for purposes for CMS.

Mr. (Morales): Okay. So our vendors should have already a new form where Section 0 is not part of it or the Section 0 can be still part of it but you guys are not going to use it. What I'm trying to understand if there was an actual change in the form that you guys are getting, the XML file that you guys are getting is the same but you guys don't use Section 0 or it's going to be a new XML file, it's a new file, new code.

(Joan Proctor): They - my understanding is they removed it on our end so we have - the coding on our end has it removed but we have it so that if it's - we will just not be taking in that section.

Mr. (Morales): Okay. Okay. Thank you. Thank you so much.

Coordinator: Our next question comes from (Becky Sullivan). Your line is open.

(Becky Sullivan): Hi. This is (Becky Sullivan). I'll just try one more time. I'm not sure if you heard me last time. My question is around electronic signature and with the environment we're currently in with COVID, is there any additional guidance from CMS on when electronic signatures are acceptable on documents?

(Brian Slater): Hi. This is (Brian Slater). I'm trying to look - my Internet is not being my friend at the current moment. I want to say that there was some type of direction regarding signatures on our COVID site. Don't quote me on that. But you can feel free to email the inbox just so that it stays at the top of our queue and priority list and we'll definitely research that and get back to you. But if you are familiar with that site, you can probably just go into Google and just put COVID-19 CMS and all of our instruction and flexibilities are already out there on that website.

Jill Darling: We'll take our next question, please.

Coordinator: Thank you. The next question comes from (Christine Bringus). Your line is open.

(Christine Bringus): Hello. Yes. I'm just trying to find out, there was supposed to be another employee in this session with us today and she was unable to make it. Is there going to be another session set up? Basically we're looking into the Medicare competitive bidding for DME. Or is there a website that I could go to? I didn't quite get it the first time.

(Heidi Edmunds): Oh sure. The competitive bidding implementation contractors, the CBIC, and they have a website. It's [dmecompetitivebid.com](https://dmecompetitivebid.com), and that's D-M-E-C-O-M-P-E-T-I-T-I-V-E-B-I-D dot com.

(Christine Bringus): All right. Thank you so much.

(Heidi Edmunds): Of course.

Coordinator: Our next question comes from (Kathleen Watson). Your line is open.

(Kathleen Watson): Oh, hi. I was wondering if there was any information on whether RCD for home health will begin for sure on - for periods beginning January 1 for Florida and North Carolina.

Woman: Actually that question was posed earlier. Unfortunately we don't have any staff here to answer that.

(Brian Slater): Yes. We don't have anyone from CPI to respond to that on this call. I'm pretty sure that they have a website for the review choice demonstration and I think they usually point people to that to extend any update or delays for the necessary states that they're going to evaluate next.

(Kathleen Watson): Okay. Thank you.

(Brian Slater): Yes.

Coordinator: Our next question comes from (Alyssa Caulkin). Your line is open.

(Alyssa Caulkin): Yes. I was just wanting to clarify a little bit further with the end of life measure. Is it two visits - so if the visits happened in the same day, does that count or is it two different days of visits? Does that make sense, the question?

(Joan Proctor): Yes.

(Alyssa Caulkin): Okay.

(Joan Proctor): So it's based off of claims and if there are appropriate claims submitted for visits in the last, you know, two visits within the last three days of life, they would count. If they - so because these visits are in-person visits that, you know, we would be looking to see how - we would be looking at the visits in - for those that are in-person visits for social work, medical social workers and RNs.

(Alyssa Caulkin): Right. If the - but if the social worker and the RN visit on the same day will that count as two or one?

(Joan Proctor): Well are they - it depends if they're providing separate and distinct services and if they're billing - able to be billing for their services. I mean, you know. We'll be providing information about that to help with that question.

(Alyssa Caulkin): Okay. Thank you.

(Joan Proctor): Sure.

Coordinator: I see no other questions in queue at this time.

Jill Darling: All right. Great. Well thank you everyone for joining us today. We appreciate your comments and questions. If you do think of a question after today's call, please feel free to email us at homehealth\_hospice\_D as in dog, M as in Mary, E-O-D-F hyphen L at CMS dot hhs dot gov, and that email is on the agenda. We appreciate you guys always. So thank you. Have a wonderful day and happy holidays and we'll talk to you next year.

Coordinator: That concludes today's conference. All participants may disconnect at this time. Leaders, please stand by.

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