



## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

## PCHQR Program: FY 2024 IPPS/LTCH PPS Proposed Rule Presentation Transcript

### Speakers

**Lisa Vinson, BS, BSN, RN**

Program Lead, PCHQR Program  
Inpatient VIQR Outreach and Education Support Contractor

**Ora Dawedeit, MHA**

Program Lead, PCHQR Program  
Division of Value-Based Incentives and Quality Reporting  
Quality Measurement and Value-Based Incentives Group  
Center for Clinical Standards and Quality, CMS

**May 25, 2023**

**2 p.m. Eastern Time**

**DISCLAIMER:** This presentation document was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

**Lisa Vinson:**

Hello and welcome to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled, Fiscal Year 2024 Inpatient Prospective Payment System, or IPPS, Long-Term Care Hospital, or LTCH, Prospective Payment System, or PPS, Proposed Rule. My name is Lisa Vinson, and I will be one of the speakers for today's event. I serve as the Program Lead for the PCHQR Program within the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. The materials for today's presentation were developed by our team in conjunction with our CMS Program Lead, Ora Dawedeit, who will be the main speaker for today's presentation. Ora is the PCHQR Program Lead in the Division of Value-Based Incentives and Quality Reporting, Quality Measurement and Value-Based Incentives Group, within the Center for Clinical Standards and Quality at CMS. As the title indicates, we will be discussing the fiscal year 2024 IPPS/LTCH PPS proposed rule. Please note that today's event is specific for participants in the PCHQR Program. Although the proposed rule contains content that addresses the Hospital Inpatient Quality Reporting, or IQR, and the LTCH Quality Reporting Program, we will only be focusing on the PCHQR Program section. If your facility is participating in the Hospital IQR or LTCH Programs, please contact your designated program lead to determine when there will be or if there has been a presentation on your section of the fiscal year 2024 proposed rule. If you have questions unrelated to the current webinar topic, we recommend searching for the topic in the [QualityNet Question and Answer Tool](#). If you do not find a similar topic, feel free to use the tool to submit a new question. The QualityNet Question and Answer Tool can be accessed via the QualityNet home page, under the Help header. On our next slide, we will discuss the question-and-answer limitations for today's event.

As stated previously, questions can be submitted via the Question function. Please be mindful that questions submitted pertaining to this event have limitations.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

The limitations include CMS only addressing procedural questions about the comment submission process. Please keep in mind that CMS is not able to address any rule-related questions. Later during this presentation, I will be reviewing the comment submission process, and CMS looks forward to receiving your formal comments on the proposed rule.

This slide lists the acronyms and abbreviations you may hear and see today. These acronyms and abbreviations include CBE, or Consensus-Based Entity; COP for Conditions of Participation; EHR, for Electronic Health Record; FY, for fiscal year; HCAHPS, for Hospital Consumer Assessment of Healthcare Providers and Systems; and HSRN, for health-related social needs.

The purpose of today's event is to provide overview of the fiscal year 2024 IPPS/LTCH PPS proposed rule with a focus on the proposed changes in the PCHQR Program.

There are three main objectives for today's webinar. Program participants should be able to locate the fiscal year 2024 IPPS/LTCH PPS proposed rule, identify the proposed changes possibly impacting participants in the PCHQR Program, and understand steps to submit comments to CMS through describing how and when to submit written comments to CMS regarding the proposed rule.

Lastly, the FY 2023 IPPS/LTCH PPS proposed rule was published to the *Federal Register* on Monday, May 1, 2023. The *Federal Register* version can be accessed by clicking the hyperlink on this slide. There are two pertinent PCHQR Program sections: Section 9B, located on pages 27074 through 27078, and Section 9D, located on pages 27117 through 27138. At this time, I would like to turn the presentation over to Ora, who will further discuss the proposed changes for the PCHQR Program. Ora, the floor is yours.

**Ora Dawedeit:** Thank you, Lisa. I will never over the proposed changes to the PCHQR Program.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Again, this is for the proposed rule for IPPS 2024. This slide identifies the highlighted sections that will be the changes as we've done in previous years. So, number three is the proposal to adopt that the Facility Commitment to Health Equity measure. That's beginning in fiscal year 2026. [There is the] proposal to adopt the Screening for Social Drivers of Health measure, beginning with voluntary reporting in fiscal year 2026 and mandatory reporting in fiscal year 2027. We also have the proposal to adopt the Screen Positive Rate for Social Drivers of Health, beginning with voluntary fiscal year 2026, mandatory fiscal year 2027. There is the proposal to adopt the documentation of goals of care discussions among cancer patients beginning with fiscal year 2026 program year.

We have the summary of previously adopted and duly proposed PCHQR Program measures for the fiscal year 2026 year. Public display of requirements, this is the proposal to begin public display of surgical treatment complications for localized prostate cancer, also known as PCH-37. That will begin in fiscal year 2025. The last one we have is the form, manner, and timing of data submissions for HCAHPS. This is beginning with the fiscal year 2027.

Again, this is an overview of the COVID-19 Vaccination Coverage Among Healthcare Personnel. COVID-19 vaccination coverage is a measure developed by CDC to track COVID-19. Please refer to the final rule in the *Federal Register* for more details on this.

I'm going to go over the measure specifications for this COVID-19 vaccination coverage. So, the denominator is the number of healthcare professional, HCP, eligible to work in the facility for at least one day during the reporting period, excluding persons with contradictions to COVID-19 vaccination that are described by the CDC. Facilities report in the following four categories of HCP to NHSN: employees, licensed independent practitioners, adult students, trainees, volunteers, and other contract personnel.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

The numerator is the cumulative number of HCP in the denominator population who are considered up to date with CDC recommended COVID-19 vaccines. There's a reference for you that's a hyperlink.

So, the proposed update measure: The HCP would be considered up to date during Quarter 4 2022 reporting period for the PCHQR Program if they meet one of the following criteria: One, individuals who received an updated by bivalent booster dose; individuals who received their last booster dose and less than two months; and individuals who've completed their primary series less than two months ago. Again, CDC definition is updated here for your reference.

So, there are no proposed changes to the data submission or reporting process. CMS is proposing to report the updated measure, beginning with Quarter 4 2023 reporting periods for the PCHQR program. Providers would collect the numerator and denominator for the COVID-19 HCP vaccination measure for at least one self-selected week during each month of the reporting quarter and submit data to NHSN before the quarterly deadline. Begin public reporting the modified version of the COVID-19 HCP measure in the October 2024 PDC, Provider Data Catalog, refresh. Each quarterly COVID-19 HCP vaccination rate, as calculated by the CDC, will be publicly reported.

So, this is just a summary continued, with the Public Health Emergency ending on May 11, 2023, reporting under the Hospital Conditions of Participation may be reduced to a lesser frequency. At this time, we don't have any additional information, but we will continue to communicate any future changes of the CoP through a Quality Safety & Oversight memorandum and other communications when new policies are finalized.

So, this goes over the background of the PCHQR Program. You know, the how it was identified that the program strives to put patients first by ensuring they, along with their clinicians, are empowered to make decisions about their own health using data driven insights that are aligned

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

with meaningful quality measures. The PCHQR Program incentivizes PCHs to improve their health care, quality, and value by giving patients the tools and information needed to make best decisions.

We have no proposed changes to the measure or retention removal policies. So, you can go to the *Federal Registry* for these final rule publications, detailing these policies. This proposed rule, however, includes the following: four new PCHQR Program measure proposals and one PCHQR Program measure modification.

So, the first measure we're proposing is the proposal to adopt the Facility Commitment to Health Equity Measure beginning with fiscal year 2026. This is a structural measure that assesses PCH commitment to health equity, using a suite of equity-focused, organizational competencies aimed at achieving health equity for populations that have been disadvantaged, marginalized, and underserved by the health care system, such as racial and ethnic minority group, people with disabilities, members of lesbian, gay, bisexual, transgender, and queer communities, individuals with limited English proficiency, rural populations, religious minorities, and people facing socio-economic challenges. These include five attestation domains: Equity is a Strategic Priority, Data Collection, Data Analysis, Quality Improvement, and Leadership Engagement. The calculation for this measure will be that each attestation is a question, but it represents a separate domain of commitment representing the denominator as a point for five points total, one per domain. The numerator would capture the total number of domain attestation to which the PCH is able to affirm. and there's a link for measure specifications at the bottom.

The proposal is PCHs would be required to submit this measure information using the HQR system, beginning with fiscal year 2026 program, and the public display would begin in July 2026 with the PDC refresh, or as soon as they're feasible thereafter.

So, the next measure we have is the proposal to adopt the Screening for Social Drivers of health measures, beginning with voluntary reporting for fiscal year 2026, mandatory fiscal year 2027.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

The overview here is that this measure assesses whether PCHs implement screening for all patients who are 18 years or older at a time of admission for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. To report on this measure, PCHs would provide the number of patients admitted to the PCH who are 18 years or older, who are screened for all five of the health related social needs, which are identified there. Then, the intent of this measure is to promote adoption of the HRSNs and screening by PCHs. We encourage to use the screening as a basis for developing their own individual access action plans, which could include navigation services and subsequent referral, as well as an opportunity to initiate or improve partnerships within community-based service providers.

This measure calculation, I will go over that at a high level here. So, it assesses the number of total patients aged 18 years or older. That's the cohort, the numerator, the number of patients who are 18 years or older on the date of the PCH admission and are screened for the following five HRSNs, as I stated earlier, the denominator, or the number of patients who are admitted to a PCH and who are 18 years or older on the date of admission. The following patients will be excluded from the denominator: patients who opt out of screening, patients who are themselves unable to complete the screening during their PCH day and have no legal guardian or caregiver able to do so on the patient's behalf during the PCH stay. This measure is calculated as the number of patients admitted to a PCH each day who are 18 years or older on the date of admission and are screened for all five HRSNs and divided by the total number of patients 18 years or older on the date of the admission to PCHs. Again, there's more measure specifications in the hyperlink below.

So, the summary is that PCHs would be required to submit this measure information annually, using the HQR system, beginning voluntary reporting in fiscal year 2026 and mandatory fiscal year 2027, program year calendar year 2025.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

We would allow PCHs flexibility to select a tool or tools to screen patients for the five HSRNs. CMS encourages PCHs to consider digital standardized screening tools, and you can refer to the fiscal year 2023 final rule regarding the Certified Health Information Technology. Public display will be in the July 2027 PDC refresh or as soon as they're feasible thereafter.

So, this is going to go over the proposal to adopt the Screen Positive Rate for Social Drivers of Health beginning voluntary reporting in 2026, mandatory 2027. Again, this overview is to measure the percent of patients admitted to the PCH who are 18 years or older at the time of admission who were screened, similar to the last one.

Adoption of the Screen Positive Rate for Social Drivers of Health measure seeks to encourage PCHs to track the prevalence of specific HRSNs among patients over time and use the data to stratify risk as a part of quality improvement efforts. Reporting data from both Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health measures would enable the identification and quantification of HRSNs among communities served by PCH.

I'll now go over the measure calculation. The cohort, again, is percent of patients 18 years or older on date of admission, who were screened for an HRSN during their inpatient stay and who were screened positive for one or more of the HRSNs, which I've gone over earlier. The numerator is the number of patients admitted for a PCH stay who are 18 years old on date of admission and who are screened for an HRSN, and who screen positive and have a need in one or more of the five HRSNs. This is calculated separately. The denominator is the number of patients admitted for a PCH stay who are 18 years or older on the date of admission and are screened for one of the HRSNs during the PCH stay. The following patients will be excluded from the denominator:



## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

patients who opt out and patients who are themselves unable to complete the screening during their inpatient stay. The measure specifications are hyperlinked.

Summary: The PCHs would be required to submit this measure information annually. Again, using the HQR system, beginning voluntary reporting in fiscal year 2026 program year, calendar year 2024, reporting period mandatory reporting for the fiscal year 2027, calendar year 2025. Public display would begin July 2027 PDC refresh or as soon as they're feasible thereafter.

This next measure is the proposal to adopt the Documentation of Goals of care Discussions Among Cancer Patients measure beginning the fiscal year 2026 program. This is a process measure, focusing on the essential process of documenting goals of care conversations in the electronic health record, EHR, by assessing the presence of this documentation in the medical record. The intent of this measure is for PCHs to track and improve the documentation to ensure that such conversations have taken place and have been properly documented in a retrievable manner by all members of the PCH healthcare team and facilitate delivery of care, align with patients and families, values, and unique priorities. This measure would require the use of both administrative data for clinical information and discrete documentation in the EHR, documenting the goals of care discussion.

So, I'll go over the measure calculation. The population is the number of patients who died in the measurement period, including patients participating in clinical trials. If these patients meet the criteria for the measure's population, defined using PCH administrative data, non-claims and discrete documentation in EHR as follows" patients who died at the PCH in the measurement period, patients who had a diagnosis of cancer, patients who had at least two eligible contacts with the PCH within six months prior to their date of death. Eligible contacts are inpatient admissions, hematology, oncology ambulatory visits at the reporting hospital.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

The denominator is the number of patients meeting the criteria for inclusion in the measure's population in the reporting period.

This is the continuation of the measure calculation on the number of patients. This numerator is the number of patients who were included in the denominator for whom a goal of care conversation was documented in a structured field in the medical record in one or more of the patient's goal fields. To meet inclusion in the numerator, the documentation in the EHR would be required to either of the following: any documentation in or more patient field goal in the EHR and documentation that the patient opted not to have a goals of care discussion. The performance is reported as a percentage. A higher score is better. Again, measure specifications are hyperlinked below.

So, the PCHs would be required to submit the measure information annually using the HQR system, beginning with fiscal year 2026, program year, calendar year 2024 reporting period. Public display would be in July 2026 PDC refresh or soon as feasible thereafter.

So, this table here, this is a section of all of the measures, the adopted measures and proposed measures for the PCHQR Program. We have the short name, the Consensus-Based Entity number, and the measure name.

Again, this is for the clinical process oncology care model, Oncology Care Measures, short name, CBE, measure name, Intermediate Clinical Outcome Measures.

This continues on for the patient engagement experience of care, claims based, and the health equity measures.

This is the maintenance of technical specifications for quality measures. CMS is not proposing any changes to the process for maintaining technical specifications for the PCHQR Program measures.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Please refer to the fiscal year 2015 final rule for policy regarding the subregulatory process to make non substantive measure updates. The specifications are located on the QualityNet PCHQR Program page.

So, the public display requirements, you know, this is something we have each year, so, CMS is proposing a time table for public display of data for one PCHQR Program measure. This is the Surgical Treatment Complications for Localized Prostate Cancer, also known as PCH-37.

CMS is proposing to begin public display of the Surgical Treatment Complications for Localized Prostate Cancer beginning with fiscal year 2025 program year. CMS confidentially reported data collected for fiscal year 2023 program year in July 2022. CMS anticipates providing confidential reports on the data collected for fiscal year 2024 program year in summer 2023. CMS would make the fiscal year 2025 program year PCH-37 data publicly available following the 30-day preview period during the July 2024 PDC refresh cycle, or as soon as feasible thereafter.

So, this table provides you with the previously finalized and proposed public display requirements for the PCHQR Program. Again, it goes over the measures and the public reporting dates.

It continues on with the measures and the public reporting.

So, now, I'm going to go over the form, manner, and timing of data submission. Please refer to the final rule publications provided in this proposal for previously finalized procedural requirements. CMS is proposing updates to the data submission and reporting requirements for the HCAHPS Survey measure. This is CBE Number 0166. This was adopted in the PCHQR Program in fiscal year 2014. Reporting and submission requirements were established in the fiscal year 2016 final rule, and the 2020 final rule, and the references are there for the *Federal Register*.

So, I want to go over the proposed updates here.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

So, the large-scale mode experiment was conducted in 2021 to test adding the web mode and other updates to the form, manner, and timing of HCAHPS Survey data collection and reporting. We have four main goals here: to test the large-scale feasibility of web, first sequential multi-mode survey administrators in an inpatient setting; investigate whether mode effects significantly differ between individuals with email addresses available to the data collection vendor compared to individuals without email addresses available to the vendor; develop mode adjustments to be used in future national implementation; and test potential new survey items. This experiment included three currently adopted and approved modes: mail only, phone only, mail-phone/mail with phone follow-up. There were three additional mode protocols, which added an initial web phase: web-mail, web-phone, and web-mail-phone.

So, beginning with calendar year 2025 discharges, we are proposing to add three new modes of survey implementation to include web-mail, web-phone, and web-mail-phone; remove prohibition of proxy respondents to the HCAHPS Survey; and allow a patient's proxy to respond.

We're going to extend the data collection for the HCAHPS survey from 42 days to 49 days; limit the number of supplemental HCAHPS Survey items to 12, which aligns with other CMS CAHPS Surveys; require the use of official Spanish translation for Spanish language-preferring patients; and remove administrative mode, not currently used, active, interactive, and voice response.

CMS is not proposing any changes to the Extraordinary Circumstances Exceptions, also known as ECE policy. Please refer to the 2019 final rule for more information on the PCHQR Program ECE policy.

We're going to hand it back to Lisa. So, I thank you for your time today, and I appreciate your diligence to the PCHQR Program.

**Lisa Vinson:**

Thank you, Ora.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

At this time, I would like to review the areas CMS is requesting comments on specific to the fiscal year 2024 IPPS/LTCH PPS proposed rule, as well as walk you through the process to electronically submit your comments.

CMS appreciates and needs your comments concerning this proposed rule. To be assured consideration, comments on all sections of this proposed rule must be received no later than 5:00 p.m. Eastern Time, June 9, 2023. CMS will respond to all comments that are within the scope of the proposed rule.

During Ora's discussion of the proposed changes for the PCHQR Program, there are several proposals that CMS is requesting public comment on. These include the adoption of four new measures which are Facility Commitment to Health Equity, Screening for Social Drivers of Health, Screen Positive Rate for Social Drivers of Health, and Documentation of Goals of Care Discussions Among Cancer Patients.

The last three subjects for comments include public display of the Surgical Treatment Complications for Localized Prostate Cancer (PCH-37), modification of the COVID-19 Vaccination Among HCP measure to align with the Hospital IQR Program and LTCH Program, and the modification of the data submission and reporting requirements for the HCAHPS Survey measure.

As indicated on this slide, there are three ways you can submit comments on the fiscal year 2024 proposed rule: electronically, via regular mail, or express or overnight mail. Of note, CMS is not able to accept comment submissions via fax. Specific details, such as the address and addressees are listed on this slide.

To electronically submit your comments, you may begin this process here as illustrated on this slide by selecting the Submit a Formal Comment button on the *Federal Register* page, which is the top image. The second option is via the Regulations.gov site, which is shown as the bottom image, and you would select the Comment button.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Please remember that the comment period for the proposed rule closes June 9, 2023, at 5 p.m. Eastern Time. For the purpose of this presentation, you will access the Regulations.gov site by clicking on Comment, which is denoted by red box in the lower left-hand corner on this slide. By making this selection, you will be taken to the screen on our next slide.

Here is where you will enter your comment. You will type your comment in the box in the area that says “Start typing comment here...” as shown by the red box on this slide.

This section of the comment form requires you to enter information. First, letter A, you will select from the drop-down menu the appropriate choice that reflects “What is your comment about?” Please note this field is optional. Next, letter B, if you would like to upload files, such as your comment and/or supporting documentation, you can do so by selecting Add a File. There is also a link to view the attachment requirements to ensure your file upload is successful. Then, letter C, you will enter your email address, which is also an optional field. Of note, your email will not be posted on Regulations.gov, and you can opt in to receive an email confirmation of your comment submission and tracking number. Lastly, letter D, you will be required to indicate which description best represents you. Are you submitting your comment as an individual or an organization? Would you like to submit your comment anonymously? Once you’ve made the appropriate selections, you will be directed to the screen displayed on the next slide.

Based upon the selection you made in the previous section, individual or organization, you will be required to enter specific details. If you are submitting your comment as an individual, you will be required to enter your first and last name. You will notice that the City, State, Zip Code, Country and Phone Number fields are optional. If your organization is submitting a comment, you will be required to select the type of organization that is appropriate and your organization’s name.

## Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

---

### Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Again, both fields are required in order to advance to next step in the process, which is outlined on the next slide.

These last two steps are required. First, letter E, you will need to check the box acknowledging “I read and understand the statement above.” Second, letter F, you will select the Submit Comment button.

Congratulations! At this point, your comment submission is official and will be reviewed by CMS. As displayed on this slide, denoted by the letter G, the system generates and assigns a comment tracking number for your records and reference. Please retain this tracking information in case you need to refer back to the comment you submitted.

There are also additional options you can select, such as receiving notifications when your comment has been reviewed and publicly posted and when a future document mentions the document you comment on.

This ends my portion of our presentation today. I will hand the presentation back to Ora for closing remarks.

**Ora Dawedeit:**

Again, I want to thank you for your time and your dedication to the PCHQR Program. We’re looking forward to your comments. Please refer to the *Federal Register* for the proposed rule. Thank you. Have a great day.