Ambulatory Surgical Center Quality Reporting Program

Support Contractor

Ambulatory Surgical Center Quality Reporting (ASCQR) Program 2018 Specifications Manual Update

Presentation Transcript

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Dianne Glymph: Good afternoon! Welcome to the Ambulatory Surgical Center Quality Reporting Program webinar. Thank you for joining us today. I'm Dianne Glymph, a project coordinator with the ASCQR Program. If you haven't downloaded today's slides, you can get them from our website at qualityreportingcenter.com. Just click on today's event, and you should be able to download the handouts. They are also attached to the invite you received for this webinar.

Our speaker today is Melissa Thompson. She is the Specifications Manual Lead for HSAG and works collaboratively with the measure writers to update the Specifications Manual. Later in the presentation, she will be discussing the updates for the recently published 2018 manual.

We are fortunate also to have the measure writers themselves available today to answer your questions directly in the chat box. They worked with us closely to develop this presentation for you, and we appreciate their time and effort. As the subject matter experts, their input and collaboration is essential to the publication of the manual and to this event today.

Yes, a lot goes on behind the scenes during the publication process for each Specifications Manual, just as a lot goes on with your pets when you're not at home, but, um, I'm getting a little ahead of myself.

Before we get started, let me just point out a few reminders here. The first one is, and I don't think we can say it enough, please keep your passwords for both

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QualityNet and the NHSN current and active. These are two separate systems, and each account has to be kept active to be able to access the system. The easiest way to do this is to log-in every 90 days or so. This consistent log-in will prevent password problems and will keep your account from being locked. If you don't log in within 365 days, your account will be deactivated, and you'll have to go through the entire application process again. Additionally, we highly recommend that you have two active Security Administrators for QualityNet and at least two people who have current and active access to the NHSN.

Also, please make sure you are signed up for the ListServe. It's an automated email service which allows you to receive program updates and other important information. It's a very simple way to stay informed about what's going on with this program. If you are not signed up for this free service, you can do so from the homepage of QualityNet.

There's an important announcement from the NHSN that we'd like you to take special notice of. The NHSN will be sending emails to Facility Administrators and Primary Contacts for each facility registered in the NHSN to make them aware that an updated Agreement to Participate and Consent form is available. Please pay attention to this email because this form must be signed by your facility's Primary Contact or Facility Administrator by April 14. If the form isn't signed by then, you will risk losing access to the NHSN, and then you won't be able to enter your data for ASC-8 – that's the Influenza Vaccination Coverage among Healthcare Personnel measure – by the May 15 deadline for the ASCQR Program.

They're allowing signatures electronically, so please ensure that your facility has signed the form by April 14. They've provided an email address and ask that you use the phrase "NHSN Reconsent" in your subject line if you wish to contact them with questions about this process.

And here's something for your February calendar; on February 28, we'll review the 2017 data for the ASCQR Program. In this presentation, you'll get a feel for the importance of evaluating the data from the reported measures and how the nation as a whole performs. As always, we'll send notifications about the webinar via the ListServe.

The learning objectives for this program are listed here on this slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box, and the audio portion of today's program will be posted at www.qualityreportingcenter.com at a later date. During the presentation, as stated earlier, if you have a question please put that question in the chat box located on the left side of our screen. One of our subject matter experts will respond. By having live chat we hope to accommodate your questions as quickly as possible and provide real-time feedback.

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Since the Final Rule was published in November, we have been working with the measure writers to update the Specifications Manual. So, what's a Specifications Manual? This manual is your guide to the measures reported for this program. As we continue our efforts to improve the Specifications Manual, we work to identify areas where we can add clarifications or remove unnecessary information. As these points of clarification, edits, and modifications occur, we post updates in the form of release notes and/or new versions of the manual.

Let me give you a very brief overview of the Specifications Manual production process. Currently, the manual is updated annually. It used to be updated twice a year, as some of you may remember. The new schedule of annual production began last year. The updated annual version, for example version 7.0, is initially posted in July, six months prior to the encounter dates it will reference. This version will reflect the changes and updates that occurred during the previous year. Then, after the Final Rule is released in November, the new version, in this case version 7.0a, is updated to reflect changes from the Final Rule and is released and posted to QualityNet. The old version 7.0 is removed from QualityNet so that it doesn't cause confusion as to which manual you should be referencing for that calendar year. However, any changes in the older version will still be accessible in the form of release notes. Going back to our example, now that version 7.0a is posted, the changes made in version 7.0 can be found in the release notes for version 7.0. I'll come back to this point a little later.

You may be wondering what happens if there are changes between the annual productions? Well, good question. If there are any changes between the annual versions, they are communicated through release notes posted on QualityNet which will reference the version the notes are referring to. Any changes to the manual, whether in the annual production or release notes, will be highlighted in yellow. Today, we're discussing, primarily, versions 7.0 and 7.0a.

Before I hand things over to Melissa and she discusses these changes in detail, let me first show you how to find the Specifications Manual on QualityNet. The QualityNet link is at the top of this slide. From that home page, hover your cursor over the "Ambulatory Surgical Centers" tab and a drop-down menu will appear. You will then click on the Specifications Manual link. You can see this here next to the red arrow.

This page will then display. You can see here the different versions available. Please notice that the data collection time periods referenced are on the left, and the Specifications Manual version to use for those time periods are on the right. As I mentioned previously, the most current version is 7.0a, and this version is referencing the data collection period of January 1, 2018 through December 31 2018. You don't see version 7.0 here anymore.

However, the release notes for 7.0 are here, and I will show you where you can find them in just a minute. For right now, if you click on the 7.0a link, you'll get a

disclaimer page, which I am not showing you, so just click on "agree" to that disclaimer and you will be directed to this page. Here you can see the different sections of the 7.0a manual. Melissa will discuss these sections in detail, but keep this view in mind as she explains the changes in the manual and the different sections they're in.

Let's take a brief look at these sections. We will start with the first two you see here—the Release Notes and Introductory Materials.

If you click on the Release Notes link, you'll see the selections here at the top of the slide: Release Notes 7.0a and 7.0. Remember earlier that I said that version 7.0 is removed when 7.0a is placed on QualityNet? If you were to click on that 7.0 link, you would not find the entire manual, but you will find the release notes for that version which record the changes made to the manual from the previous version. If you click on the Introductory Materials link, you'll see the view that's here on the bottom of the slide. Melissa will discuss the table of contents and the changes that relate to it as we proceed.

So, if you go down to the next section, it will be Section I, Measure Information Forms, and this is the view you'll see. You can see all the measures included in this version of the Specifications Manual. Click on each one to see or download the measure information form individually.

I have a screenshot here of the last three segments you'll see: Section 2, Quality-Data Coding and Sampling Specifications; Section 3 – which is a new section – Quality Data Transmission, and the Appendices. Melissa will discuss these in more detail. On that note, let me hand things over to our subject matter expert, Melissa Thompson, to go over the changes and updates to the Specifications Manual. So glad you're here, Melissa!

Melissa Thompson: Thank you, Dianne, and hello, and thank you again, everyone, for joining us today to discuss changes to the 2018 Specifications Manual. And there were quite a few changes as a result of the most recent Final Rule. So, as we move forward, I will try to be as clear as I can in communicating these rulings as they relate to the changes we've made in the manual. As Dianne mentioned earlier, once a new version is posted, the older version is "retired," so to speak. So, version 7.0 will be referred to as 7.0 release notes, and this is also how it's posted on QualityNet.

We're going to begin with the basics here. As there were measures that were added and measures removed, these need to also be reflected in the table of contents for the Specifications Manual. Here you can see Specifications Manual version 6.0a, adding the Quality Data Transmission section. Now, having 6.0a here may seem strange. However, this change may affect how you report your 2017 data for web-based measures, so it was decided that this change should be

added to Version 6.0a and all the subsequent versions. Now, we'll get into what that main section is a little later in the presentation.

In version 7.0, the two new measures that were finalized in the OPPS/ASC 2017 Final Rule were added to the table of contents. And again, we'll review those a little later in the program. And those two measures are: ASC-13 (Normothermia) and ASC-14 (Unplanned Anterior Vitrectomy). Then again in version 7.0a, ASC-5, ASC-6, and ASC-7 were removed from the table of contents. As you recall, the Calendar Year 2018 Final Rule finalized removal of these measures for the Calendar Year 2019 Payment Determination and subsequent years.
So now, let's discuss the measures themselves, and we're going to begin with the claims-based measures using Quality Data Codes, or QDCs. The QDCs are codes you apply to your Fee-for-Service Medicare claims. Listed here on the slide are the measures associated with these QDCs.

ASC-1: Patient Burn
ASC-2: Patient Fall
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
ASC-4: All-Cause Hospital Transfer/Admission, and
ASC-5: Prophylactic Intravenous, or IV, Antibiotic Timing

ASC-5 is the only measure that had any change, and that is the measure we are going to discuss next. In the Calendar Year 2018 Final Rule it was finalized to remove the ASC-5 measure for the Calendar Year 2019 Payment Determination and subsequent years. Now, the rationale behind removing ASC-5 is published in the Final Rule, but basically what it says is that an analysis of the measure from calendar year 2014 to 2016 showed the performance on this measure is so high and unvarying that a meaningful distinction in improvement couldn't be made and, therefore, meets the removal criteria for the ASC Program. As a result, ASC-5 is removed from version 7.0a Specifications Manual for your calendar year 2018 encounters.

There were no other changes to the other QDC measures for this program, so you will still have to report for ASC-1 through ASC-4 as you have been. Any QDCs your facility has submitted for ASC-5 on 2017 services will not be publicly reported.

Now you may be wondering what to do about your Quality Data Code submission now that the ASC-5 measure has been removed from the program. So, let's discuss this a little more. Now we've already received questions from facilities wanting to know when they can quit reporting using the code G8918. Well, the short answer is you can still report G8918, as the code still remains a valid G-code, but reporting of this code which applies to ASC-5 is longer required for the ASCQR Program. For some of you it may take a while to remove this from your

software as well as other technical and logistical issues. So you can continue to report it, it's just not required to do so for the Program.

And lastly, another common question we have been getting is: do we still need to report two G codes on the Medicare Fee-for-Service claims in 2018? Two codes are no longer necessary; the one code of G8907 which indicates a beneficiary had no adverse events – burn, fall, wrong site/side/patient/procedure/implant, or hospital transfer/admission – you can still apply this one code, and it would suffice in the situation where none of these occurred. If instances for ASC-1, ASC-2, ASC-3, and ASC-4 have occurred, these codes should still continue to be applied to your 2018 claims. Now let's take a look at your G codes.

So, starting at ASC-1 at the bottom left of your screen and moving clockwise, you can see that each measure has its corresponding two G-codes: the first indicating the event occurred, and the second indicates the event did not occur. As we pointed out on the previous slide, if the patient experienced none of these events, you would simply apply the G8907 code and you can see this code in the center of this diagram. Now again, if the patient had any of these events, you would report the appropriate code. So in a nutshell, you will report a minimum of one code and a maximum of four G-codes moving forward. So, let's move on to our outcome measures.

Now there is another claims-based measure for this program, and that is an outcome measure. What that means is, data for this measure is collected through paid Medicare claims and is not manually abstracted by the facility. So let's just touch on this measure for a moment.

ASC-12 is the Facility 7-day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy. CMS introduced this measure for the Ambulatory Surgical Center Quality Reporting Program in the 2016 calendar year. In version 7.0a this measure was updated to include the "2017 Measure Update and Specifications Report" link as well as update all references of 2016 to 2017 in regards to the measure's technical report.

Lastly, because the 2017 performance period calculations do not use ICD-9 codes, we removed the note in tables 1 and 2 that states: "For the ICD-9 codes relevant to the calculation of the measure for the Calendar Year 2016 period, refer to version 5.1 of the manual." Now, we can move on the measures that are submitted via a web-based tool. But before we do, why don't we have a little fun? What do you think, Dianne?

Dianne Glymph: I think that's a great idea, Melissa!
As we noted earlier, we work with the measure writers behind the scenes to produce the Specifications Manual, and we found this rare behind the scenes footage of what happens at home when you leave for work each day.

Um, I think my yellow lab is more of a Motown guy, but who knows? Anyway, it's time for some more fun with the Specifications Manual now, Melissa!

Melissa Thompson: Thanks, Dianne, and welcome back everyone! Okay, so now getting back to business, we're going to talk about our web-based measures. Now these are measures with data that you manually enter and report through QualityNet via the Secure Portal. Now, there is one exception, which is ASC-8. And for that web-based measure, you're going to submit your data through the National Healthcare Safety Network, or more commonly referred to as NHSN. The web–based measures are placed in numerical order within the Specifications Manual. On this slide you can see the first four. And we're going to talk about ASC-6 and-7 in a moment. And here we have the remaining web-based measures from the Specifications Manual.

Going back to the start of the web-based measures in the OPPS/ASC 2018 Final Rule, it was finalized to remove the ASC-6: Safe Surgery Checklist Use and ASC-7: Facility Volume Data on Selected ASC Surgical Procedures for the Calendar Year 2019 Payment Determination and subsequent years. As a result, in version 7.0a of the Specifications Manual, ASC-6 and ASC-7 are removed. I mentioned this earlier, as they were also removed from the table of contents. Let me stop here for a minute and explain what that means for ASC facilities. Removal of ASC-6 and -7 were finalized to take effect with the Calendar Year 2019 Payment Determination. So, when you go to report your facility's 2017 web-based measure data on QualityNet – which, as a reminder, opened on January 1 and the submission deadline is May 15 of 2018 – your facility will not be reporting 2017 data on ASC-6 or ASC-7. But as I just mentioned, you won't even find this measure in your 7.0a Specifications Manual.

ASC-8: the Influenza Vaccination Coverage among Healthcare Personnel. And again, this measure data is submitted via the NHSN portal using your SAMS grid card. Submission of this measure is an entirely different site from QualityNet and requires a completely separate site registration. And no changes were made to this measure in the Final Rule; therefore, there were no changes in version 7.0 or 7.0a of the Specifications Manual.

ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients. In version 7.0 release notes, there was a change in the denominator exclusions. Now this change better aligns the denominator exclusions with similar measures. This change refers to the example in the first sentence of the first bullet point. The change in the denominator exclusions went from "above average risk patient, inadequate prep" to "inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is equal to or greater than 66 years old, or life expectancy of less than 10 years, or other medical reasons."

There was an additional change to the third sentence of the first bullet point, and you can see the entire statement here on this slide, but, essentially, if the reason for exclusion is due to age, then the age needs to be documented as equal to or greater than 66 years old or a life expectancy less than 10 years. There were no other changes for this measure.

And now for the other colonoscopy measure, ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use. There were no changes in the Final Rule for this measure; so therefore, there were no changes in version 7.0 or 7.0a of the Specifications Manual.

ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery. This is a voluntarily reported measure, and there were also no changes to this measure reflected in the Final Rule. So, again, no changes to either version 7.0 or 7.0a of the Specifications Manual. In addition, this measure will continue to be voluntary in 2018 encounters. Now let's move to what's new for the program.

ASC-13: Normothermia. Now, this is a new measure that was finalized in the Calendar Year 2017 Final Rule, and a measure information form was added to the manual in version 7.0. We will take a look at this measure information form in just a moment. So, as this is a new measure, I want to do a little bit of "refresher" on this as well. To give you a quick overview of the measure, you can see a bit of a definition here on the slide with the second sub-bullet which is "the percentage of patients having a surgical procedure under general or neuraxial anesthesia lasting for 60 minutes or more in duration, who are normothermic (which is a body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius) within 15 minutes of arrival in PACU."

Now, you will be abstracting the numerator and denominator for this measure, and you can also use sampling for this measure, which I will talk about later. This performance measure is aligned with current guidelines regarding temperature management in patients undergoing general or neuraxial anesthesia that's lasting 60 minutes or more. Now again, this measure was added in version 7.0, and this measure is for the Calendar Year 2020 Payment Determination and subsequent years. This is an aggregate data collection measure using encounter dates beginning January 1 through December 31, 2018. The data for this measure will be entered into QualityNet, via the Secure Portal, in 2019 for the calendar year 2020 payment determination. Now, this is just a partial view of what the measure information form looks like in the Specifications Manual. The measure information form will guide you on the specifics of the measure. And again, you will submit the data for this measure via the web-based tool on QualityNet. We would encourage you to access the Specifications Manual to do an entire review of the measure information form and become familiar with this new measure.

ASC-14: Unplanned Anterior Vitrectomy. As with ASC-13, this measure was finalized as a new measure in the 2017 Final Rule. Now, this measure assesses the percentage of cataract surgery patients who have an unplanned anterior vitrectomy. No clinical practice guidelines addressing unplanned anterior vitrectomy in cataract surgery are available at this time. However, rates of unplanned anterior vitrectomy have been published in clinical literature and can serve as comparative benchmarks of performance. So again, in version 7.0, the measure information form was added to the Specifications Manual. And like ASC-13, you will be using encounter period of 2018, which will be for the Calendar Year 2020 Payment Determination and subsequent years. And here's a partial view of this measure information form. And again, of course, you will want to refer to the Specifications Manual version 7.0a to reference this form in its entirety. So, now we've covered the measures, so let's move further back in the manual and discuss the sections there – the QDC and Sampling section.

Now, this section is where you'll find information on Quality Data Codes, or QDCs, and sampling information for measures that fit the criteria. Now, since ASC-5 was finalized for removal from the program, it has also been removed from this section as well. So, let's discuss sampling. Sampling is a process of selecting a part of a population in order to estimate the facility's performance without collecting data for its entire population. As we discussed prior, with ASC-13 being added to the Specifications Manual, it will also be added to the description statement as well as the guidance statement for Table 3. This table describes the sample size requirements per year for measures ASC-9, -10, -11, and now -13. So, let's take a look at that new table.

Okay, so here is a snapshot of Table 3 within the QDC and Sampling section that we are talking about. At the top, you can see where ASC-13 has been added. And this is highlighted in yellow in the Specifications Manual as well, as this is a change, or an addition, if you will. In looking at Table 3, the statement "Normothermia (ASC-13)" has also been added. Also notice the two asterisks toward the bottom of the page noting that, "For ASCs with fewer than 63 cases, the total population of cases is required." Now, this isn't new, but it's just good to point out. If you are a smaller facility and, let's say, your aggregate case count for 2018 is 50, you would submit all cases rather than sampling.

All right, the last section we are going to discuss is an entirely new section for the ASC Specifications Manual. We talked briefly about this section when we discussed the table of contents. In the Calendar Year 2018 Final Rule, it was finalized to expand the CMS online tool to also allow for batch submission beginning with data submitted during calendar year 2018. Therefore, this section, again, was added to Version 6.0a and subsequent versions.

Batch submission is the submission of data for multiple facilities simultaneously using a single, electronic file containing data from multiple facilities submitted via one agent on QualityNet. Under the batch submission process, ASC agents

would be assigned a vendor ID. Now, the external file layout for batch submission is expected to be available in early February. You should refer to the Specifications Manual for more detailed information on this.

Well, that's the end of my overview, and I hope we were able to shed some light on the new things and the changes to the Specifications Manual version 7.0a. So, I'm going to now turn things back over to Dianne. Dianne?

Dianne Glymph: Thanks Melissa! What a great overview of the Specifications Manual! So, as the slide says, you got this, but if you're feeling a little wobbly on your board, here are some resources for you listed here on this slide. Don't ever hesitate to call our helpdesk; that number is seen here at the bottom of the slide.

Melissa, again, thank you so much for that presentation. We also want to thank the measure writers that have been responding to your questions and who provided their expertise today. We really appreciate it.

So, we wanted to take a little time to answer some questions that we've been receiving in hopes that these answers to questions in the chat box will address any issues you've been wondering about.

Melissa, you know we're getting a lot of questions about reporting the Quality Data Codes for ASC-5, which are G8916, 8917, and 8918, now that that measure has been removed. Can you summarize for us again how many codes they are supposed to report moving forward?

Melissa Thompson: Absolutely! So, first let me say that if you do continue to report ASC-5, there is no negative impact. I know for some ASCs it might take some time to update their systems. But going back to what you asked me, Dianne, if you have no incidents – and we are referring to no fall, no burn, no transfer, no wrong site, etc. – you will still continue to report the one QDC of G8907. However, if you do have an incident, then each code for each measure one through four needs to be reported separately. Okay so; let's say, for example, you have a patient that fell. You will then report the code G8910, as that is the code to place on your claim in the event of a fall. But since you are no longer in the situation where you can report the single code of G8907 for no event, you will also need to report for each of the other measures as well. So you will be reporting four codes. In short, you will report one code if there is no event and four codes if there was an event.

Dianne Glymph: That's really helpful, thank you. Okay, here's another question. When I am entering our data for the web-based measures into QualityNet, what payment year do I choose?

Melissa Thompson: Yes, that is a great question, and we get that question quite often, actually. All right, when you're entering your data, it's going to ask you for the payment year. Right now you're entering data for Payment Year 2019. And the easiest way to remember this is: You collect data in one year; you submit it in the following year, to get paid in the next year. So basically, your payment year is always two years from when you collect the data. And as a side note, the option for "2019" will be first in the drop-down menu when you're choosing your payment year. And also, if you do click on the wrong payment year, you're going to see what you entered the year prior displayed, and you will not be able to make any changes or modifications, as that data has closed for that submission deadline.

Dianne Glymph: Well Melissa, while we are talking about entering data into Quality Net, another person wants to know what measures are in QualityNet.

Melissa Thompson: That's another great question! So, due to the changes to the program from the 2018 Final Rule, and as we discussed throughout this presentation, ASCs will be reporting ASC-9, ASC-10, and ASC-11, and that is what you will see displayed in QualityNet for the submission of your web-based measures. As a reminder, ASC-11 is still voluntary for the program. You can submit the data for this measure or not. Either way, it will not affect your payment. However, keep in mind that if you do report data for ASC-11, it will be publicly displayed.

Dianne Glymph: Good point. You know, I think it would be good to mention here, now that we're talking about the web-based measures, that the submission deadline for all of the web-based measures is May 15.

Melissa Thompson: Yes, Dianne, that is a good point. Previously, ASC-8 was the only measure that was due May 15, and the remaining web-based measures were due August 15. Now, beginning with this submission period and moving forward, they are all due on May 15. We certainly do not want anyone to miss this deadline.

Dianne Glymph: So, you can go ahead and complete all these web-based measures right now and don't have to worry about encountering any technical issues or site maintenance downtime?

Melissa Thompson: So, for the web-based measures you enter into QualityNet, that's true. You can go ahead and enter the data for those measures, and then you're done with that part of the Program requirements. Now, keep in mind, the flu season ends March 31.

However, for the purposes of gathering your influenza data, if you have that already collected, you can enter that now and be done with that as well, and remember that's also due May 15. And on that note, remember, back in October we did do a webinar, in collaboration with the NHSN, that reviews just how to make sure your data is entered accurately and counted toward fulfilling the ASCQR Program requirements. You can find a recording of that presentation, the slides, and the transcripts on our website at qualityreportingcenter.com in the Archived Events section.

Dianne Glymph: Here is another question: Is there a calendar we can reference that has the due dates for the various measures?

Melissa Thompson: Oh yes, we always have references on our website, qualityreportingcenter.com. And right now you can access this type of information for Payment Year 2019 and also for Payment Year 2020. Now, if you're not familiar with our website, I encourage you to take a look and become familiar with it; it is just full of good information, there are resources and tools. So again, that website is qualityreportingcenter.com.

Dianne Glymph: Thanks. Melissa. We've had several questions today in the chat box about NHSN, but basically the question that people are having is: Can you please repeat the form we have to have signed for NHSN?

Melissa Thompson: Yes, absolutely. It is worth mentioning again as it is important to make sure that facilities get this form signed. NHSN will be sending emails to the Facility Administrators and the Primary Contacts for each facility registered in the NHSN and make them aware that an updated NHSN Agreement to Participate and Consent form is available. Now, this form must be signed by your facility's Primary Contact or Facility Administrator by April 14, and, as a note, they do allow electronic signatures. Now, if the form isn't signed by that April 14 deadline, then you will risk losing access to NHSN, and then you're not going to be able to enter your data for ASC-8, the flu vaccination measure. Again, the submission deadline for ASC-8 is May 15.

Okay and now, since we're on that note, I thought this would maybe be a good time to also bring up another neat feature that we can help -- might help you with entering your data, and that is what we call desktop sharing. And you can do this by either giving us a phone call or requesting an appointment online. What it is, is we will be able to see your screen – now we can't manipulate it or do anything – we can just see your screen and what you're doing, and we can guide you where to click, how to click, where to go on the screen that you can get your data in accurately.

Going to back to how you can do this, you can just give us a call on the fly and we can do it then, or, as I know everyone's busy, if you would prefer to schedule an appointment – actually, a Qualit-e-Quips went out yesterday that has a link that

will take you to a survey where you can fill out and request an appointment. And then one of our subject matter experts will get back to you and confirm that appointment. So if you prefer that way, that's great; otherwise, if you just want to give us a call, we can do it on the fly.

Dianne Glymph: I'm so glad you brought that up, that reminds me – after the presentation, there will be a survey that will ask you to evaluate the presentation – and we always read all of your feedback and appreciate your giving us that feedback – but on the bottom of the survey, you'll have an opportunity to put in any topics that you would like for us to address in future presentations. So, if we could ask you to take a minute when you get that survey, and let us know what you would like for us to discuss with you this year. So, thank you so much.

And thank you, Melissa, for answering all those chat box questions, but I think that's all the time we have for those questions today. So, as a reminder, a recording of today's event, along with the transcripts for the presentation and all of the Q and A's in the chat box, will be posted on our website at qualityreportingcenter.com at a later date.

That's all the time we have this afternoon. We realize that your time is very valuable, and we thank you for sharing it with us this today. Have a great day!