Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting

Presentation Transcript

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Pam Harris: Hello, and welcome to the Ambulatory Surgical Center Quality Reporting Program webinar. Thank you for joining us today. My name is Pam Harris, a Project Coordinator for the ASC Quality Reporting program.

If you have not yet downloaded today's handouts, you can get them from our website at qualityreportingcenter.com. Just click on today's event and can download the handouts. They are also attached to the invite you received for this webinar.

Our speaker today is Dianne Glymph, a Project Coordinator for HSAG and she will be discussing with you today some common obstacles, hurdles, commonly asked program-related questions. By addressing these issues we hope to arm you with some knowledge and skills which will enable you to navigate the reporting for this program with a little more ease. Before I hand things over to Dianne, let me make a few announcements.

May 15 is the submission due date for your web-based measures. This is the first year for ASCs where all of your web-based measures are due in May. You will no longer be submitting the QualityNet measures in August, please do not miss that. If you need any help with submitting your data, please give us a call, we are always glad to help. We can even do screen-share to make sure you are submitting data correctly.

Please keep your passwords for both QualityNet and NHSN current and active. 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 disabled.

Also, please make sure you are signed up for ListServe. It is an automated email service which allows you to receive program updates and other important information. It is a very simple way to stay informed of what is going on with this program.

NHSN has sent emails to Facility Administrators and Primary Contacts for each facility registered in the NHSN to make them aware that an updated NHSN Agreement to Participate and Consent form is available. If the form isn't signed by the April 14 deadline, you will risk losing access to the NHSN. They do allow for electronic signature. NHSN has now added a document with screen shots to assist you in this process should you need it. We have the direct link to that document on the slide. And if you have questions or need to contact the NHSN regarding this Re-Consent Form, please email the NHSN help desk at NHSN@cdc.gov and use the phrase "NHSN Reconsent" in your subject line.

I would like to just mention our next event. On April 25, 2018 we will be discussing tools and resources to ensure your success in the reporting for this program. Some of these resources you may not even know are available. That webinar will be sure to have all of the information you need to ensure your successful and timely reporting for this program. As always, ListServe notifications will be sent regarding these webinars.

The learning objectives for this program are listed 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 on 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 the screen. One of our subject matter experts will respond. Let's get started, I will now hand things over to Dianne. Dianne?

Dianne Glymph: Good afternoon, everyone. Thank you for joining us. As the support contractor, we field calls and questions from ASCs every day, and we know some of the difficulties that you experience when reporting for this program. Today, we will focus on some of the most common trouble spots we hear about so that you can get your ducks in a row. Before we talk about anything, let me just remind you that there is no August deadline for web-based measures anymore. All the web-based measures are due by May 15 beginning this year and moving forward.

We all hear the phrases calendar year, payment year; what do these mean? To summarize, the calendar year designates a specific time period, and the payment year refers to the year the ASC will see the results in the form of payment. As you can see on the slide, we are referring to the time frame you are currently in. So, you have the reporting period with encounter dates for 2017, you then enter that data now, in 2018, to get paid in 2019. In general, your encounters for one year affect your payment two years later. Keep that in mind as we move forward. Let's begin with the claims-based measures for this program.

On this slide are the claims-based measures for next year's payment determination—the 2019 Payment Determination. This is where we are right now. You are currently entering data for the 2019 payment year. Data submission for ASC-1 through ASC-4 uses Quality Data Codes, or QDCs, that are placed on your Medicare Fee-for-Service claims. You may also hear these codes referred to as G Codes. ASCs submit these measures using QDCs entered on their claims via the CMS 1500 paper form or equivalent electronic form. As a reminder, in the calendar year 2018 Final Rule, ASC-5 was removed from this program, which is why you don't see ASC-5 displayed here. You will no longer report on that measure. The last measure in the table, ASC-12, is a claims-based outcome measure. Data are calculated for ASC-12 from administrative claims. Your facility does not have to actively report or manually abstract data for this measure. You can see on the slide that the reporting period dates for all of these measures runs from January 1, 2017 through December 31, 2017.

Now we're moving to the measures submitted via a web-based tool, and here we're viewing the measures to be reported for the 2019 payment year, which are ASC -8, -9, -10, and -11. Yes, ASC-11 is still voluntary for this program. Since we're currently reporting data for the 2019 payment determination, these are the measures you're entering for this current submission period. Now for ASC-8, the healthcare personnel flu vaccination measure, you enter that information into NHSN. The other measures are entered into QualityNet; more about that later. In summary, you have four web-based measures, one being voluntary, that you are entering now for the 2019 payment year. The reporting period, or the encounter period, for the ASC-8 measure follows the flu season and it runs from October 1, 2017 through March 31, 2018. The reporting period for the measures entered into QualityNet is January 1 through December 31, 2017. Now remember, all of these are due no later than May 15. Let's look ahead at this time next year for the 2020 payment determination.

Ok, no change here. As it stands, the same claims-based measures are due to be reported for the 2020 payment determination. Let's look at the web-based measures. Here is what you'll be reporting for web-based measures this time next year. We saw all the same measures we saw a couple of slides back, but now you can see that ASC-13 and -14 have been added and are listed here. Please let me

direct your attention to the data collection, or reporting period, for these two measures. They began January 1, 2018.

Let's go into a little more detail on these measures. Again, we are showing you things that will hopefully clarify some points of trouble that ASCs seem to have. We hear from you about some of the issues you encounter while submitting QDCs. We hope to share some tricks to assist you in getting your quality reporting processes down pat. To be compliant with program requirements, facilities must report QDCs on at least 50% of the claims submitted to Medicare for payment in a given calendar year. Quality Data Codes are specialized, non-reimbursed, CPT codes that provide information about ASC performance and patient outcomes. QDCs are reported via Medicare Fee-for-Service claims, either primary or secondary, and include Medicare Railroad claims. They are not reported on Medicare Advantage, HMO replacement, or any commercial payer claims. These are non-payable procedural codes.

The Quality Data Codes, or G-Codes, were implemented by CMS to track the rate of occurrence of adverse outcomes within the ASC environment to better determine the relevance of these issues. By applying codes to your Medicare Fee-for-Service claims, you provide valuable data on your facility's outcomes and processes.

Now you may be wondering what to do about your QDC submission now that the ASC-5 measure has been removed from the program. If you have no events, you will report one code, the G8907 code. This code says exactly that – no events. If you do have an event, then you will have to report a code for each measure, so you will report four codes. A point of interest here is if your facility is in the transition period and it's taking some time to modify your software to remove those codes related to ASC-5, don't worry about it. You can continue to report; it's just not required to do so for the program. To recap, you can see that each measure has its corresponding 2 G-Codes. The first indicates the event occurred, and the second indicates the event did not occur. If no events occurred at all, you will report the one code G8907.

Let's say that one of your patients had an event. Let's say a patient tripped on her untied shoelace and experienced a fall. So, patient falls are tracked by the measure ASC-2. This patient now has the code G8910, as she "Experienced a fall within the ASC'." Now that we have an event from one of those four measures, we are no longer able to use the aggregate code G8907, and, instead, we must use the individual codes to report on each of the ASC-1 to ASC-4 measures. Now we have four codes. So, there you have it; you will report one code or four codes.

We get calls from ASCs that are certain they have applied G-codes but come to find out there were errors on their claim forms. Let's touch on this briefly and hit the highlights of the most common issues we hear about. So this is a sample CMS

Form-1500, and we'll point out the elements of this form that, if done incorrectly, will put you at risk for failing your minimum requirement of reported QDCs.

Complete the form as you would normally, paying particular attention to the following highlighted areas:

At the top left in Field 21-A: This is where you populate your ICD-10 codes; the letter adjacent will be the Diagnosis Pointer. Field 24-B: In order to receive credit for your QDCs, this field, the place of Service, must be "24," which identifies your facility as an ASC.

Field 24-D: In this field you will place the Billable CPT code and your G-codes. All G-codes, and at least one CPT code must be populated on every claim, every page. Notice the position of the codes here on this slide. The CPT code must be above the QDC codes.

Field 24-E: Your diagnosis, ICD-10 pointer code needs to be placed here next to its corresponding CPT code. If there is no diagnosis pointer in box 24E, the claim will be rejected by the MAC.

Field 24-F: Place the CPT associated charge here and "zero," or if a billing system cannot accept a zero charge, then a one cent charge can be applied. So, you can enter either zero or one cent. This is a crucial step to make sure these codes are accepted into the warehouse.

Field 24-J: The rendering provider must be the facility NPI, not your physician's NPI. Your ASC will not get any credit for those G-codes if you put the wrong NPI on there. If you need further clarification about QDCs, we had a two-part series on QDCs in March and April of 2016. You can find these webinars on our website, qualityreportingcenter.com, in the Archived Events section.

So, we have discussed the QDCs. Now let's take some time to dabble in submitting data via a web-based tool. A never-ending question we get is, "What version of the manual am I supposed to use?" It's a very good question. It can be confusing. Let's try to clear this up. For encounters January 1, 2017 through December 31, 2017, use version 6.0.a. This refers to measures being submitted right now. For encounters January 1, 2018 through December 31, 2018, use version 7.0a. The encounter periods are always on QualityNet in the Specifications Manual section.

The confusion comes when you are abstracting and inputting data for two different encounter periods. For example, you may be abstracting data for the current encounters, but you are wrapping up your abstraction for the web-based measures you're submitting before the May 15 deadline. So, you're dealing with two encounter periods and two different versions of the Specifications Manual at once. From the home page of QualityNet, you will hover your cursor over Ambulatory Surgical Centers and you'll see a drop-down menu. Go down and click on Specifications Manuals.

This page will then display. You can see here the different versions. Please notice on the left, the reference to the data collection time period. On the right is the Specifications Manual version to use for that time period. So, you see that the most current version is 7.0a, and this version is referencing the data collection period of January 1, 2018 through December 31, 2018. Now that we're talking about the Specifications Manual, let me show you the sample size table in Version 7.0a.

We get a lot of questions regarding the sample size for the colonoscopy measures. This table, Table 3, comes directly from the QDC and Sampling section of the Specifications Manual and it tells you how many cases you need to meet the requirements for the measure. I'm using version 7.0a specifically, since it also includes ASC-13. That's highlighted because we pulled it directly from the manual, and the highlighting indicates a change from the previous version, 6.0a. And this change is due to the addition of the ASC-13 measure.

As you can see, if you have a yearly population of 0-900, you need to submit 63 cases. If you have a yearly sample of 901 or more, you need to submit 96 cases. CMS established these sampling sizes because it doesn't want ASCs to have to abstract 900 charts as this would be overly burdensome. Hence, we have this table as a guide to your requirements.

Now you are aware of what you are reporting, what version of the Specifications Manual to use, and your sample size requirements, so you are ready to enter your data. We'll begin by looking at the measures submitted through QualityNet. From the home page of QualityNet, you will log into the QualityNet Secure Portal. You will then choose the program that you want to report data on. You tried your QualityNet password and it doesn't work; dang! Well, you can call QualityNet and request a password reset, or you can try this first. You can leave your User ID, Password, and Security Code blank and then click on Forgot Your Password.

It will ask you for your user name and email address and then ask you your security questions. Then you'll get an email with a link to change your password. If this doesn't work, well, you will have to contact the QualityNet help desk to reset your password. We put this password issue here as this is a very common hurdle. To underscore what Pam said at the beginning of the presentation, please keep your passwords updated and active. We will now assume at this point that you have successfully logged in. This page will display, and when you click on the drop-down arrow next to Quality Programs, this is the drop-down box you will see. See the first line in the drop-down menu that's inside the red box? There's more than one program there but that's where you click to enter data for our program —ASCQR. You will then be taken to the My Tasks Page. Go to the Manage Measures box —we've pointed it out there— and click on the View/edit Structural/Web-Based Measures link that's magnified in the red box at the bottom

of the screen. This page will then display, and you will, once again, select the program you're reporting for; we're choosing Ambulatory Surgical Center Web-Based Measures. Then select the correct payment year. The current reporting period — meaning what you are entering into QualityNet right now— will always be the top selection, Payment Year 2019. We discussed the payment year earlier, as you remember. Here you can see the payment year we are selecting is 2019 and then you will select Continue.

Let's imagine you're ready to input your data. You will have this view in QualityNet. Before we move on, though, I'd like to draw your attention to a couple of things. First, the submission period. What you are viewing here is what you would view if you logged in to QualityNet right now. It's the submission period we are currently in—January first through May 15. Secondly, the reporting period. These are the encounter dates you're using, and you can see this here – January 1, 2017 through December 31, 2017. And finally, the payment year, which is 2019. I pointed these out so you can ensure that you're reporting for the correct year. All the pertinent information is right here for you to verify before you move on and start to enter your data. For example, let's say that we're looking to input data for ASC-9.

Well, it just so happens that your ASC has no cases for this measure because you don't do endoscopies. The question we get a lot is, "If we don't have any cases that meet the measure criteria, can we just leave it blank?" The answer is no, you can't leave it blank. The system doesn't know that you don't have cases; the system knows only what you tell it, so you have to tell it that you don't have any cases. If you leave it blank, it will interpret this as you didn't report data. Now, CMS is aware of this and is working with contractors to change it, but for now, you will enter "zeros," as demonstrated here.

Now when you get to entering data for ASC-11, since it's voluntary, you can leave that blank. However, to avoid confusion and to avoid accidentally leaving something blank, we recommend entering "zeros" for ASC-11 also. Okay, back to ASC-9; under "hospital's sampling frequency" you may just check "N/A" if you like. You will then hit the "calculate" button which will appear once you enter data.

Once you complete all of your data, your page should look like this. You should see "Completed" for each of the measures. This particular ASC did not report anything for ASC-11. The reason it says "Incomplete" is because they didn't enter the zeros. If you enter the zeros for ASC-11, it will change to "Complete." We highly recommend that you keep a screenshot of this page and print a copy for your records. That covers entering data for QualityNet, so let's move to NHSN.

Remember to please make sure to keep your passwords active; the QualityNet and NHSN platforms are separate. Now, it's time to wade through the NHSN

submission process. ASC-8 is the only measure you will enter into the NHSN system. From the log-in page, you will enter your SAMS Grid Card credentials. This will direct you to the SAMS threshold, which is the first step in getting to the NHSN reporting area. To get there, we'll choose the option "NHSN Reporting." The NHSN Landing Page will display. The component will be Healthcare Personnel Safety. For ASCs this is your only option.

Choose your facility from the drop-down menu. Now if you are a single entity, you will only have one option here. However, if you are a corporation that owns multiple ASCs and you report data for them, then this drop-down box will have multiple options for entering data for those ASCs and you will choose the one you're currently reporting for.

Now you are on the NHSN Healthcare Personnel Safety Component Home Page. When entering your data for ASC-8, you must Add a Reporting Plan. Every year when you report data, you have to add a reporting plan. If you only do this once a year, it's really easy to forget that part, and many do, so we'll review this quickly. Go to the navigation bar to the left and hover your cursor over "Reporting Plan," then click on "Add." This will be the next page to display, so click on the drop-down arrows in the first section of the mandatory fields. For the Facility ID, you may only have one facility for which you enter data, or you may have more, depending on your situation, but you will select your facility here.

Then you have to choose a month that is within the reporting period. Then you will select the year. Here we are choosing 2018 for the year, as this is what you will choose for the current flu season we're in right now. Go to the bottom and under "Healthcare Personnel Vaccination Module," check the box "Influenza Vaccination Summary." That is the very last box that you see here. Now click "Save."

You'll get this disclaimer box saying that no data was found, so you might think 'Uh oh,' but, no, that's correct. It isn't found because you haven't entered it yet; that's what we are doing now. So, click on the "ok" box in blue. You will then be directed to the home page again, and now you're going to add a flu summary, so you can actually enter your data. You will, again, go to the navigation bar on the left, but this time hover your cursor over "flu summary" and click "add." Now you're going to add your information into the flu summary. First, at the top, you have to fill in the mandatory fields. Now choose your facility. If you are a vendor or reporting for more than one facility, you will have more than one option at this point. The vaccination type will be influenza. The vaccination subtype is Seasonal. Those two options are on the default setting, so you should not have to actually choose these two. However, for the flu season, select the season you are currently reporting for. Now we're in the 2017/2018 flu season, the first option year, so we'll choose that option. Please make sure you select the correct flu season. We have had people select the incorrect flu season, believe their data to be

appropriately submitted, and it wasn't, so please ensure that you're choosing the correct flu season. Then go below and enter your data in the grid shown. So, you enter your data, making sure your information all adds up, then click "Save." This version of your flu summary will appear, and you'll simply click on the printer icon, print this out, and keep it for your records. Go ahead while you're there and take a screenshot of your completed submission. It never hurts to have verification in both ways that you've completed your data submission. Great job; you have successfully reported your information.

Now that you're up to speed on how to enter your data, the appropriate sample size, and the submission deadlines, how do you do your own quality check and keep from going daffy with all this data? There are ways to proactively keep a check on your own performance, QDCs, and data submissions. Outside of any in-house quality checks you do, there are several other ways of looking into your performance. These tools can help you become an active participant in your facility's success.

Let's look at your remittance advice. A correct Remittance Advice reflects a billed charge and a minimum of one or a maximum of four QDCs, as we discussed previously. The G-codes will split into a separate claim when one of the G-codes is entered on the 7th or 14th line on the claim. A billed charge must be affiliated with the correct number of G-codes on each claim in order to receive credit for this component of the program requirements.

You can run your Claims Detail and Provider Participation Reports from the QualityNet Secure Portal. These reports are great resources to help guide you in identifying reporting issues and in preventing future ones. These two reports provide different information about your facility's individual performance. Last month we discussed the Claims Detail Report and Provider Participation Report in some detail. You can review those webinars in the Archived Events section of qualityreportingcenter.com. Just know that you have access to information that will ensure your compliance with the program requirements.

For those of you who are not familiar with these reports, I'm going to show you, now, some examples of these. Here is a sample of the Claims Detail Report, or CDR; now, all of this information is fictitious. You can see at the top right that this report is 71 pages long. For the purposes of our discussion, I am only showing a partial view of the first page. This report is a listing of all of the Fee-for-Service claims submitted by your facility to Medicare for payment during the time period you designated. Each line provides details about a claim including: the patient's Medicare Beneficiary Identification Number (MBI), the date the claims were received by Medicare, the date of service, the Quality Data Codes that appeared on the claim, the patient's last and first name, date of birth and Claims Control number, which is a system-generated number.

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This is an excellent auditing tool when used in conjunction with the remittance advice. The report allows you to see what QDCs are being applied most frequently, and it will show you if there are claims that were submitted without QDCs, either because they were absent from the claim or because they were not accepted into the warehouse. Those are the claims you will want to research because if a claim goes into the warehouse without associated QDCs, your facility is not getting credit for reporting those QDCs, and those claims can't be re-submitted for the purpose of adding QDCs. And remember, in order to meet the CMS program requirements and receive the full annual payment update, your facility must meet or exceed the 50% threshold, meaning that 50% of your fee-for-service claims must contain QDCs. Now let's move on to discuss the Provider Participation Report.

This is an example of the Provider Participation Report, or PPR. This is for Payment Year 2018, so this would contain everything you reported last year. This is a very useful report, rich with information about how your facility is performing relative to the program requirements. On the upper left side of the report, you will see the state in which the facility is located, the facility's NPI, its name and city. Below that you will see the total number of claims with QDCs, the total claims volume, and the QDC reporting percentage, or Data Completeness rate. And, of course, you will need at least 50% of claims to have QDCs to meet program requirements. We're looking at the first page for Quarter 1, but pages 2, 3, and 4 would look similar as they relate to the other quarters for this payment year. Because this is payment year 2018 we are viewing, ASC-5 is included in this report. The Calendar Year 2018 Final Rule removed ASC-5 from the program, so you will no longer be applying QDCs as they relate to that measure. Let's view the last page of this report.

Remember that this report is for payment year 2018, and you see ASC-6 and -7. These two measures were also removed from the program. Under ASC- 6 and -7, you will see data for ASC-9, -10, and -11. This fictitious facility did not submit data for ASC-11, the voluntary measure. Below this information, towards the bottom, you will see that they submitted ASC-8 data. Another useful check-up tool is on our website; you can see the address at the top of the page. This is the top of the home page. You will go to the box on the right-hand side of the page under ASC Quick Links and click on the Lookup Tools link. This page will open, and you'll see all the web-based measures at the top, and then you'll go down to the area in the red box and enter your facility's NPI or CCN and hit the "Search" button. And this page will open. You will notice there are all "No's" displayed at the bottom of the screen. This fictitious facility has not entered any of their web-based measures. The asterisk indicates that no data are currently available. You can see this at the bottom. The reason for that is this data update must be received directly from NHSN. As we get closer to the submission deadline, this is updated more frequently.

Always look at the "Data last updated" notation – we put a red box around it on the slide. That will tell you the last time this information was updated. However, please note that the data comes from two different places, QualityNet and NHSN. We don't expect to receive a data refresh from NHSN before April. If your ASC has entered the flu measure data after the updated date and it is not reflected here, then we have not received the update yet from NHSN. As submission deadlines get closer, these data are updated more frequently.

Now, along with data submission struggles, there are administrative issues that can foul up your data submission. In this last section we are going to discuss ways to deal with staffing issues and turnover, some of the most common issues ASCs have. Let's look at how to stay on top of this and plan accordingly to help with any issues that arise when you lose staff members.

Staffing constitutes the number one hurdle for ASCs. If you only have one person who has appropriate access to report data and that person leaves, for whatever reason, you are stuck. You don't want to find yourself in the situation of not having anyone available to enter your data. This is particularly stressful when you come to this realization two weeks before the submission deadline. Please keep your passwords active. If you haven't logged in and it's been over 365 days, you may have to start all over again to gain access. Consider setting a reminder or appointment on your calendar every 60 days to sign in to the NHSN and QualityNet.

Please make sure you communicate any staffing and primary contact changes to us. Just call our help desk. Of course, please make sure you are signed up for the ListServe. This is the primary way important information about the program is communicated. Let's talk about all of these staffing change issues in a little more detail.

For NHSN, if the previous Facility Administrator is currently available at your facility but knows he or she will not be in the future, take steps to have this role transferred to another team member while they are still available. For this replacement person to have immediate access as the newly assigned Facility Administrator, they must have an active SAMS grid card and be authorized as a user for the facility in the NHSN system, with the same email address that is associated with their SAMS account. Both the original Facility Administrator being replaced and the new Facility Administrator will receive an email notification once the reassignment is complete.

If the previous NHSN Facility Administrator is no longer available, you must have an executive-level officer (medical director, clinic manager, area manager, or administrator are acceptable) at your ASC formally request a change in the Facility Administrator role. This request must be written on ASC letterhead and signed by the executive for the facility. This letter should include the following

for the person to be designated: Name, Email address, Facility Name, 5-digit NHSN Facility ID, if known, Facility Address, and Phone number. Please submit this information to the NHSN via the fax number listed there. Once the NHSN receives the letter, the role of Facility Administrator will be assigned to the designated person, which will activate a notification email to apply for a SAMS grid card if that person does not already have a SAMS Grid Card. You can also find a document detailing these processes on qualityreportingcenter.com.

Now, if you need to gain access to QualityNet, let's say as a Security Administrator, you will start from the home page of QualityNet. The address is seen here. You can go to QualityNet Registration on the far left, or you can choose Registration from the drop-down box. That will take you to the Registration page. There are two user classification choices available on this page, Basic User and Security Administrator. Select the account type for which you are applying. In this example, we will select the Security Administrator classification. Open the Registration packet by double-clicking on the link to the packet as seen on the slide. The packet consists of five pages. The first three pages are instructions on how to complete the registration process. Please be sure to read them thoroughly so that your application can be processed without any problems or delays. And be sure to mail the original forms to the Tampa address shown on this slide.

As we mentioned earlier, please make sure you are signed up for the ListServe to keep abreast of the latest program information. And here's where you can do it. We are still on the home page of QualityNet. Go to the box on the left I have circled and under Join ListServes click on the "Notifications and Discussions" link. You will be directed here, so simply enter your information and under Program Notifications you will select the program you want notifications about. If at some point you want to check on what list you are subscribed to, go to the Resources box at the top left and then click on "What Lists am I subscribed to?" This will take you to a pop-up screen that asks for your email address. Once you enter your address, the next pop-up window will let you know what lists you are subscribed to. If you find that you signed up for ListServe Notifications that you no longer need, pull up one of your emails, go to the bottom of the page and simply click on the "Unsubscribe" link that they provide.

So, if you ever feel like you're swimming upstream in meeting program requirements, don't worry, there's a lifeguard ready and willing to save you from any deep water you may find yourself in. Don't drown in questions about data submission. Call our help desk; we're always more than happy to try to assist you in any way we can. Also, if you have any questions about the measures or the program, you can submit your questions using the Q&A tool on QualityNet; the direct link is seen here on this slide. When you ask your question, a subject matter expert will respond directly to you by email.

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Well, that's going to do it for me today. We hope everything is just ducky for your data submission this year! Let me hand things back over to Pam. Pam?

Pam Harris: Dianne, thank you so much for that overview. We appreciate it. So, relax. You have everything under control. But if you ever need help with anything then give us a call. As a reminder, a recording of today's event, as well as the transcripts for the presentation, and all of the QAs in the chat box will be posted on our website at qualityreportingcenter.com. That's all the time we have today. Thank you everyone for joining us.