**The Hospital Outpatient Quality Reporting (OQR) Program:
Back to the Basics**

Presentation Transcript

Speakers:
Hospital OQR Support Contractor Team

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**Pamela
Rutherford:** Good day, and welcome to the Hospital OQR webinar. Thank you for joining us today. My name is Pam Rutherford a Project Manager for the Hospital Outpatient Quality Reporting Program. Today's webinar we are going to be reviewing the program's basics. This is a great starting tool for those of you that are new to this program and a resource tool for those of you that just need a review. 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 you should be able to download the slides. In addition, these slides were attached to the invite you were sent for this presentation.

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 day. During the presentation, 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. If your question does not get answered for some reason, please know that all questions will be answered and will be posted on the qualityreportincenter.com website. Well, that does it for the housecleaning issues. Let's get started with the presentation.

Daniel Raj: Meet Spencer. Spencer is new to reporting for the Hospital OQR Program and has no idea what he's supposed to do. To help him get started let's fill him in on some program background information first.

**Pamela
Rutherford:** CMS is required by Federal statute to have a program under which hospitals will report on the quality of hospitals outpatient care using standardized measures to receive the full Annual Payment Update to the Outpatient Perspective Payment System, or OPPS, payment rate. Now, this program is known as the Hospital Outpatient Quality Reporting Program. Eligible hospitals must meet

administrative, data collection, submission, and validation requirements or receive a 2%-point reduction in their Annual Payment Update.

The goal for CMS' Hospital Outpatient Quality Reporting Program is to promote higher quality and more efficient healthcare for Medicare beneficiaries. So, in implementing the Hospital OQR Program and, of course, other quality reporting programs, CMS has focused on measures that have high impact, support national priorities for improved quality and efficiency of care for Medicare beneficiaries. So, just to give you a little background, Congress passed a law mandating the collection of quality measures data from Hospital Outpatient Departments in 2006. All data reported will be displayed publicly which we'll discuss in just a little further on in the presentation. Now, let's talk about specifics of the program.

To avoid a reduction in their Annual Payment Update, hospitals must meet the program requirements. Now, to meet those requirements, you will collect and report data for the measures specific to this program, and I'll discuss these measures in just a moment. You will then submit this data through QualityNet's Secure Portal, and you will need to obtain the appropriate credentials in order to access this portal. Now, once you submit any data your facility is considered participating in the program. All measures' specifications are detailed in the Hospital OQR Specifications Manual. You should get to know the Specifications Manual as it will guide you on appropriate data collection, abstraction, and submission, and I'll show you where to find this shortly. You will also need to meet the validation requirements for the measures that apply. CMS computes a confidence interval around the combined scores of all quarters involved in the Calendar Year. If the upper bound of this confidence interval is 75% or higher, the hospital will pass the Hospital OQR Program validation requirement. If the confidence interval is below 75%, the hospital will fail the validation requirement. If a hospital does not meet the overall validation requirement, the hospital will not receive the full APU. All the information about this program and others are always put forth publicly in the Final Rule. In short, the Final Rule details the program, and we'll go into that aspect in more detail later in the presentation. For now, know that everything for the program, like changes, additions, or removals, are always put forth through the rulemaking process.

Daniel Raj: A moment ago, it was mentioned there are quality measures for this program. Being new, Spencer's not really sure he even knows what measures are included in this program. So, let's start with the types of measures.

Pamela Rutherford: There are three types of Hospital OQR data measures. First, there are the web-based measures which are submitted using a web-based tool through QualityNet. You do have to gain appropriate access into QualityNet's Secure Portal. So, each facility will need to identify a Security Administrator, and, again, we'll discuss the importance throughout this presentation. These web-based measures are

reported annually by May 15 of each year. Now, you can submit this data any time from January 1 through May 15, the deadline. The second type of measures are the patient-level chart-abstracted measures which are also submitted via QualityNet either by using CART, which is a free software application, or by a third-party vendor. This vendor will essentially enter the data on your hospital's behalf; however, the hospital will have to provide permission for a vendor to do so. And, this is the data submitted quarterly. Lastly, there are the claims-based measures. Data for these measures are collected from paid Medicare claims for measures that meet the specific measure criteria. There is no manual abstraction for these measures on the part of the hospital. So, let's break all this down to make things a little more clear.

Okay, we're not going to discuss the measures in detail as that is a webinar all in itself. Rather, the point of this particular presentation is to make you familiar with the program and the measures in general terms. Now, we will talk about the web-based measures over the next couple of slides. OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data; OP-17: Tracking Clinical Results between Visits; OP-22: Left Without Being Seen. Now, OP-22 is in the ED Throughput measure set, but it is placed here because this measure is not a patient-level chart-abstracted measure but rather a measure submitted using the CMS web-based tool. So, you'll find information regarding this measure in the Specifications Manual under ED Throughput. It is also listed on various websites under ED Throughput.

Continuing on with the web-based measures, we have OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients; OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use; OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery, now remember, this is your voluntary one; and OP-33: External Beam Radiotherapy for Bone Metastases. And OP-31 is a voluntary measure. This means at this point in time you can report data or not. This is the only measure that is voluntary. Either decision will not impact your meeting program requirements; however, any data that's reported will be publicly displayed. As a reminder, some of these web-based measures were removed in the Final Rule, and I'll clarify this in a little more detail later.

Now, I mentioned a couple of slides back that these measures are reported annually, and I also mentioned the deadline of May 15. On this slide I have summarized this. You can see the measures to the far left, the encounter dates, which is displayed in the center column, is essentially when a patient was receiving care in your hospital. The reporting dates in the far right column is the timeframe you have to enter this data into the QualityNet Secure Portal. You can see that CMS is very accommodating and provides you with over four months to

enter this information, so don't wait till the last minute. Now, let's talk about the clinical measures or the chart-abstracted measures.

The clinical data, or chart-abstracted measures, are reported quarterly. I have them somewhat divided to make it a little easier to understand. So, the cardiac measures include the measures for acute myocardial infarction (AMI) and the chest pain measures. OP-2: Fibrinolytic Therapy Received Within 30 Minutes of Arrival; OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention; OP-5: Median Time to ECG. I'm going to give you a heads up that OP-5 will no longer be reported after the First Quarter of 2019 which is January 1st through March 31, 2019. That is because this measure was removed from the program in the most current rulemaking cycle. So, the last reporting date for this measure will be August 1, 2019 for Quarter 1 2019 data. After that date you will no longer have chest pain measures, only the AMI.

ED Throughput chart-abstracted measures. There are OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients, and the Stroke measure is OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival. Now, here's a pro tip for you. Clinical data chart-abstracted measures – If you have five or fewer in the measure set, you are not required to submit data for that measure set. So, say, for example, you have two AMI cases and two Chest Pain cases, then you would not be required to submit data for the Cardiac measure set. This same five or fewer rule applies, of course, to all measure sets. I'm just using the AMI and Chest Pain as an example. These clinical data chart-abstracted measures are also subject to chart audit validations, and we're going to talk about that shortly.

Here's the submission timeline for the chart-abstracted measures. You will be submitting this information quarterly. Your next deadline is May 1. This will include Quarter 4 2018 data which are the encounter dates of October 1 through December 31, 2018. Now, you'll notice that Quarter 1 2019 are encounter dates of January 1st through March 31, 2019. That is because that quarter of data is connected to the 2020 Payment Determination. Early submission is always recommended so that transmission problems can be corrected in a timely manner. Any clinical data may be updated until the data submission deadline. Then, no updates to cases for the quarter will be accepted after the submission deadline. The QualityNet Secure Portal does not allow data to be submitted after the deadline. CMS allows ample time for hospitals to submit, resubmit, change, add, new, and delete existing data up until the submission deadline. Now, we've had facilities wait until the very last day to submit their data who ended up encountering technical issues on their side, or someone was sick, or other issues, and they were not able to submit their data. Please don't let that happen to you. Submit early.

Switching over to the claims-based measures, the measures you see here on this slide are the Imaging Efficiency measures and relate to the radiographic studies. Let me, again, clarify something here for a minute. Claims-based measures are measures collected from the claims that you submit to Medicare for payment. There is nothing you or your facility has to collect or submit or otherwise abstract for these measures.

Other claims-based measures for this program, which are known as Outcome measures, are listed here. OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy; OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy, and OP-36: Hospital Visits after Hospital Outpatient Surgery. As a point of reference, information regarding the results of this data collection are disseminated through reports issued by the measure steward. They will provide a Claims Detail Report and a Facility-Specific Report. These reports will be provided to you displaying this data.

Now, I mentioned earlier that the chart-abstracted measures are subject to validation and that you must pass validation with at least a 75% validation score. This is intended to provide assurance of the accuracy of the hospital chart-abstracted data. CMS randomly selects approximately 450 hospitals from the list of participating hospitals and an additional 50 hospitals on a targeted basis for an estimated total of 500 hospitals selected for validation annually. CMS will validate up to 12 cases for the clinical process of care measures per quarter, per hospital. Cases are randomly selected from data submitted to the clinical warehouse by the hospital. The additional 50 hospitals are selected based on having failed the validation requirements that applied to the applicable year's Payment Determination or there was an outlier value for a measure based on data that was submitted. Selected hospitals are required to supply the requested medical documentation to the CMS Clinical Data Abstraction Center, or CDAC, for validation purposes within 45 days from the date on the CDAC's request letter. To receive a full OPPS Payment Update, hospitals must obtain at least a 75% validation score for the designated time period.

Here you can see the quarters associated with validation. It typically takes approximately four months for each quarter's submission deadline for hospitals to see their validation results for the quarter. Individuals with the appropriate role in QualityNet will receive an email notification when their Validation Case Detail and Validation Summary Reports become available to run. The reports provide the validation results of abstraction determined by the CDAC on each selected case. Within 30 days of the validation results being posted in the QualityNet Secure Portal, if a hospital has questions or needs further clarification on a particular outcome, the hospital may request an educational review, and you can find more information about validation on the QualityNet website.

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Okay, what's on the must-do list to be able to successfully report your data? You will need to register with QualityNet before beginning to report data regardless of the method used for data submission. You will also need to identify and maintain a QualityNet Security Administrator. Existing Security Administrators for the CMS Hospital Inpatient Quality Reporting Program may also register as the Security Administrator for the Hospital Outpatient Quality Reporting Program. Although it's not required to have more than one Hospital OQR Security Administrator, we do highly recommend designating more than one Security Administrator for backup purposes. You will have to consider that if your facility has only one Security Administrator and that person is unavailable at the time of submission deadlines, your facility runs the risk of not being able to submit data timely. As we discussed earlier, you will collect chart-abstracted clinical data for each quarter, as well as, collect data for measures to be submitted via a web-based tool and submit all these data by the deadline.

Spencer is nervous. After learning all the program information Spencer really wants to make sure he meets the requirements for his hospital. This has Spencer thinking, "what if I don't meet the program requirements?"

A Reconsideration Process is available for hospitals that did not meet Hospital OQR Program requirements and; therefore, did not receive their full Annual Payment Update. The procedural rules that govern the Hospital OQR Program, Reconsiderations are posted on the QualityNet website at www.quality.net.org. If the Reconsideration request is denied, the facility does have an option for appeal through the Provider Reimbursement Review Board; however, if a hospital fails to submit a timely Reconsideration request by the applicable deadline, then the hospital will not be eligible to file an appeal with the Provider Reimbursement Review Board. Now, we've got an entire webinar, as well as, a video on this process should you ever need to refer to it. It's on our website, and I'll show you that in just a few minutes later on in the presentation.

So, I have mentioned the QualityNet website multiple times. The Secure Portal is the only CMS approved method for electronic transmission of private data between healthcare providers and CMS for the purposes of the Hospital OQR Program. Data are stored in the OPPS clinical warehouse. All files and data exchanges with CMS via the Secure Portal are encrypted during transmission and are stored in encrypted format until the recipient downloads the data. The Secure Portal meets all current Health Insurance Portability and Accountability Act, also known as HIPAA requirements. Cases in the OPPS clinical warehouse may be updated until the data submission deadline each quarter. After the deadline no further updates are accepted for cases in that quarter. In order to report data, you must have at least one Security Administrator. So, let's take a closer look on how you can become a QualityNet Security Administrator.

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Before I walk you through becoming a Security Administrator let's talk about the two types of QualityNet registration available to you – Security Administrator, or SA, and Basic User. The Security Administrator facilitates the data submission registration process for other users at the organization, creating, editing, terminating, and viewing user accounts, as well as, resetting Basic User passwords. Another important role is the ability to access the Secure File Transfer on QualityNet. Reports specific to your facility will be sent to this file. You will also, on occasion, upload files in certain circumstances. Now, I mentioned a moment ago, but I'm going to say it again, as the role of the Security Administrator, it is important, and it is highly recommended that hospitals designate at least two people as the QualityNet Security Administrator, one to serve as the primary and the other to serve as the backup. CMS highly encourages that there be this backup. You don't ever want to find yourself in a situation where you're trying to submit data or obtain reports and there's no one available to do so, but there's also the role of the Basic User.

So, what's a Basic User? That is someone that has limited access to the QualityNet secure website, and that access is determined by the Security Administrator. It could be you want someone just to run reports in QualityNet. So, the Security Administrator would then assign this Basic User only the rights to download the reports. There is a registration process for the Basic User, and you can find that registration form and the information on the same QualityNet registration page. Okay, so, how do you become a Security Administrator?

To register on QualityNet, you would first go to the website at www.qualitynet.org. That address will bring you to the QualityNet home page, which you see here, then look at the first blue square on the left-hand side. See where it says QualityNet Registration? And right below that is Hospitals – Outpatient. Click on that Hospitals – Outpatient link.

It will direct you to the QualityNet Security Administrator registration page. This page will provide basic information on the roles we just discussed. Now, click on the Security Administrator link.

This will direct you to the steps to become a QualityNet Security Administrator registration page. To get the actual registration packet, click on that link seen next to the number one. Download the packet, follow the instructions, and email, or mail, to the address seen here on this page. For information on the new user enrollment process, you can click on that blue link toward the bottom, and if you click on that link, you will be taken to the page that will provide detailed instructions on the enrollment process. Please take time to go through this information. It will really assist you in understanding this process. Of course, if you have any questions or problems, you can also always call us.

Daniel Raj: Spencer is starting to feel good about understanding the program requirements, but now he wants to know, "how do I know what I am abstracting, and where do I find the guidance?"

Pamela Rutherford: Well, Spencer, you can always refer to the Specifications Manual. This manual was developed to provide a uniform set of quality measures that reflect the Final Rule. The Specifications Manual is your guide to the outpatient quality reporting measures. So, let's take a quick look at how to find the manual. Now, since we're already on the home page of QualityNet, you would then hover your cursor over the Hospitals – Outpatient tab. A dropdown menu will appear, and you will simply click on Specifications Manual. However, before we look at that tab, take a moment to look at the dropdown menu. See all this information? Now, some of this information we've already talked about like measure information under Measures, Data Validation, and more. So, take the time to go through this website. It's a great resource. Ok, back to the Specifications Manual. We're going to click on the link.

You will then be taken to the Hospital OQR Specifications Manual. Now, you can see on the right-hand side of the page the heading Specifications Manual, and you can see there are quite a few different versions of the Specifications Manual. So, how do you know which one to pick? Well, to answer that, look at the patient encounter or when the patient was seen in your facility. Then you would use the Specifications Manual version that corresponds to the date displayed. For details on the Specifications Manual and its recent updates, please view our webinar from last month. It is archived on our website at qualityreportingcenter.com. I'll show you that in just a few minutes. For one last point, let's imagine you just clicked on the version 12.0a, right there, that first option.

You will see this page, and you'll notice that the electronic copy of this manual is divided into sections. These divisions make it much easier to find and view what you are looking for. This is a document you should be very familiar with. If you want, you could print this in its entirety, but if you decide to do that, please be advised that it is several hundred pages long. That is why most people just keep a copy of this electronically. So, you could have it saved on your desktop for easy access. This manual is released every 12 months, and Release Notes are posted as necessary. You also see Release Notes. If there are any changes between the annual version of the Specifications Manual, they are communicated through Release Notes. It will have the name of Release Notes and the version it refers to.

Daniel Raj: Spencer is beginning to feel overwhelmed. What if he is working late and has an important question? What should he do?

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Pamela Rutherford: Well, to answer Spencer, it's easy. Pick up the phone, and give us a call, or there is a question and answer platform right on QualityNet.

This allows you to ask questions to the subject matter experts directly. From the home page of QualityNet, you will go to the Questions & Answers box on the right-hand side. You will then simply click on Hospital – Outpatient.

You will then be able to enter your question. The first time you use this site you will have to sign up with your email which takes just a minute. Through this email you will receive your answer. You will be emailing the subject matter experts, whether it is the support contractor or the measure writers. You will ask your question here with the email you signed up with and receive an answer back via that email. Before we leave QualityNet, let me mention one more thing. Listserve is a free email notification service which is an easy way to assist you with staying up-to-date on important information.

Back at the QualityNet home page, you will access the Join Listserves link. You will be prompted to sign up with an email and select your program. Once signed up, you will receive important information about the program including upcoming educational webinars, changes, deadlines, availability of reports, and much more. It's a very important aspect, and it is an easy way to stay in the know. There's much more on QualityNet. Again, take the time to peruse this site.

Daniel Raj: Knowing that he can always call the support contractor for assistance makes Spencer feel more at ease. But now he wants to know how can he find the support contractor website.

Pamela Rutherford: Yes, Spencer, this qualityreportingcenter.com website is another resource that is incredibly helpful to individuals new to this program which I mentioned previously. This website is full of tools and resources that is available to assist you in this program. So, let's imagine you just entered this website seen here on your slide into your browser, www.qualityreportingcenter.com.

From this home page, if you hover your cursor over the Outpatient tab, a dropdown menu will open up as seen here. There are a lot of tabs filled with information. We won't go over all the tabs today, but I want to point out how you can find and access this enormous amount of information here to assist you. So, navigate through and see what is available.

Daniel Raj: After learning more about program data, Spencer wants to know what happens to the data that he reports.

Pamela Rutherford: Great question Spencer. Well, CMS displays all of this data publicly and ensures the availability of reliable information about the care delivered in the nation's hospitals including outpatient care. Providers can utilize this data to drive continuous quality improvement initiatives and track progress. The data that is publicly displayed empowers consumers to make informed decisions about their healthcare. Publishing data on Hospital Compare in a consumer-friendly format allows consumers to understand the data and make informed decisions about where they choose to receive care.

Let me show you a little about the Hospital Compare website. Once you enter the web address seen here at the top of the slide, you will see the Hospital Compare website. To view data, you would enter location zip code, city, and state or just state.

Once you select a hospital you will enter into the hospital profile page. Now, this page shows general information along with some data elements that have been submitted by the hospital. There are tabs located above the hospital's name with more data. You will see the Survey of Patients' Experiences, Timely & Effective Care, Complications & Deaths, Unplanned Hospital Visits, Use of Medical Imaging, and Payment & Value of Care. Data submitted through QualityNet, claims-based measures and chart-abstracted measures, are displayed within these tabs. Hospital Compare refreshes data quarterly, and facilities will receive their data prior to data being displayed on Hospital Compare. This period in which facilities receive their data prior to being displayed on Hospital Compare is called a Preview Report. This Preview Report can be viewed on QualityNet, and I would strongly encourage you to view the presentation, Public Reporting and You, in the archived events on qualityreportingcenter.com for information on preview.

Daniel Raj: Spencer wants more information on the rulemaking cycle that was previously mentioned, He is asking himself, "what are the Proposed and Final Rule?" What is this all about?

Pamela Rutherford: To answer Spencer's question, let me explain this in a little more detail. It'll be good to know how this works. Let me give you a very simplified version of the rule process. Each July, after months of evaluation, research, and writing, the Proposed Rule is published. This contains changes proposed to the quality programs. From the Proposed Rule release date, the public has 60 days to submit comments regarding the proposed changes to the program. Public comments are vital, and CMS urges participation in commenting as this is a facility's opportunity to affect change for the program. CMS reviews each comment before finalizing the Final Rule. Then, in November, after reviewing and considering all of your comments, the Final Rule is published.

To find the OQR Final Rule in the Federal Register, begin with accessing the federalregister.gov link. The Hospital OQR section begins on page 59080. That is for the most current Final Rule. Now I've also included the direct link to the PDF version of the Final Rule in the Federal Register on this slide, and you can just access the link. Okay, so let's look at specific measures that have been affected due to the Final Rule that was just published in November.

This slide reflects the measures finalized for removal. A frequent point of confusion for people is the use of the terms Calendar Year and Payment Determination year. Calendar Year refers to the time of January 1 through December 31 of a year, so it's a complete calendar year. The Payment Determination Year is the year that your facility's payment will be affected. To review the Final Rule, all the measures on this slide are finalized for removal for the Calendar Year 2021 Payment Determination. Beginning with OP-5, the last time you will report data for this measure will be August 1, 2019. That submission will contain the Quarter 1 2019 data using encounter dates of January 1, 2019 through March 31, 2019. For the claims-based outpatient imaging measures of OP-9, OP-11, and OP-14, claims will not be calculated for these measures. The last collection with respect to these removed measures would be June 30, 2018. You did not see these imaging measures on the slide I showed you at the beginning of the presentation because data will no longer be collected for these measures.

As we move on to the web-based measures finalized for removal, OP-27, the flu vaccination measure. I did not mention this measure earlier, as it has been removed from the program. This is the only web-based measure removed from Payment Year 2020. This means that you will no longer report data for this measure. Your last data submission was May of 2018. For those of you who are new just know that there is a measure collecting data for influenza vaccination coverage among healthcare personnel, but it has been removed, and you do not need to collect this information regarding this moving forward. Let me remind you that this applies to this program only. Please be aware that this measure is still being reported for other programs. Additionally, you'll want to make sure that you are meeting any state requirements to this measure. With regard to other web-based measures, OP-12, OP-17, and OP-30, the last time you will report data for these measures will be this coming May 15, 2019. This will utilize the reporting period of January 1, 2018 through December 31, 2018.

Daniel Raj: With all the information he's been given today, Spencer is feeling confident.

Pamela Rutherford: Yes Spencer. We've covered a lot of information today. So, let's just take a moment to summarize.

First and foremost, register as a QualityNet Security Administrator. You absolutely cannot report data without having at least one Security Administrator. You will collect data, whether chart-abstracted or web-based, and submit by the appropriate deadlines. And I can't say this enough, don't wait until the last minute to enter your data. If you do experience any problems, then call the support contractor. Our number is on the upcoming resource slide.

So, what is coming up for the next submissions that are due? Great question. You have two submissions in the near future. The first is the clinical chart-abstracted measures that are reported quarterly. These data will be due to be reported no later than May 1, 2019. This will be for Quarter 4 2018 data and will reference the reporting period, or patient encounters, October 1 through December 31, 2018. And to remind you of what we talked about earlier, this will include ED Throughput measures, Stroke, Chest Pain, and AMI measure sets. And remember, if you have five or less in any measure set, you will not have to report that measure set.

With regard to the web-based, these measures are reported annually through the QualityNet Secure Portal. These measures are all due to be reported by May 15, 2019 using the reported period, or patient encounters, of January 1 through December 31, 2018. The measures you will be reporting are OP-12, OP-17, OP-22, OP-29, OP-30, and OP-31, if you choose; remember that's voluntary, and also OP-33. As OP-30 has been removed from the program beginning with the Calendar Year 2021, this coming submission period will be the very last time you will report data for OP-30. As OP-31 is a voluntary measure, you can report data on that or not. Either decision will not affect your payment.

Now, I've listed some resources on this slide, and, of course, our phone number. We have talked about both QualityNet and Quality Reporting Center's websites. There's so much more information available. I was just able to hit the highlights here. We will be discussing resources of many different kinds in the next month's webinar. Once you get going and you find you have questions, feel free to call our helpline listed here on the slide or enter your questions in the Question & Answer tool. Your answers will be sent via email as I discussed earlier. And by all means, if you ever have any questions, call us at 866.800.8756. We're here to help. I think that covers things. I hope we've been able to provide you with a broad base to start with.

And I think that's all the time we have today. We appreciate you joining us. All questions and answers from the chat box are posted to our website qualityreportingcenter.com. Now, let me hand things back over to our host to go over the CE Process. I hope this webinar has given everyone something. Thank you.