



## Outpatient Quality Program Systems and Stakeholder Support Team

### **Counting on the Numbers: Understanding Your Facility Specific Report Presentation Transcript**

#### **Speakers**

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**Karen VanBourgondien:** Hi, everyone. Thank you for joining us today. Today we will be covering some program highlights and updates, and we will touch on the final rule and show you where to find your Facility-Specific Reports.

Tamara Mohammed, from the Yale Center for Outcomes Research & Evaluation, is here today to discuss the FSRs in detail with you as this is the first time this report has used the CMS Disparity Methods. She will also talk about an upcoming focus group. She is joined today by some others from the Yale team to not only answer your questions in the chat box, but also to answer any questions you may have during our Q&A session we will have later in the presentation.

If you would like to address a speaker verbally during that Q&A session, please use the Raised Hand feature. For those of you that are not familiar, this is a hand icon that you will see in the Q&A window. Just click on that hand icon, and it will raise your hand, signaling us that you want to address a speaker. We will monitor these raised hands and will call on you by name. At that point, your line will be unmuted and you will be able to pose your question and interact verbally with the speaker. Once your question has been addressed, we do ask that you lower your hand. This will allow others to speak verbally with the speakers, so we can get to as many people as possible. However, if you do prefer not to speak directly to the speakers, of course, you can enter your question in the chat box, and one of our subject matter experts will respond.

So, before I turn things over to Tamara, we would like to address just a few program-related reminders.

First, please make sure you keep your passwords active. For the NHSN system, this requires you to login at least every 60 days. For the HQR system using your HARP account, you should login every 90 days. All you have to do is log in. You don't need to do anything specific. You will get automated emails reminding you of this. So, please don't ignore them, as you don't want to run the risk of having your account locked.

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Second, for the OP-38 measure, there has been a change to the definition of Up to Date in NHSN. So, this latest update for Quarter 4 began on September 26 and extends through the end of the quarter, which is December 25, 2022.

The flow chart here on the slide does describe those changes, and it can help you determine when individuals are up to date, according to this new definition. Guidance on these topics can be found on the NHSN website by accessing the link we have here. Your next data submission deadline for the OP-38 measure is next week, by November 15th.

The final rule is on display on the *Federal Register*. The direct link is here on the slide. CMS will present a webinar discussing these finalized proposals on January 18. We will be sending out registration notifications closer to that date. Please join us for that so you are aware of any finalized changes for the program.

The OQR preview period just began and runs from November 8 through December 7, 2022. This is the preview for the 2023, January 2023, data refresh on Care Compare. So, again, the preview report is available in HQR. There's also a help guide available on QualityNet, and you can access that help guide by using the link here on the slide.

So, if you need a reminder on how to access your preview report in HQR, once you've logged in from the left-hand navigation menu, you are going to select Public Reporting. This will display the Measures Data tab that you see here on the right-hand side. The most current release will always be listed under Release. Once you fill in the information, the accordion feature will be expanded to display the data in each tab.

So, before I hand things over for discussion of the FSRs, again, certain reports like CDRs and FSRs, previously they were sent through Managed File Transfer, but, starting November 8, those reports will only be sent through Managed File Transfer by request. So, you can access these reports like most other reports through HQR.

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If you do not have options in HQR for these reports, or you have any technical issues, please reach out to the CCSQ Service Center at the number here on the slide.

So, just like finding your preview report, for the FSR, you will follow a similar process. From the left-hand navigation menu, you will select Program Reporting. The menu you see here will open, and you are going to select the Claim-Based Measures, that option right there in the red box. The options will open, and you are going to select Report Release year, Program, and then Report. You will select Export, and the system will then run the report. Again, if you have any difficulties, please reach out to the CCSQ Service Center.

Well, that's it for me. Without any further delay, let me turn things over to Tamara Mohammad. Tamara?

**Tamara  
Mohammed:**

Thanks, Karen! Hi, everyone. My name is Tamara Mohammed, and I'm an Associate Director at the Yale Center for Outcomes Research & Evaluation. Today, I'll be talking to you about the information you may have recently received pertaining to the confidential reporting of results on the CMS Disparity Methods for measures in the [Hospital] OQR. or Outpatient Quality Reporting, Program.

To provide you with some context, and in case you weren't aware, yesterday, on November 8, 2022, CMS provided facilities with copies of their Facility-Specific Reports, or FSRs, that contained results for three measures in the [Hospital] OQR Program for calendar year 2023 payment determination. These are the OP-32, or the Colonoscopy measure, the OP-35, or Chemotherapy measure, and the OP-36, or HOPD Surgery measure. The full names of the measures are listed on the screen, but I've just referenced a shortened version of the measure names for the sake of brevity.

As some of you may be aware, the provision of these FSRs is relatively normal; for several years now, CMS has typically provided facilities with FSRs containing results for these three measures every fall.

However, for the first time this year, the FSRs also contained information on facility performance on the CMS Disparity Methods for these three measures. So specifically, this year, the FSR provides results for the CMS Disparity Methods stratified by patient dual eligibility status, where a dual eligible patient is considered to be a patient who is enrolled in Medicare Part A and/or Part B and who is also enrolled in full-benefit Medicaid and/or the Medicare Savings Programs administered by each individual state.

So, given that this year CMS has newly provided information on the CMS Disparity Methods for these three measures in the [Hospital] OQR Program – that is, the Colonoscopy, Chemotherapy and Surgery measures – during my portion of today’s webinar, I will therefore focus entirely on the reporting of results for the CMS Disparity Methods for these measures, in order to shed light on the information that has been newly provided to you.

So, before we go any further in explaining the CMS Disparity Methods, I wanted to note a few things. Firstly, the disparity information provided in your FSRs is confidential only and will not be publicly reported. Also, results for the methods are calculated using the same data used to calculate results for the measures without the methods applied. So, for the Colonoscopy measure, the methods are calculated using data from January 1, 2019, to December 24, 2019, and July 1, 2020, to December 31, 2021. For the Chemotherapy and Surgery measures, the methods are calculated using data from January 1 to December 31, 2021. Also, risk-adjustment for these measures is retained when the CMS Disparity Methods are applied. So, measure results for the CMS Disparity Methods are risk-adjusted for the same age and the comorbid diseases used to calculate results for the Colonoscopy, Chemotherapy and Surgery measures.

So, we’ll spend some time today looking at the actual information provided to you in your FSRs, but, before we do that, let’s talk a bit about the CMS Disparity Methods themselves.

So, CMS developed these Disparity Methods several years ago with the goal of examining disparities in health measures using different sociodemographic factors, such as dual eligibility status. CMS has already begun applying the Disparity Methods to measures in the [Hospital] IQR, or Inpatient Quality Reporting, Program and is now beginning to apply the Methods to measures in the [Hospital] OQR Program. The methods themselves are similar between both the OQR and the IQR program. So, if you're familiar with the methods in the IQR program, then you're already very familiar with the way in which they're used in the OQR program.

For those of you new to the CMS Disparity Methods, there are two Disparity Methods: One is the Within-Facility Method. Under the [Hospital] IQR Program, it is called the Within-Hospital Method. The other is the Across-Facility Method, which is called the Across-Hospital Method under the [Hospital] IQR Program. The Within-Facility Method, number one on the screen, seeks to compare results or identify disparities within a facility. The Across-Facility Method, number two on the screen, seeks to compare results or identify disparities across facilities. So, when you look at your results on the Within-Facility Method, it should tell you something about the difference in care at your facility. When you apply this method to patients based on their dual eligibility status, as we're doing with the OQR measures, then this method should tell you whether or not patients who are dual eligible at your facility have worse health outcomes than patients who are not dual eligible at your facility.

In comparison, when you look at your results on the Across-Facility Method, it should tell you something about the way care at your facility differs from care at other facilities. So, when applied to patients based on their dual eligibility status, this method should tell you how your facility performs for dual eligible patients compared to another facility that treats similar patients. To get more in detail, the Within-Facility Disparity Method, as I mentioned, measures differences in outcomes at your facility.

It does so by calculating a rate difference, which is the difference in outcome rates for patients who are dual eligible at your facility versus not dual eligible at your facility. So, for the Colonoscopy, Chemotherapy and Surgery measures, the outcome for these measures is a Hospital Visit Rate. As a result, the Within-Facility Method calculates a Hospital Visit Rate for patients who are dual eligible at your facility and then subtracts the Hospital Visit Rate for patients who are not dual eligible at your facility for each measure. That is how the rate difference for your facility is derived. That's the formula you see here on the screen. If you look at the image in the box on the screen, it gives you an example. So, if we look at Facility A, then this facility may have patients who are both dual and non-dual eligible. Typically, we would simply calculate an outcome rate for all of these patients for the measure, and that's what you see here in the little box on the left that reads "Rate for All Patients."

If we take the patients at Facility A though and then divide them into patients who are dually eligible and patients who are not dually eligible and then calculate an outcome rate for each of these groups, then, when we subtract the two rates, we would get the rate difference. So, if you're following the image on the screen, then, in the little box on the right hand side, this would be the rate for dual eligible patients, represented by the icons colored in red, minus the rate for the patients who are not dually eligible, represented by the icons colored in blue. So, in this example, Facility A has an outcome rate of 40% for dually eligible patients and an outcome rate of 28.6% for non-dually eligible patients. Subtracting the two, 40% minus 28.6%, would give you the rate difference of 11.4% for Facility A.

So, what does a Within-Facility Rate of 11.4% mean? Well, if your facility has a positive rate difference, that is a rate difference greater than 0, then this means that dual eligible patients at your facility have higher hospital visit rates than non-dual eligible patients at your facility. This can be interpreted as dual eligible patients having worse outcomes than non-dual eligible patients at your facility, but if your facility has a

negative rate difference, that is a rate difference less than 0, then this means that dual eligible patients at your facility have lower hospital visit rates than non-dual eligible patients at your facility. This can be interpreted as dual eligible patients having better outcomes than non-dual eligible patients at your facility. Please note, though, that even if your facility has a positive or negative rate difference, if this difference is very small, CMS may not necessarily interpret it as meaningful. In order to determine whether or not rate differences are meaningful, CMS has provided performance category information for the Within Facility Disparity Method, and we'll discuss this a bit more later.

Okay, we are turning our attention now to the other method, the Across-Facility Disparity Method. As I mentioned, this method measures differences in the outcomes across facilities. So, the outcome for the Colonoscopy, Chemotherapy and Surgery measures is a Hospital Visit Rate. This method measures differences in Hospital Visit Rates across facilities. When applied to dual eligible patients, the method calculates a Hospital Visit Rate for dual eligible patients at your facility and compares it to the Hospital Visit Rate for dual eligible patients at other facilities in the nation. So, looking at the example on the screen, you can see that, in the box on the left side, there's a Hospital Visit Rate of 33.3% for all patients at Facility A. Beneath that, you can see that at Facility A that the Hospital Visit Rate for dual eligible patients only, represented by the red-colored icons, is 40%. This rate, again, for dual eligible patients only is what the Across-Facility Method calculates. On the right hand side, we have similar information for Facility B. The Hospital Visit Rate for all patients at Facility B is 41.7%, but the Hospital Visit Rate for dual eligible patients only at Facility B is 50%. So, if we compare the rates for Facilities A and B, we see that Facility B has a higher outcome rate of 50%, compared to Facility A which has an outcome rate of 40% for dual eligible patients only. This is the kind of comparison that the Across-Facility Disparity Method enables. However, it does so by comparing each facility's rate for dual eligible patients against the state or national rate, or against one for the Surgery measure.



This approach is really very similar to the approach taken to categorize performance on the measures themselves regardless of whether or not the CMS Disparity Methods are applied. Of note, a different comparison is used for the Surgery measure; so, we compare against one for Surgery instead of comparing against a national result for surgery since the outcome for the Surgery measure is presented as a ratio and not as a rate. So, if your facility's Hospital Visit Rate for dual eligible patients is higher than the rate for the state or national result, or higher than one for the Surgery measure, then your facility is interpreted as having higher outcome rates for dual eligible patients compared to other facilities in your state or in the nation. On the other hand, if your facility's Hospital Visit Rate for dual eligible patients is lower than the rate for the state or national result, or lower than one for the Surgery measure, then your facility is interpreted as having lower outcome rates for dual eligible patients compared to other facilities in your state or in the nation.

So, I know we've discussed a lot of information, but, in summary, in your FSR, you would have, in essence, received three types of results for each of the Colonoscopy, Chemotherapy and Surgery measures. Firstly, you would have received a result with no Disparity Methods applied, and this just provides you with information on the risk-standardized hospital visit result for all eligible patients at your facility. Again, this is the information that CMS has been providing to you every year for these measures. Then, secondly, you would have received a result for the Within-Facility Disparity Method which provides you with information on the difference in the risk-adjusted results for dual and non-dual eligible patients at your facility. Thirdly, you would have received a result on the Across-Facility Disparity Method which provides you with information on how your facility compares to your state and the nation for dual eligible patients only.

OK. Since this is the first time you received information on the disparity results for the Colonoscopy, Chemotherapy and Surgery measures in your FSR, I want to spend time on the information so you have a sense of what the information in your FSR means and how to interpret it.

On the screen, you can see a sample of what is provided to facilities in the Within Facility tab of their FSR, which, as the name indicates, provides results on the Within-Facility Disparity Method. Just as a note, the numbers you see displayed on the screen here are really generally simulated or fake. They are not real; the only real numbers on the screen should be the national results. To orient you to the table, you can see that one column, the one colored blue, provides information for the Colonoscopy measure. This should be the third column in the table on the screen. The next two columns in green provide information for the Chemotherapy measure since two results are presented for that measure typically. Then, the last column in yellow provides information on the Surgery measure.

If we start at the second row in the Table, Row 12, which is labelled Comparative Performance at your Facility, this row provides facilities with information on how CMS classifies their performance on the Within Facility Disparity Method. The second column, labeled Patients, tells you that you that this information is provided for dual-eligible compared to non-dual eligible patients at your facility. So, if we look at the example in the Colonoscopy column, you can see that this facility is classified as having similar outcomes for duals and non-duals. In the Chemotherapy and Surgery columns, they're classified as having worse outcomes for dual eligible patients, of course compared to non-dual eligible patients. I'm going to go through the rest of the rows on the table, but, for brevity now, I'll just focus my attention on the examples in the Colonoscopy measure column only.

So, Row 12, Comparative Performance, tells us how CMS classifies this facility's performance on the Within Facility Disparity Method. The label here for Colonoscopy is similar outcomes for dual and non-dual eligible patients. This means the calculations show that there is no meaningful difference in results between dual and non-dual eligible patients for the Colonoscopy measure at this facility.

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The next row, Row 13, labelled Your Facility's Result Difference, then provides you with information on the actual result or Rate Difference that was used to assign this category to this facility. So, in this case, this facility's Result Difference for duals minus non-duals is 5.03. The two rows beneath that, Rows 14 and 15, are both labelled Your Facility's Average Predicted Result, but the column labelled Patients tells you that Row 14 provides this information for duals, and Row 15 provides this information for non-duals. Together, these two rows provide you with the numbers used to calculate the Result Difference shown in Row 13. So, it's the result for duals in Row 14, which is 16.78, minus the result for non-duals in Row 15, which is 11.75 for Colonoscopy. Subtracting these two, gives you the result of 5.03 on Row 13.

Rows 16 and 17, labelled Number of Outcomes Numerator at Your Facility and the Total Number of Eligible Cases/Patients Denominator at Your Facility respectively, give you some of the underlying information that are used to calculate the result for dual eligible patients in Row 14. Then Rows 18 and 19 provide you with the same information for non-duals; that is, they give you some of the underlying information that used to calculate the result for non-dual eligible patients in Row 15.

Your facility's Predicted Result for Duals or non-Duals, the numbers in Rows 14 and 15, cannot be calculated, though, by simply dividing the numerator and denominator values presented since the predicted results for duals and non-duals in Rows 14 and 15 and risk-adjusted values. While the results in Rows 16 to 19 just simply tell you how many colonoscopies in the measure at your facility were for dual or non-dual Eligible patients and, of those colonoscopies, how many had an outcome. Regardless, we thought it might still be helpful to provide you this information for your facility.

So, the first few rows of this table, Rows 12 to 19, provide you with information specific to your facility. Then, the remaining rows in the table, Rows 21 to 25, provide you with information for your state and the nation. So, Row 21 tells you what the average Rate Difference or Result Difference was for facilities in your state.

Then, Rows 22 and 23 tell you how many colonoscopies occurred in your state and, of those, how many had an outcome. Then, it provides similar information for the nation in Rows 24 and 25.

If you look at the other tab in your FSR, labelled Across Facility, then the table in this tab provides you with information on your facility's results on the Across-Facility Disparity Method. So, again, you can see there are columns blue, green, and yellow that provide results for the Colonoscopy, Chemotherapy and Surgery measures, respectively. The second row of this table, Row 12, provides you with your facility's performance category for the Across-Facility Disparity Method. This is similar to what is done for the Within-Facility Disparity Method. The labels here are very similar to the labels generally provided for the Colonoscopy, Chemotherapy and Surgery measures without the CMS Disparity Methods applied.

So, in the examples on the screen, this facility's performance category for all the measures for the Across-Facility Disparity Method is No Different than the National Result. Row 13 then provides you with the actual result or rate associated with that performance category. So, again focusing in on the Colonoscopy example, Row 13 tells you that the actual hospital visit rate for dual eligible patients at this facility is 26.63%. This is calculated using the data in Rows 14 and 15 which tell you many Colonoscopies at your facility were for dual eligible patients and of those how many of those had a hospital visit outcome.

Again, simply dividing the numbers in Rows 14 and 15 won't give you the result in Row 13, since the result in Row 13 is risk-adjusted. However, it will give you the result in Row 16, which is your facility's observed result, as opposed to your risk-adjusted result. So, this observed result is simply the division of the numerator and denominator numbers provided in Rows 14 and 15. Again, Rows 12 to 16 are results specific to your facility. Then, Rows 18 to 24 are the results for your state and for the nation.

So, Row 18 tells you the average risk-adjusted result for dual eligible patients in this state is 25.97 for the Colonoscopy measure, and the total number of colonoscopies for dual eligible patients in this state is over 16,800, in Row 20, of which about 350, in Row 19, had an outcome. If you divide these numbers you get the observed result for the state which is shown in Row 21. Then, Row 23 tells you that there were about over 96,000 colonoscopies for dual eligible patients in the nation and, of those, in Row 22, about 2500 had an outcome. Dividing these two numbers gives you the national observed rate in Row 24 which is about 2.62%.

So, I know that was a lot of information. It's really just a brief introduction to this topic and the results you've been provided. If you have any questions related to the use of the Disparity Methods in the [Hospital] OQR Program, you can email us at the email address presented at the bottom of this screen. Additionally, some of you may have already seen the announcements on this topic, but CMS is also hosting a focus group on December 5, 2022, to solicit feedback from facilities on the disparity results in your FSRs and your ability to interpret and use that information.

That's it from me for now. I'll now turn it back to Karen.

**Karen**

**VanBourgondien:**

Thank you so much, Tamara. Great information. What we'd like to do now is open up for any questions that any of you may have. Please use that raised hand feature that lets us know that people have a question. When we call by name, Rachel will unmute your line. So, again, use that raise hand feature.

Tamara, while we wait, I do have a couple of questions that I saw come in, if you don't mind answering, you or your team. The first question is: "How does CMS identify whether a patient is dual eligible?" Can you respond to that?

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**Tamara** Sure. So, in order to identify whether or not a patient is dual eligible,  
**Mohammed:** CMS uses the State Medicare Modernization Act, or MMA, file to identify these patients. This file contains information on people with Medicaid who are also eligible to receive Medicare, and there is a specific variable in the file that we can use to identify full-benefit patients who are dual eligible.

**Karen** Okay, super. While we wait for folks to raise their hands, here is another  
**VanBourgondien:** question that I saw come across a couple of times. This question is: Does CMS intend to apply the Disparity Methods to other measures in the [Hospital] OQR Program?

**Tamara** Sure. So, this webinar focused specifically on the Colonoscopy,  
**Mohammed:** Chemotherapy, and Surgery measures in the [Hospital] OQR Program. Some of you may have already, earlier this year in Spring 2022, received results on the CMS Disparity Methods of the imaging measures. That is OP-10, Abdomen CT measure, and the OP-13 Cardiac Imaging measure. So, CMS also can apply effective this year the Disparity Methods to those two measures in the [Hospital] OQR Program. Beyond that, at this point in time, CMS has not confirmed any plans to expand reporting of the CMS Disparity Methods in the [Hospital] OQR Program, but if CMS does choose to do so, they will make their plans public in the OPSS rule, so please monitor the rule for any further information on this topic.

**Karen** Thank you. Next question here. This person wanted to know: “Where  
**VanBourgondien:** can I find my facility’s results on the Disparity Methods” Another one for you, Tamara.

**Tamara** Sure. So, there in the Facility-Specific Report, or FSR, that you would  
**Mohammed:** have received yesterday likely, this is the FSR that you receive every year from CMS. I think Karen ran through it earlier how you can access the FSR in the Hospital Quality Reporting, or HQR, system.

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**Karen** Thank you. I did put a link in the chat box, as well. So, last question  
**VanBourgondien:** here: Where can I find resources for the Disparity Methods in the [Hospital] OQR Program? While you're speaking to that, Tamara, I am going to put in a direct link in the chat box.

**Tamara** Sure. So, if you go to the quality website, which is  
**Mohammed:** <https://qualitynet.cms.gov>, you can navigate to the Hospital Outpatient section. There is a section for measures. Under there, you can just select the measure of interest, so Colonoscopy, Chemotherapy and Surgery. You can find within those pages all of the resources that you might need for the Disparity Methods in the [Hospital] OQR Program for the Colonoscopy, Chemotherapy, and Surgery measures.

**Karen** Okay, thank you. Rachel or Pam, are there any raised hands? I do not  
**VanBourgondien:** see any. I'm just making sure we are not missing anybody who has a question. Rachel says she doesn't see any. I don't either. Last chance for questions while we have the Yale group here with us.

**Pam Rutherford:** Karen?

**Karen** Yes. Hi, Pam.  
**VanBourgondien:**

**Pam Rutherford:** There is one raised hand. There's Jerrie.

**Karen** Jerrie. Okay. Jerrie...  
**VanBourgondien:**

**Pam Rutherford:** J-E-R-R-I-E

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**Karen** OK. Rachel, if you wouldn't mind unmuting Jerrie's line. I don't see  
**VanBourgondien:** Jerrie. Hmm... Is that the last name or the first name? Pam?

**Pam Rutherford:** That would be the first name.

**Karen** J?  
**VanBourgondien:**

**Pam Rutherford:** Yes.

**Karen** I don't see a Jerrie on mine. OK. Are there any others? I am not seeing a  
**VanBourgondien:** Jerrie on my list. Oh! There he is. Jerrie MRS. Rachel, do you see that?  
Sorry, Jerrie. We found you. Let me have your line unmuted. Hold tight  
for a second. Rachel, do you have Jerrie? Are you unable to unmute? If  
not... OK. She found you. OK. Go ahead, Jerrie, fire away. What's your  
question? You may have to unmute your own line, as well. OK.  
Anybody else? Jerrie, if you want to type your question, you must be  
having some difficulty. Pam, are there any other raised hands?

**Pam Rutherford:** I did not see any other raised hands.

**Karen** OK. Tamara, is there anything else you would like to add? We have a  
**VanBourgondien:** quiet group today. You covered a lot of information. Is there anything  
that your team would like to add?

**Tamara** If anyone has any questions after this webinar, they're free to contact us.  
**Mohammed:** I think we have the Q&A link on one of the slides. You can also reach  
out to us through the Service Now tool.

**Karen** Sure. Okay, so I am putting in the Q& A link into the chat box if  
**VanBourgondien:** anybody needs that.



Rachel, next slide.

So, here again, is our contact information for any measure-specific questions or questions related to the FSRs. Please put your question in the Q &A that Tamara just referenced, and that direct link is here on the slide. Next slide.

So, thank you, everybody, for joining us. We appreciate it. Again, if you have any questions, please let us know. Thank you for joining us. There will be a survey emailed to you either today or tomorrow. Please take a couple of minutes to fill that out. We do like hearing from you and we appreciate your feedback. So, thanks everybody for joining us. Have a great day.