Open Q&A Session
Stacey Plizga, PRI

Stacey Plizga: Our last session today is an open Q&A session, and what this means is that we are going to bring all of our session speakers back up on the stage one last time and give you an opportunity to ask any questions that you still have that are outstanding or maybe that you didn't get to ask earlier. So with that, we will go ahead and start with our very first session, and that was 2017 Program Audits, and we have Fatima, Angelique, Doreen, and Marie.

And with this session, if you recall, I believe Marie had a couple questions that she was checking on, and she promised some answers at the end of the day, and she does have those answers for you, so we are going to start by addressing those questions.

Marie Gutierrez: Thanks, Stacey. Vanessa, I think -- okay, she's not here. But, no, seriously, her question earlier is if CMS is considering updating the SNP-E Table 1 to include and collect plans outreach attempts for members. So the simple answer is, yes, we are considering it, and I have received confirmation to that effect. So thanks, Vanessa.

Secondly, I also owe Tami an answer to her question about Table 3 claims. So when determining the cases that would go in the claims universe use the claim date paid or denied to the provider. And I hope that makes sense, because the claim payment or denial is going to go to

the provider. Conversely, and to just demonstrate the contrast, the DMR universe is based on the date the reimbursement is made to the member.

But the other part of her question, or to complete that thought, is about the monthly EOB to the member. So if the monthly EOB is the method by which the sponsor informs the member of its approval or denial, then, yes, that monthly EOB date is what needs to be entered in column R, which is the date the written notification was provided to the [indiscernible].

And then at this time, I am going to go ahead and take the opportunity to address some good faith and oral notification questions. And we received a bunch, so I'm going to smush them together and try to answer that efficiently. So the first one is for oral notification for ODAG. Please further clarify good faith attempt. Do we have to leave a message, or as long as an attempt to call a member was made, we can consider this a good faith attempt and document the attempt as an oral notification in the universe?

So real quickly, the oral notification is valid -- you can get an oral notification that is valid by doing three things; one of three things; one is speaking with the enrollee or the authorized rep, secondly, leaving a message; thirdly, doing a good-faith attempt, and that good faith attempt would be, again, calling the preferred number without speaking to the enrollee and documenting that call. So when you leave a message, that is considered a valid oral notification.

Along the same lines, is a voicemail acceptable as oral notification, after good-faith attempt? So, again, if you already spoke with the bene, that's an oral notification, or if you've done a good faith attempt, that is considered a valid oral notification as well, as long as you call the preferred number and documented the call.

And then one other tangent off of the same topic about oral notification, if a good faith attempt was made and properly documented within 72 hours, do plans have three calendar days after the last good faith attempt to

send out the written notification? The simple answer is yes, as it applies to denials. And just to take note, because for approvals sponsors are allowed to either do an oral notification or a written notification. So just a note. And with that, I'll pass it back on to you.

Stacey Plizga: Okay. If we could go ahead with the in-house speaker at the front microphone.

[Inaudible].

Can you -- no, can you turn the mics on in the center aisle, please. How about if we -- is your microphone working back there?

Testing.

Okay. Why don't we go with your question while we figure out the front one.

Gregory Schwender: Okay. Hi, my name is Greg, I'm with Transamerica. And my question is, if we had, for example, a car for CDAG clinical appropriateness or surrounding maybe denial language, would the validation audit that we have to do as a follow up, would we be able to limit the scope of our validation audit to adjust that, or does it have to be a full-scale CDAG validation on it?

Doreen Gagliano: Good question. So, yes, when it comes to the validation of conditions identified in your final audit report, you would simply validate that condition. You don't have to do a full-scale CDAG audit, or even a full-scale clinical decision-making audit. You just have to focus on validating that that particular condition has been -- is now compliance.

Gregory Schwender: Thank you.

Michael Sneckenberger: Let's see. Yeah, it's working now. In regards to the call-log universe, so I wanted to see if we're meant to include calls that are placed

to other vendors who take them in the ordinary course of business but they're not meant as a call center? So in other words like a transportation vendor that receives calls from members to set up appointments or scheduling or things like that?

Doreen Gagliano: So we actually get questions like this a lot in our audit mailbox. So I'm not sure if you're talking about ODAG or CDAG, and, specifically, I can tell you we only want calls that come in through the main customer service line.

Michael Sneckenberger: Okay.

Doreen Gagliano: So in your example I'm assuming possibly ODAG if it's transportation.

Michael Sneckenberger: It's for both.

Doreen Gagliano: Oh, both. Okay. No, we wouldn't need those. We just need whatever your plan sponsor's main customer service line is. Those are the calls we're interested in.

Michael Sneckenberger: Okay. Thank you.

Doreen Gagliano: Yeah.

Julie Mason: Hi. Julie Mason, Medicare Compliance Solutions. I have a follow-up question to Greg's question about the validation audit. Using that example, if the plan that's undergoing the validation audit, the condition was denial notice language, to use Greg's example, and in the course of doing the validation audit, the independent auditor discovers -- without necessarily expanding the scope but in the scope of looking at the denial letter language, discovers another area of non-compliance that wasn't cited in the CMS audit; for example, the plan may be inappropriately denying certain services, how would CMS expect the validation auditor to handle that situation?

Doreen Gagliano: Okay, so for any new issues identified during a validation, first and foremost, the independent auditor should ask for a beneficiary impact analysis from the sponsor, and then, secondly, they would report that in the final validation report.

Julie Mason: Great. Thank you.

Stacey Plizga: Okay, we will go to some of the questions that were received from our viewing audience. The first one, "Is it appropriate to report the date the request was received as the same date as AOR receipt date, or should the sponsor report the initial request date prior to the AOR receipt date as the date the request was received?"

Angelique Morris: Thank you. So for ODAG the standard pre-service reconsideration expedited pre-service org determination, standard pre-service org determination and direct member reimbursement, all of these universe and regular layouts have two distinct fields to address this issue. The regular layouts include one field that asks for the date that the press was received and the second field asks for the date that the AOR was received. The sponsoring organization should populate each field as the column description specifies But CMS does take into consideration both fields when we're doing our timeliness calculation.

Stacey Plizga: Thank you.

"It was stated that pre-audit sponsor disclosed issues that have been validated as remediated may not be counted as ICARs; however, can you confirm that they could still be classified as CARs and observations?"

Fatima Mohamed: Thank you. I just want to provide some clarification around what was said about disclosed issues. So when we determine that an issue was disclosed -- well, when we determined that a disclosed issues was properly identified and corrected, or is actively undergoing correction and the risk to the beneficiaries have been mitigated, CMS will not apply the

ICAR condition classification to that condition, so, yes, it is possible for sponsors to still receive a CAR or observation for those.

Stacey Plizga: Okay, and the last question that I have here for this group, "For CDAG, which good faith attempt to reach the enrollee should be documented in the field date oral notification provided to enrollee if direct contact with the member is not made?"

Doreen Gagliano: So the last good faith attempt that we would like to see you populate in your universe record layout would be the last good faith attempt within the timeframe. And this is because it will not only help you meet or satisfy our timeliness requirements, but it also helps you to meet the written notification requirements as well.

Stacey Plizga: Okay. Any other questions from our in-house audience for this group. No? Okay. Thank you. And I would just like to mention, especially to our viewing audience, that we did receive many questions, and thank you for sending those in. The ones that are not able to be answered at this time, we will answer and post on the website following the conference.

And next up, we have the 2017 audit protocol updates. We have Vernisha Robinson-Savoy, Lauren Brandow, and Marla Rothouse.

Vernisha Robinson-Savoy: So we had a few questions for CPE, and first, I want to apologize to those that were on the webcast, it was frozen for a few seconds -- or a few minutes during my presentation, so if you have additional questions about the presentation, just send them to the audit mailbox. So the first question states, "Will CMS be releasing a revised compliance check?" Oh, that's your job. I'm sorry about that.

Stacey Plizga: That's okay, Vernisha. I'm happy to let you keep going. Okay. Thank you. Sorry. "Will CMS be releasing a revised compliance Chapter 921 to reflect the change in focus from seven elements to three, or is this just a change in audit focus and not necessarily a change in how plans are required to focus their compliance program?"

Vernisha Robinson- Savoy: Well there's two questions here. One in regards to -- the first question is in regards to the chapter 9 and 21, which is our sub-regulatory guidance, which is also known as the "Compliance Program Guidelines." We are actively and currently revising our manual guidance, so we are in the process of doing that.

In regards to whether the 2017 -- I believe the question is asking has the audit focus changed? The approach has. And so the requirements are still the same in regards to the seven core elements for compliance program, plus FDR oversight. But we are -- our approach is we're focusing on the core functions,. So there are three audit elements, so don't confuse the seven core elements with the three audit elements.

Stacey Plizga: Okay, just checking. "Slide 27 indicates for internal staff, name the individual and his or her position; however, this directly" -- that word got cut off.

Vernisha Robinson- Savoy: Yeah, it did.

Stacey Plizga: "This directly" -- something -- "with the protocols, which could be interpreted that the department is okay to list. This directly impacts plans currently" -- "this directly impacts plans currently track this data in compliance systems. For internal staff provide the name staff, staff, department involved with conducting the audit activity."

Vernisha Robinson- Savoy: So I'm used to these kinds of questions.

Stacey Plizga: Okay. Good.

Vernisha Robinson- Savoy: So I believe the submitter of the question is referring to table three, the internal auditing record layout, column C, which is the auditor type. And I believe the question was heading to, are we expecting sponsors to provide the names of the individuals that are involved with the particular audit that -- for the particular audit, and it's either you can

provide a name of the individual and the department, or if you only have the department that was involved, that's final too, so either or.

Stacey Plizga: Okay. And the last question I have here for you. "The YouTube stream froze during the explanation of the question of protocol use. What protocol would you use if an engagement letter came June 1, 2016 protocol or 2017 protocol?"

Vernisha Robinson- Savoy: Sure. Great answer. We did cover that during the presentation. Just to give the example, so if you receive the engagement letter for an audit June 1st of 2017, the audit review period for the compliance program effectiveness will be 12 months, so it will cover two calendar years essentially, so let's say June 1st, 2016, through June 1st of 2017. So that's just the audit review period, but it is a 2017 audit, so the 2017 audit protocol should be utilized.

Stacey Plizga: Okay. We have a question in-house.

Michael Sneckenberger: Just one real quick for the MMP protocols, and I believe you touched on this earlier, but I wanted just a quick clarification. Which protocols is it specifically that will not be populated, and we'll just say from the normal MAPD side, but would not be populated with MMP data? So I believe it was CDAG, and I wanted to clarify if it's also ODAG and the SNP-MOC too, should expect MMP information in it.

Lauren Brandow: So are you talking about a sponsor with both Medicare Advantage and --

Michael Sneckenberger: Yes.

Lauren Brandow: Okay. So for sponsors with both MMPs and MAs, you would -- the only change you're going to see is that you're not populating MMP cases in the ODAG universes.

Michael Sneckenberger: Okay.

Lauren Brandow: Yeah.

Michael Sneckenberger: So just ODAG?

Lauren Brandow: Yeah.

Michael Sneckenberger: Thank you.

Stacey Plizga: Our next question, please.

Linda Howard: I actually have two questions. The first one is may a plan wholly delegate is SIU functions, and if so, may we rely on the policies and procedures of that FDR, or is the plan required to have its own policies and procedures relating to SIU?

Vernisha Robinson-Savoy: Okay, so I'm going to ask a few questions of you.

Linda Howard: Okay.

Vernisha Robinson-Savoy: Okay? So, just so I understand, is the question, can the SIU be delegated out to [inaudible].

Linda Howard: Yes, that's the first part.

Vernisha Robinson-Savoy: So my response, from a policy perspective, is that sponsors are not required to have an SIU with any the organization, but those functions do need to be implemented. So, therefore, you could delegate it out if necessary. But you're still accountable, of course, for those functions. And so your second part of that was --

Linda Howard: The second part is, if you do delegate it, in terms of a response to an audit to show evidence of SIU, may you rely on the policies and procedures of that delegated entity, or does the plan have to have its own separate policies and procedures relating to it?

Vernisha Robinson-Savoy: Well I've seen it both ways actually. So you, while the organization, if you delegate that function out and that delegated entity has policies and procedures for that function, the sponsor, as the oversight entity, is ultimately responsible for that are delegated entity, we will need to see your policies and procedures of how you oversee compliance of that delegated entity. So it's twofold.

Linda Howard: Okay. Okay. And then the second question is related to fraud, waste, and abuse plan. If a plan has a TPA --

Vernisha Robinson-Savoy: TPA of a third party administrator?

Linda Howard: Third party administrator, right. That handles some aspect of its fraud, waste, and abuse program, does that TPA also have to have a fraud, waste, and abuse plan, in addition to the health plans, fraud, waste, and abuse plan?

Vernisha Robinson-Savoy: Let me -- I'm going to have to get back to you on that. I actually want to consult with our counterparts in CPI, which is the Center for Program Integrity, because that's very specific. So I will definitely get back to you in regard to that situation.

Linda Howard: Okay. So should I send that question in.

Vernisha Robinson-Savoy: Yeah, sure.

Linda Howard: Okay. Thanks.

Tom Mapp: Hello. My name is Tom Mapp I'm from L.A. Care Health Plan. I had a question about the revision or the adjustment to the CPE tracers, and whether or not you'd consider developing some sample protocols or sample tracers that would reflect best practices, or suggestions about the correct approach for especially the through new audit elements?

Vernisha Robinson-Savoy: Sure. And that's actually something I have been thinking about as I've -- I'm actually in audit now within the organization, and that's one of the observations that I noticed. I'm always thinking about the industry of, okay, since we don't have a template anymore, you know, what guide do I have to -- what would I have to compile the information into a presentation format that best describes or just a tool to assist that, assist that process. So that's definitely something I would like to have a user call or maybe a training session to provide some best practices. We've already seen some effective presentations that we can find a way to share that with the industry to assist that process. So absolutely. Thank you.

Tom Mapp: That's great. Thanks.

Julie Mason: Hi. Julie Mason, Medicare Compliance Solutions. I have an MMP audit protocol question, looking for clarification. We're working with a health plan that has only an MMP. They do not have an MAPD product, and we submitted a question to the mailbox, asking whether the plan would be subject to both the ODAG and the SARAG protocols. The response that we got back was that, yes, they would be subject to both protocols. For any LTSF services, substance abuse, or behavioral health services, the SARAG protocol would apply. And for all other services, the ODAG protocol would apply. So a couple of issues there. One is that both the draft and the final MMP audit protocol states that the purpose of the audit is -- or of that MMP audit protocol is to look at LTSS, behavioral health, substance abuse, and medical services. So that's a little different than what we heard originally from the mailbox that medical services would be covered by ODAG.

The other thing that muddies the water a bit is I think I heard you both in your presentation and answering one of the questions that, for plans that both MMP and an MAPD, the MAPD cases would be subject to ADAG. The MMP cases would be subject to SARAG. But in the case of an MMP only, using that logic, it sounds like ODAG would not apply. So it would be helpful if you could clarify this.

Lauren Brandow: Okay. Yeah, sure. And I'm not -- yeah, for your mailbox question, it is important, the distinction between an organization that is just like a standalone MMP contract and a parent organization with Medicare Advantage and MMP product lines because -- so basically for an organization that's a standalone MMP, they would not submit the ODAG universes for their audit, and medical review would be done as part of the SARAG protocol. As with the other commenter, for sponsors with MA and MMP product lines, it would be submitting all of the ODAG universes, in addition to SARAG. But MA -- or MMP enrollee cases would not be included in those ODAG universe.

Julie Mason: Okay. Thank you for the clarification.

Lauren Brandow: Yeah.

Tom Mapp: I have a follow-up to that last question. My question is, will actually standalone MMPs actually be subject to program audits?

Marla Rothouse: Yes.

Tom Mapp: And roughly when?

Marla Rothouse: Honestly I can't say that we have a timeframe on that, but all MMP, as part of the Medicare lines of business, will be subject to program office.

Tom Mapp: It be thrown into the bucket in the next cycle maybe.

Marla Rothouse: It could.

Tom Mapp: Good.

Stacey Plizga: Okay. We will go to a couple questions we received from our viewing audience, and the first one has three parts.

Marla Rothouse: It's been answered.

Oh, been answered? Okay, I won't ask it then. It's a long one, so. The second one, okay. "You mentioned that MMP results will not affect Star ratings because of pilot status. Our understanding is that Star rating impact is at a contract level not a parent organization level. So even when MMPs are no longer pilot and have an impact on audit score, MMP results will not affect the Star ratings of non-MMP contracts. Please confirm this is correct."

Marla Rothouse: That is correct. It will not impact the non-MMP contracts and for MMPs, MMPs don't have Star ratings, so won't be an impact.

Stacey Plizga: Okay. That is all the questions that I have for Vernisha, Lauren, and Marla. So we will bring up our next group, which is Medication Therapy Management, MTM panel, with Emily Greenspon, Ted Regalia, Crystal Chang, and Kempton Presley.

Is there any of our in-house guests with a question before I move to ones we received online? Okay. The first question, "Ministry Health referred to a discussion about whether a 90-day supply claim counts as one or three fills. For purposes of Part D drug count, would both a 30-day and 90-day fill for the same drug count as one Part D drug?"

Emily Greenspon: So, with respect to this question, so the auditors may have asked this question to gain an understanding of how an organization interprets the drug count. But there is no requirement of that interpretation.

Stacey Plizga: Okay. The second question we received, again, this one has three parts, so I will ask them separately. The first one, "Is CMS planning to use updated chapter guidance for MTM? The question is being asked in advance of potential system and program enhancements that may be required, as well as oversight considerations."

Emily Greenspon: So, with respect to updates to the Chapter Seven, MOEG does not issue this chapter, and so what I can recommend for the inquirer is to reach out to the Part D policy mailbox, and that's partdpolicy@cms.hhs.gov to send in this question for it to be answered.

Stacey Plizga: The second part to this question, "Is there a timeline where CMS is expecting this area to migrate from pilot to a standard area for program audits?

Emily Greenspon: So the MTM, it's a pilot, and so at this point in time, it's not determined as far as how it's going to be moving forward.

Stacey Plizga: And the third part to this question, "From a long-term perspective, considering the validation timeline is 150 days, and MTM universes encompasses a calendar year, are there any considerations on how this area would be handled from a validation perspective?

Emily Greenspon: So at this point in time, MTM is not subject to validation, and the pilot audit is based on retrospective data of collection. And as far as in the future, it has yet to be determined if it will be subject to validation.

Stacey Plizga: Okay. And the last question that we had received, "Slide eight referred to auditors requesting recorded phone calls. Can you clarify if this is for the CMR or outreach to engage the member into the MTM program?"

Emily Greenspon: So I'll just briefly touch on that. Typically during the audit when we -- when the auditors might ask about this, we see recordings based on a CMR offer. But I would like to refer to Ted, who covered this information in his slides to elaborate some more.

Theodore Regalia: Thank you, I guess. As far as I'm aware, there's not a requirement that you have a recorded call. You could consider it a best practice when you're using telephonic MTM CMRs, and that's true for a lot of reasons. So, first of all, for us, we record all of our member engagement calls. And the reason we do that is there's a quality assurance component. If you

want to better understand why somebody is opting out, perhaps you're not happy with your opt-out reason or percentage, you'd be able to listen and better assess the reasons to try to improve your program. So that's a good reason. And then I found that some of our pharmacists would actually play back the message just to make sure they got everything right, accumulating a personal medication list or something like that.

Stacey Plizga: Okay. That concludes all the questions that we have for the MTM panel. Thank you.

[Inaudible]. You know. Thank you. All right. The next session up is the 2016 Program Audit and Enforcement Report. Are there any questions for our in-house audience?

Wendy Richey: Hi, this is Wendy Richey with Clover Health. First, I want to say for someone that's been in this industry for 30 years, yes, there's something that a person that we all know used to say when something was good, Gary Bailey -- hopefully a lot of folks remember him -- fantastical day. When I look at where we were 20 years ago and where you all came today, huge, this is great. So kudos.

So a question I do have is, for validation audits, where does a plan fall into the next audit cycle based on when they have a validation audit?

Greg McDonald: I would love to answer that, but to be honest with you, I'm not entirely sure. I can circle back with you afterwards and get an answer, but that would require kind of consulting with other people, because it's not strictly within the kind of realms of the annual report. But we should be able to get you an answer for that.

Wendy Richey: One thing I just wanted to point out, so I know we're a small plan, but we've had six audits in a matter of five months, and I know it's all necessary, but it's pulling the same people. So also trying to influence efficiency and also a chance to drive remediation and opportunity, so that's why I put it out there.

Greg McDonald: Okay. Thanks.

Wendy Richey: Thanks.

Greg McDonald: I don't know if there are other questions, but I do owe an answer, based off a question that was asked earlier, having to do with the timing of audits and how many engagements letters had gone out and everything like that. What I can tell you is that the first engagement letters went out this year on February the 21st, the final ones are going out on September the 25th, and we do try to kind of spread them evenly throughout the year, so you're not going to have 25 audits in one month, and then the rest spread out across the year. So we try to keep them fairly even.

Stacey Plizga: Okay. That concludes the questions that we have for Greg McDonald. Thank you.

Next up is the session Timeliness Monitoring with Jen Smith and Alice Lee-Martin. Okay, we do a question from an in-house guest.

Michelle Juhanson: Hi. Michelle Juhanson:] for Perform Rx. So I don't have a question about the actual timeliness monitoring that occurred on the Part D side, but we did have the joy of being selected for the MMP timeliness monitoring, and it's very different. And I was wondering who owns that at CMS, and could we talk about it, only because the universe format was different. We were given less than a week to produce the universe. It smushes together the Part C ODAG stuff and the Part D thing, and it just seemed like it was very different from what we're used to on the Part D side. So if it's out of scope, let me know. But I was hoping that that would be something that we could talk about.

Jennifer Smith: Vikki, can you -- I can't lip read, I'm sorry. She's trying desperately to feed me the answer.

Vikki Ahern: So, yes, that's from our Medicare Drug Benefit Group, Linda Anders' division is the one who does the monitoring projects. And I do know that

there were some challenges with those, so if you have some questions you can reach out to her.

Michelle Juhanson: Thank you.

Vikki Ahern: Yeah

Stacey Plizga: Okay. Thank you. For the questions that were received from our viewing audience, the first one, "How will appeals timeliness monitoring impact future audits?"

Jennifer Smith: So this could be read one of two ways, I think. So I think the first way would be if we're going to do this annually, are well also going to assess timeliness during our annual program audits, which is an excellent question. So, I think, to the extent that TMP becomes a routine annual monitoring project, it would absolutely make no sense to assess timeliness during our program audit. I think that remains to be seen. But we would want to try to avoid duplication. Now I will remind you that the TMP is always a retrospective, so it's a snapshot from the year before; whereas the audit is a snapshot of the year we're in. So there is that difference. But, again, given that we would be monitoring it every year, I think we'd probably want to phase it out of the audits.

The only other way I read that was, are you asking if we're going to use this to target you for audit? And only because I have gotten enough questions about our risk assessment to know where that might be coming from. There is no plans at this point in time to incorporate this into our risk assessment. So what I would probably want to do, we always like to compare any data that we have to our audit scores and audit results and see if there is any kind of correlation to see whether or not it's meaningful to incorporate into the risk assessment. So maybe, but there's no plans for that in the future, and if we were to incorporate it, I think it would be in the future, after we had been able to collect enough data and do some analysis.

Stacey Plizga: Okay, the second question received, "It can be difficult for plans to maintain two sets of universes, the prior year for TM and the new year for program audits. Will the next round of TM universe submission be completed before the next year's audits begin; example, in December, like originally intended?"

Jennifer Smith: So we got Paperwork Reduction Act approval in March of this year for our program audit protocols. That is a three-year approval that does not expire until 2020. So, absent a need to put them through the process earlier, which could happen, we anticipate the 2017 protocols staying the same for several years. So, in other words, when we would request data for 2018, it would be using the 2017 protocols, and hopefully when we would request data for 2019, it would be using the same protocols, but they would still be approved.

Stacey Plizga: Okay, third question, "How long should a plan expect to receive timeliness monitoring results after the timeliness monitoring audit is conducted?"

Jennifer Smith: So we did address this at the end of our session, and I think Alice said that, at her best guess, it would be sometime in the middle of the summer. And I will just say I understand the desire to understand how you all did, but I would just like to relay again, one of my concerns about releasing the summary results of the TMP collection is, because it is at that parent organization level, it could confuse a sponsor, because since we're combining your percentages across all of your contracts, it could give you -- make you, like, look better than you might be do, or worse than you might be doing, and since an analysis is going to be done at the contract level, I wouldn't want any sponsor to draw conclusions because of parent organization results when contract-level results could be really different.

Stacey Plizga: Okay, and the last question, "Will this be performed annually?"

Jennifer Smith: Yes, we believe so.

Stacey Plizga: Okay. So that concludes the questions that we have for timeliness monitoring. Thank you so much. All right, we did not receive any questions from our virtual audience for CMP Methodology. Does anyone in-house have questions on this topic? No? Okay. Then, Kevin, you can stay right where you're at. Oh, let me turn that off. Sorry. Too many microphones.

All right. Then, we will move right into an evaluation of the Q&A session, so please go ahead, if you wish, and evaluate this session. There's just a couple quick questions. If you enter "A" you'll get the link.