

# Transcript

February 26, 2026

## Slide #1:

Welcome to the CMS's Hospice Quality Reporting Program, HQRP Forum; HOPE for the Future. So good morning and afternoon. I'm Zinnia Harrison with Abt Global LLC. Abt Global is under contract with CMS to support the Hospice Quality Reporting Program or HQRP.

Before we begin, I'd like to cover a few quick housekeeping items. All attendees, microphones and cameras are automatically turned off. There is a Q&A or question and answer function turned on, so we do encourage you to submit questions that may inform future HQRP forum topics or frequently asked questions document, an FAQ. We will not be addressing the live questions today. Please note in the Q&A function it allows you to upvote or "like" questions submitted or comment on questions.

The top questions are often:

- Will this meeting be recorded? The answer is yes.
- When will the slides become available? The slides will be made available several weeks after the forum concludes. My colleague Taylor Simmons just posted the link to the provider and stakeholder engagement page.
- The Provider and Stakeholder Engagement page is where the slides and the recording will be posted a few weeks from now.

Thank you Taylor for sharing the links and let's go to the next slide.

**Slide #2:** For our agenda today, I will be joined by my colleagues at Abt Global, Brenda Karkos and Doctor TJ Christian. Deb Weiland from CMS will also be presenting. So specifically, I'll discuss the Hospice Outcomes and Patient Evaluation or HOPE implementation.

Brenda will review HOPE resources and training.

TJ will review HQRP quality measures and HOPE.

Deb Weiland will review the transition to iQIES and Brenda will provide a public reporting update.

Then following the presentation, Brenda, TJ, and I will review about a dozen FAQs received that are addressed by the Help Desk. These topics appear to be the most

salient for understanding and implementing HOPE. Next slide.

**Slide #3:** So on this slide, you'll see the acronyms that we will use throughout the presentation

**Slide #4:** On this slide is just a disclaimer so we will not read this whole slide. This is a disclaimer that the materials used to prepare this presentation were current at the time it was published or uploaded onto the web.

Links and other related web pages have been provided as supplemental resources for your reference. These slides are only a summary, and CMS encourages the public to review the specific statutes, regulations, and other interpretive material for a full and official statement of their contents.

**Slide #5:** And now, let's just review the implementation. So, as you know, the HOPE patient level data collection tool was successfully implemented in the last quarter of 2025. HOPE replaced the Hospice Item Set or HIS.

As the data collection tool for hospices, many of the original HIS items are included in HOPE, and those items can be collected in the very same way hospices have always collected them via data abstraction.

However, the HOPE tool also includes new assessment-based quality data to enhance the HQRP. So these items in HOPE are designed to be collected in real time during the nurses' visits.

**Slide #6:** So, how are we doing with HOPE assessment submissions? The number of HOPE assessment submissions since October 1st of '25, is approaching 2 million. These submissions encompass 750,000 patients, served by approximately 5,600 hospices. We thank you and all the hospices for a strong and successful start of HOPE data collection.

Now I'll turn it over to Brenda Karkos, my colleague from Abt Global, to introduce herself and talk more about HOPE data collection and resources; Brenda.

**Slide #7:**

Yes, thanks Zinnia and hello to all of you. So just a little about my background before I proceed. It includes both hospice and oncology nursing. I've been involved with hospice since the early 1980s and among other roles through the years, I've served as a Director of Hospice in the Northeast. While I've been at Abt, I have worked on

projects related to hospice, oncology, and other post-acute care settings. As part of the HQRP team I worked closely with CMS to help with the development and implementation of HOPE.

CMS has posted many, many resources to help you to understand HOPE, and I'd like to just walk through these so you can easily find these and answers to questions about HOPE. The HOPE page includes the HOPE guidance and materials. These materials version 1.02 of the Guidance Manual, which was posted in the fall, and included a few minor edits for clarification based on questions we received early on, during HOPE Implementation.

There is also one ALL item set and then there are different versions for just the HOPE admission, the HOPE Update Visits, and the discharge. And keep in mind the HOPE discharge is the exact same form that was used in the HIS. No changes were made to that.

There's also a change table to indicate what changed from that original version of the manual and that was posted last summer. And last on this slide is the HOPE Development and Testing Report, which is a great resource if you'd like to understand how HOPE was developed, the items that were tested by hospice providers, and it might help you understand how CMS determined which items are now to be included in HOPE.

### **Slide #8:**

So regarding HOPE training, there are lots of other great resources, including those on the HQRP Training and Education Library webpage. The two main ones are the full training for HOPE implementation, which included the didactic recorded training series, and then a coding workshop that was conducted live in August. This training is really an essential component to understand how to code the HOPE items.

Additional materials include the HOPE time points video and HOPE web-based training, and there is one specifically focused on the HQRP submission process and provider reports. The Help Desk also receives lots of questions about the reports that include HOPE.

And then there's the HOPE Implementation FAQs that were posted in the fall, and this focuses on questions that are closely related to this transition. But I would like to add that CMS is currently developing an FAQ resource that will be broader and

answer more questions about the HQRP and questions that have been more recently received about HOPE. And lastly the newest training, "HQRP: Achieving a Full Annual Payment Update (APU) Training" will help you understand how to achieve compliance with the HQRP.

**Slide #9:** So, the HQRP resource documents are also being updated for HOPE, and while this work continues, some of these updated versions have already been posted and they're listed on this slide. There are three on the HQRP Requirements and Best Practices page, and then there's the Background Methodology Fact Sheet for the Hospice Comprehensive Assessment and Admission Quality Measure, which is now including HOPE. So, those should be helpful resources for your staff.

**Slide #10:** And then lastly the HOPE Technical Information webpage. This is where hospices and their vendors can find resources about submission and the technical specs. The specs will help you understand the accepted responses for each and every HOPE item, and any responses that might trigger a warning or a fatal error. In the Downloads section you'll find the final HOPE data specs and then two errata's. The most recent was posted in January. There's also a vendor training from last June in that Downloads section as well.

Now, I'll turn it over to TJ Christian to talk about the quality measures.

**Slide #11:**

Thank you so much, Brenda. Everyone, hello and good afternoon. As Brenda said my name is TJ Christian. I serve as the quality measure lead for the Abt team supporting CMS's Hospice Quality Reporting Program. Also, as Brenda said, today I'll discuss the program's quality measures with a particular focus on the HOPE based measures and updates to the quality measure manual.

**Slide #12:**

As we all know, HOPE replaced the Hospice Item Set this past October 1st. The quality measure that was previously calculated using the Hospice Item Set, the Comprehensive Assessment at Admission is now being calculated using effectively the same information, just now collected through HOPE. Also, at the present time two additional HOPE supported measures are Timely Follow-up for Pain and Non-pain, respectively, Symptom Impact. Each enumerates whether patients who were

originally assessed with moderate or severe symptom impacts received a symptom follow-up visit within two calendar days.

Further details for these measures are available on the Hospice Quality Reporting Program's Current Measures webpage. There is a link in the Downloads section for the Quality Measure Manual that contains a full chapter devoted to these measure specifications.

CMS will first review and assess the HOPE data now being collected to confirm the measures meet CMS's performance standards before deciding to publicly report. If CMS decides to move forward, the earliest possible date for public reporting would be in the fall of 2027.

**Slide #13:**

Ok, as I alluded to, on CMS' Current Measures webpage is a link to the Quality Measure Manual. Each measure in the program has a devoted chapter outlining measure specifications and calculation steps. The manual is periodically reviewed and updated, and a new version has just been released, which is version 1.04.

The updates include a correction to language for HOPE record selection for calculating those measures and to the public reporting threshold for the Hospice Care Index measure. It's worth noting that both of these updates originated from Help Desk inquiries, so Help Desk questions are a very important means to ascertain areas that CMS could better clarify processes or correct anything that needed to be done. We definitely appreciate, on behalf of CMS, your review of the materials, measures, et cetera, and any questions you submit to the Help Desk. We wanted to let you know that they're being read, taken very seriously, and are an immense help.

**Slide #14:**

This exhibit is just an overview of the current measures and data sources in the Hospice Quality Reporting Program - the Comprehensive Assessment at Admission measure and potentially in the future the timely follow up measures. Next in orange is the CAHPs outcome measure. In the green, the two claims-based measures in the program, the Hospice Care Index, and the Hospice Visits in the Last Days of Life.

**Slide #15:** And with this slide I'll say thank you. This concludes my portion of today's presentation. I'm going to hand things over to Deb Weiland, iQIES reporting lead in CMS' Division of Quality Systems for Assessment and Surveys.

Thanks so much, TJ, and good afternoon, everyone. As TJ announced, I am Deb Weiland with CMS. I am a nurse by training, but I currently serve as the iQIES reporting lead for CMS. In the next few slides, I'm going to provide some information or reminders about the transition of HOPE data submission and reporting into iQIES.

**Slide #16:**

As you know, the migration for submission of HOPE data into iQIES successfully occurred on October 1st. CMS allowed hospices to submit corrected or late HIS records with target dates of September 30, 2025, or earlier, in QIES through February 15th.

Beginning February 16th, the QIES Assessment Submission and Processing, or ASAP system, was decommissioned. The data entry tool known as HART, which was available in QIES, has also been retired.

As such, hospice providers must now engage with a private software vendor to obtain data entry software to allow them to complete the HOPE assessment records for submission to iQIES. Providers may submit their own records once they are complete, or they may contract with a third-party vendor or entity to perform the submissions on their behalf.

**Slide #17:**

Now I'd like to showcase some differences that you will notice in the iQIES system. First, logging into iQIES only requires one login to submit data and access reports. In the QIES system, users were required to first log into the CMS network or what we call the CMSNet. Once the users access this environment, they were required to log into the hospice submission system to submit the HIS records and separately log into the CASPER reporting application to access reports. The iQIES process has been dramatically simplified.

Another advantage of the iQIES system is that you are no longer limited to only two users who may access the system. To reiterate the process to obtain access into

iQIES, you'll first need to obtain a HARP ID. Once the HARP ID has been obtained, this will allow you to log into the iQIES platform where you will request the appropriate role to submit data and access reports.

**Slide #18:**

Each hospice must have at least one CMS approved PSO or provider security official. CMS recommends at least two PSOs per hospice provider. CMS will approve the first PSO, and that individual will be responsible for approving other users who should have access into the iQIES system for that provider, including any additional PSO roles for your provider, employees within your hospice, and third party or vendors if they have been contracted by your provider to submit data on your behalf.

It is important to note that until a PSO has been approved for the hospice, no other user roles allowing access into iQIES can be approved. You'll see that a link where you can obtain additional information about user onboarding process for PSOs has been included in the slide.

**Slide #19:**

And now that we've outlined the difference between QIES and iQIES, let's look at what stays the same. Of course, the process for assessment completion remains the same. Hospices will continue to assess the patients according to the CMS requirements, code the HOPE tool by entering the assessment data into the software, and submit an XML file of those data to CMS.

As it was in QIES, the XML files submitted in iQIES contained data for one patient assessment only. The XML files are contained within a zip file and it is the zip file that is uploaded into iQIES. As was done in QIES, the zip file may contain one or more XML files.

Additionally, as was done in QIES, once the XML records have been processed, the providers will receive a system generated Final Validation Report, or an FVR, for all records that were successfully processed, meaning that the provider identifier or facility ID within the XML record could be confirmed by the system. The system generated FVRs are automatically placed into the Hospice Final Validation Report folder in the My Reports section of iQIES. Users are also allowed to generate their own final validation reports in iQIES if desired, similar to how they would have done in QIES.

The iQIES FVRs contain the same type of information that was available in the QIES FVRs and include detailed information about the processing status of each XML record, including whether the record was accepted and saved into the iQIES database, or rejected because of fatal errors in the record. If a record is rejected, the data are not saved into iQIES. Detailed information about any fatal errors or warning messages are displayed on the FVRs. If the error message information is not present on the report for the record, this means the record encountered no fatal errors or warning messages during processing.

Finally, CMS is also iteratively transitioning the hospice reporting from QIES into iQIES. The hospice provider reports, which report the data based upon submission of the HIS and HOPE records, were available to providers beginning October 1st, when the ability to submit the HOPE records began in iQIES. Just this week, February 23rd to be exact, the Hospice Review and Correct Report is now available in iQIES and has been decommissioned in the QIES CASPER reporting application.

On March 15th, the Hospice level and Hospice patient level QM reports will be available in iQIES and will be decommissioned in CASPER. The Hospice Provider Preview Reports and Hospice CAHPS Provider Preview Reports will first be available in iQIES in May 2026 and will support the August 2026 Hospice Care Compare Refresh. CMS has distributed detailed reporting reminders via GovDelivery e-mail messages to help you know when reporting changes are occurring.

And this concludes my updates and I will now turn it over to Brenda to discuss public reporting.

**Slide #20:**

Ok. Thank you, that was a lot of great information! Thank you, Deb.

Now let's just review how all of these changes are going to impact public reporting.

**Slide #21:**

So, on this slide, you'll see two columns. The first column shows you the dates of the refreshes on Care Compare and the second, light blue column, displays which quarters of data are included during that refresh. So, these refreshes also include the CAHPS data; however, for claims-based measures, the updates only occur annually, and that's each November.



This slide is just demonstrating the data that's collected from the HIS or HOPE data collection tools, and you can see which quarters of data are going to be displayed, depending on the month of the refresh. These refreshes occur the same months every year in February, May, August, and November. The refresh for February 2026 was just posted last week and contained HIS data from Quarter 2, 2024 through Quarter 1, 2025. And I'll walk through the next few slides so you can see how and when the HOPE data will be incorporated into these refreshes.

**Slide #22:**

So here you can see that August 2026 is highlighted and the data for August will be available in your preview reports in May 2026. The provider preview reports with the information for the August refresh are the first reports that will be available to you in iQIES.

**Slide #23:**

Now let's look at February 2027. So, this will be the first refresh to publicly report HOPE data that's being collected now. And this update will only include 3 quarters of data and that's because the last quarter of 2025, the first quarter of that HOPE data collection, will not be included for public reporting. So for that reason there will be one quarter less in that February 2027 refresh.

**Slide #24:**

And now for the November 2027. So this will be the first refresh that will publicly report only HOPE data. So the last HIS data will show up in August of 2027, and it is anticipated that November 2027 will also be the first public posting of the new HOPE quality measures once the data has been analyzed by CMS.

Now, I'll turn it back over to Zinnia.

**Slide #25:**

Thanks, Brenda, and thank you for the reminder when the recording and the slides will be made available. Also thank you to Deb and TJ. As I mentioned at the top of the call, we have about a dozen FAQs we'll review. The word cloud here just highlights the questions the HQRP Help Desk has received since October 1st of 2025. Most are related to the HOPE guidance for clarification and HOPE submission

requirements and processes. We hope that this presentation has already helped to address those types of questions.

We're also going to bring some of these back around on these FAQs, so let's go into the next slide.

**Slide #26:**

Let's review some of the common questions that we've received via the HQRP Help Desk and HOPE. That's what we'll focus on in the next segment. Feel free to submit those questions to the email address on this slide and they'll go to our HQRP Help Desk. Often times some of these new questions might be added to an HQRP FAQ document that will be posted on the CMS website. A Help Desk question could also inform future training or education, or even HQRP Forum topics.

TJ and I will ask Brenda 12 of the top questions we've seen related to HOPE. Let's start with Question #1 on the next slide.

**Slide #27:**

**Question #1:** So Brenda, how will the transition from the HIS to HOPE work regarding the quality measures?

**Slide #28:**

**Response #1:** Sure, so, starting in October, hospices did begin collecting data using HOPE and the same items that were in the HIS for the Comprehensive Assessment Measure are included in the HOPE tool.

And that HOPE data will eventually be reported on Care Compare once those quarters using HIS data have passed. CMS does plan to report the two new measures based on HOPE data, but no sooner than fiscal year 2028. And as we mentioned, you know, basically November 2027. These are the two measures that TJ mentioned, Timely Follow-up for Pain Impact and the Timely Follow-up for Non-Pain Symptom Impact.

**Slide #29:**

**Question #2:** Our hospice completed an administrative discharge due to a billing issue and now the HOPE Update Visit has been reset. Is this necessary?

**Slide #30:**

**Response #2:** No, basically it was NOT necessary. If there is no gap in care, HUV1 and HUV2 should be completed based on the hospice election date or the date from the original admission to your hospice. And this is explained in the HOPE Guidance Manual. We did hear some of these similar questions because certain vendors had made it such that the hospice had to restart the HOPE tool all over again. But once the patient is no longer receiving hospice services or there is an interruption of care that is, basically related to one of the reasons for discharge, then the hospice should discharge the record. And at that point, you would do a HOPE Discharge. But there is no need to reset and redo those HUV visits when there is no interruption in the care provided by your hospice.

**Slide #31:**

**Question #3:** How do you update the data, such as facility name or profit status on Care Compare?

**Slide #32:**

**Response #3:** So, this is definitely a very frequent question that we get on the Help Desk. CMS does plan to transition fully to using ONLY PECOS data at some point, but this has not fully been finalized and it won't be for some time. So currently iQIES is the source of truth for demographic data on Care Compare. If your provider's demographic data on Care Compare is incorrect, you should first ensure that the data are up-to-date in PECOS and then request that your MAC, or Medicare Administrative Contractor, provide the updated 855A to the provider's state agency. It is the responsibility of the state agency staff to update the demographic data in iQIES.

So, this is a **two-step process**, and it's fully explained on the webpage that's listed on this slide. We recommend that you really look at that process on the webpage and if you're only checking PECOS, there might be another issue. You may need to contact your MAC and then have them submit the corrected information. So please keep in mind that, those updates can take up to six months, and they are dependent on the dates for the next refresh, so they're not immediate.

**Slide #33:**

**Question #4:** For item A1400, can both choice A, Medicare traditional fee-for-service and choice B, Medicare Managed Care/Part C/Medicare Advantage be coded?

**Slide #34:**

**Response #4:** And the answer is YES, because it is a check all that apply item, and this item is intended to identify all current and existing payer sources that the patient has, regardless of whether or not they expect to be reimbursing for this at that point. This is because a lot of patients will transfer to using their Medicare Fee-for-Service when they choose hospice. CMS became aware of this issue regarding the edits that were causing record rejections when HOPE first went live in October. In January, CMS posted an errata, version 1.00.3, and they did adjust the final HOPE specs and that revision became effective on February 18th. In the meantime, there was a workaround that iQIES worked out with the vendors. So, hopefully those issues have resolved.

**Slide #35:**

**Question #5:** Ok, how should living arrangements be coded at hospice admission for facility patients like nursing facility, GIP, or hospice admissions in a hospital, who normally reside at home or may eventually be returning home?

**Slide #36:**

**Response #5:** This is a great question. It's been a very frequent one we've received on the Help Desk since HOPE was implemented. And, as we mentioned, for these new HOPE, they are designed to be collected in real time. So, for this item, living arrangements, the response to the current living arrangements of the patient should reflect what's actually happening at the time of the assessment during that HOPE admission. This question is only asked during the HOPE admission and it's not asked again at the HOPE Update Visits. And it's asking about which setting where the services are being initiated, not about prior living conditions or where they might be in the next few days from now. Therefore, you would code 4, inpatient facility. And those examples include a skilled nursing facility, nursing home, inpatient hospice, or a hospital.

**Slide #37:**

**Question #6:** What if our principal diagnosis is not on the list in HOPE?

**Slide #38:**

**Response #6:** Another good question. That list has been greatly expanded from the original item that was in the HIS. Once the RN, in conjunction with the hospice medical director, determines the correct terminal diagnosis, they would choose one of those options that are listed. But if no options align, then you can just code 99, none of the above. Certainly, there are many, many diagnoses that may not be on the list. The ones that ended up on that final item were based on the most common diagnoses that were found in hospice patients, and that was confirmed during testing as well.

**Slide #39:**

**Question #7:** So should hospices only select diagnoses that are related to the hospice diagnosis or terminal condition, or should we select all of the patient's comorbid and coexisting conditions?

**Slide #40:**

**Response #7:** Good question. So, for this item on the principal diagnosis, the comorbidities and coexisting conditions is a brand new section, and for this, one would check any and all medical conditions that are addressed in the plan of care or that have the potential to impact the plan of care.

And just to note, there is no minimum or maximum. Although it might be rare, if there are none, this section can be left blank. We have had some providers who experienced issues because the vendors were requiring them to choose something. It is possible that there may not be one, so it can be left blank, but for the most part we expect to see that there will be several comorbid conditions.

**Slide #41:**

**Question #8:** Does a Hospice Update Visit need to be completed if the patient is in a GIP setting?

**Slide #42:**

**Response #8:** And the answer is yes, all Medicare-certified providers are required to submit the data on HOPE for all admissions to their hospice, regardless of where the patient receives services. So, this would include a hospice inpatient facility.

And there have been many questions about how that works when there is 24-hour care. Basically it might be considered an encounter as opposed to a visit, but the expectation would be to make that HOPE Update Visit and then to do any symptom follow-up that would be needed, based on any **moderate** or **severe** impact.

**Slide #43:**

**Question #9:** Ok, so if a hospice patient was transferred to our hospice and both HUVs were already completed by the previous hospice, do we still need to complete the HUVs?

**Slide #44:**

**Response #9:** Good question, and it has also been something that's come in fairly frequently. When a hospice patient transfers from one hospice provider to another, it really depends on whether the two hospices share the same CCN number, because hospice quality reporting is at the CCN level.

So, if they happen to have the same CCN, possibly another office in the same program, then the receiving hospice can continue the HOPE record process and doesn't need to repeat the HUV.

But if it's a different hospice, and a different Medicare Provider number or CCN, each hospice should complete a HOPE admission, the HOPE Update Visits as applicable, and the HOPE discharge records for any care they provided to the patient by their organization. So, if it's a different CCN, they would need to start over with a new HOPE Admission.

**Slide #45:**

**Question #10:** If a symptom follow up visit is completed within two days, resulting in a date of completion recorded on Z0350 as day 17, does that count against the hospice as a late hospice update visit?

**Slide #46:**

**Response #10:** No, that would not count as a late visit. A symptom follow-up visit is expected within two days of that triggering event if there's a moderate or severe symptom. The completion date of day 17 would not be considered late, if within it's within those 2 days. What really matters is whether the symptom follow-up was done according to the HOPE timing rules, which would be within the two days, and whether the record, that is the HUV or the admission record, is submitted within 30 days of completion because compliance is based on whether the submissions are coming in on time. So timely submission EQUALS compliance with the Hospice Quality Reporting Program.

**Slide #47:**

**Question #11:** Great. So, for section N on the HUV, which date should be used when an opioid is being continued?

**Slide #48:**

**Response #11:** The data collected for the HOPE Update Visit is designed to update the patient's written plan of care, and these section N items were carried into this new item set for the HOPE Update Visits. Each item should reflect what's determined during that particular visit, so the date entered should coincide with whatever findings the nurse has at the HOPE Update Visit. So, if an opioid order is determined to be continued or perhaps a new order is initiated during the HUV visit, the nurse would enter the date of that HUV visit, not the date of the original order that might be way back during the admission perhaps.

**Slide #49:**

**Question #12:** Does Z0350 have to include the symptom follow up visit or is it just when the Hospice Update Visit was conducted?

**Slide #50:**

**Response #12:** So for the HUV time points, that item, Z0350. Date Assessment was Completed, would be the date the HUV was completed fully and that includes any symptom follow-up visits that were applicable. So, any symptom follow-ups should be included in that record and then the HUV would be submitted within thirty days.

**Slide #51:**

Great. Thank you. So, just to summarize today's presentation; the meeting was recorded and the recording and the slides will be made available on the CMS HQRP website. It will be posted to the Provider and Stakeholder Engagement webpage in a few weeks.

**Slide #52:**

HOPE data collection began October 1st, 2025. Of course, please take a moment to review CMS's HQRP website for HOPE implementation information. With HOPE implementation, hospice data submission has transitioned to iQIES, so most of the hospice provider reports are now obtained via iQIES. Hospices can still register for a provider security officer or PSO.

**Slide #53:**

Quality Measures will begin to be calculated by using HOPE data. Public reporting for the new HOPE quality measures will begin no sooner than the fall of 2027 with that November refresh.

**Slide #54:**

On these next couple slides, we have some of the resources, but I want to emphasize that when in doubt, and you're not sure where to go, or where to start, always start at the HQRP main page. Within that you'll be able to find the HOPE references that we've talked about throughout this presentation.

**Slide #55:**

And on this next page where our resources continue, we do have additional HQRP webpages included, just to stay up to date and be informed. These include the Requirements and Best Practices page and, of course, the Current Measure page, and we included two Help Desks. We've added the e-mail addresses on the slide and also included the iQIES Help Desk, which some may need to ask questions there, especially when it's related to some of the technical issues. And with that, this concludes our presentation.

**Slide #56:**



Thank you for joining the call. Again, we are grateful to hospices for a strong and successful start with the HOPE data collection, as we saw at the beginning with the number of submissions so far. So, thank you and have a wonderful day.