

Centers for Medicare and Medicaid Services  
Home Health, Hospice DME/Quality  
Open Door Forum  
Moderator: Jill Darling  
May 3, 2017  
2:00 p.m. ET

Operator: Good afternoon. My name is (Kim) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Home Health, Hospice DME/Quality Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key.

Thank you. Ms. Jill Darling, you may begin your conference.

Jill Darling: Thanks, (Kim). Good morning and good afternoon everyone. We appreciate your patience. We are getting more folks on the line. I am Jill Darling in the CMS Office of Communication.

One brief announcement for me before we get into the agenda. This open door forum is not intended for the press and the remarks are not considered on the record. If you are a member of the press you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you do have any inquires, please contact CMS at [press@cms.hhs.gov](mailto:press@cms.hhs.gov).

So first off, we have (Susan Bauhaus) who will go over the Fiscal Year 2018 Hospice Wage Index and Rate Update Proposed Rule. Susan?

(Susan Bauhaus): Thanks. Good afternoon. On April 27<sup>th</sup>, CMS issued a proposed rule that would update fiscal year 2018 Medicare payment rates, the wage index for Hospice serving Medicare beneficiaries and the hospice cap amount.

Section 411 of MACRA amends section 1814 of the Social Security Act set the market basket percentage increase at 1 percent for hospices in fiscal year 2018. As such hospices would see a 1 percent or \$180 million increase in their payments for fiscal year 2018. The hospice payment system also includes the statutory aggregate cap. The aggregate cap limits the overall payments made to a hospice annually.

As mandated by the IMPACT Act of 2014, the cap amount for accounting years that end after September 30, 2016 and before October 1, 2025 must be updated by the hospice payment update percentage rather than the consumer price index. Therefore the cap amount for fiscal year 2018 will be \$28,689.04, which is the 2017 cap amount of \$28,404.99, increased by one percent.

This rule also solicits comments on a clarifying regulations text change that identifies the source of the required clinical information used to certify a life expectancy of six months or less as the referring physician's and or the acute or post- acute care facility's medical record.

Our long standing expectation is that the referring physician and/or the acute, post- acute care facility's clinical documentation serves as the basis of the certification of terminal illness.

Additionally, we are also soliciting comments regarding the use of clinical documentation from an in person visit from the hospice medical director or the hospice physician member of the interdisciplinary group to support the certification of terminal illness and whether such documentation is needed to augment the clinical information from the referring physician or facility's medical record.

Additionally within the proposed rule, CMS is releasing a request for information to welcome feedback on positive solutions to better achieve transparency, flexibility, program simplification, and innovation. This will inform the discussion on future regulatory action related to hospices.

CMS will accept comments until June 26.

Jill Darling: Thank you, (Susan). Next we have (Wil Gehne), who has an update on the home health claims processing.

(Wil Gehne): Hi. Over the last year CMS has been working to redesign the home health PC Pricer Program. This is the program that allows users to keep claims data on a personal computer and run the same Pricer software that is used by the MACs.

I'm pleased to report that the calendar year 2017 version of the PC Pricer was posted on the CMS website last Wednesday, April 26th. New PC Pricer interface has more contemporary looking feel. We hope it will be easier to use for home health agencies and other stakeholders. It pictures a revised input screen that will allow entry of units for each revenue code to support 2017's provide outlier calculation.

It also now fully complies with section 508 accessibility requirements. To get the new version just enter Home Health PC Pricer in the search feature on the CMS homepage. The first result will take you to the download page.

Please note that the new version does not yet support all the provider file entry features of the prior versions. But we plan to include those features in a future release along with updating the user manual to document the new field. A PC Pricer for 2016 is also in development, I'll announce that release on an upcoming Home Health Open Door Forum. Thanks.

Jill Darling: Thank you, (Wil). Next we have (Charles Nixon), who has an update on the hospice claims processing.

(Charles Nixon): On the last call, we announced continuing problems with the calculation of hospice routine homecare payment. We have hospices to hold off on claims

adjustments. Some of the hospices noted that they had seen conflicting information from the MACs and requested details on specific problems and on when claims might be adjusted. We want to provide an update on that today.

Medicare systems incorrectly apply a routine homecare days in just two situations. The first is when there is a prior hospice stay within the 60 days and there are more than 100 days of care in the prior hospice periods and then these cases too few RHC days are being counted from the prior period.

The second situation is when there is a transfer from another hospice during a beneficiary. And then in these cases the days from the first provider were not being counted. Both situations can result in overpayments to the hospice.

So what can hospices do now? We actually wait a few more days, so we can issue national instructions that outline the next steps. CMS is preparing instructions for MACs and provider education article to give details on how to submit adjustment.

To preview the main points of the article hospices will be able to submit adjustments by any payment error they are aware of since January 2016 unless there were more than 100 days of care in prior periods.

If the hospice checks benefit period information in CWS and sees that there are more than 100 prior days, those adjustments will need to be held until August 21st. Other adjustments can be submitted. If there is a transfer going benefit period, the article will outline the work around the hospice can be used to ensure correct payment on the adjustment. If the adjustment is beyond the time of filing period, the MAC will be instructed to allow an exception to timely filing since the delay was caused by the Medicare program. The article will provide instructions for how to put remarks on the adjustment to facilitate the exception process.

We hope the article will provide the nationally consistent items that the hospices have been looking for. We believe the outstanding problems affect only a small minority of RHC payments. So we would like to thank you for your patience.

Jill Darling: Thanks, (Charles). Next we have Debra Dean-Whittaker, who has a Hospice CAHPS public reporting announcement.

Debra Dean-Whittaker: Hello, I have something quick for you. The Federal Register has published the proposed hospice rule as mentioned earlier here. You can get to the Federal Register online by Googling Federal Register document search, this will take you to a page you can put in information about the document you are looking for and it will take you to the document. This rule contains information about the public reporting of the hospice CAHPS survey. For example it provides details on hospice CAHPS survey measures. What they are. How they are calculated and how they are adjusted.

It also states that CMS is proposing to publicly report CAHPS Hospice Survey Measures in winter, CY 2018. That means we plan to start reporting CAHPS Hospice Survey Measures early in the year of 2018. Please take a look at the rules and please comment on CAHPS or anything else if you would like to do so. Thank you.

Jill Darling: Thank you, Debra. Next we have Lori Teichman, who will go to the Home Health Care CAHPS updates.

Lori Teichman: Thank you, Jill. I would like to go over a few things that are new on the Home Health CAHPS website and the URL for [homehealthcahps.org](http://homehealthcahps.org) is loaded in the agenda today.

In April, we posted the new home health CAHPS participation exemption request form that is for the calendar year 2019 annual payment update. And by filling out this form if hospices following to the rules for participation exemption then they do not have to participate in home health CAHPS from April 2017 through March 2018. And the link to the form is very easy to find on the homepage of our website is prominently displayed and also right under that link there is a statement that's very large that says please note the calendar year 2018 form is still available.

However we don't have that form posted on the website. If you need that form because the time period has past, you may contact RTI at 866-354-0985

or e-mail RTI at [hhcahps@rti.org](mailto:hhcahps@rti.org). Also I have the phone number for RTI and an e-mail address for RTI as well in the agenda today.

Also on the homepage of our website, we have a link to the April 2017 home health CAHPS team quarterly newsletter. We post this newsletter quarterly, it is a short one pager, it usually has a very interesting feature article that's on the bottom half of the page and on the top half, we post important new information. In this edition of the quarterly newsletter, our feature article is about to revise home health CAHPS vendor authorization form.

Also on the homepage is the link to a new paper called Home Health Agency Responsibilities in Home Health CAHPS. It is actually just a revive version of the paper we had presently, but what's new about it is that we've updated it for calendar year 2019. It includes everything that participating home health agency need to know about home health CAHPS and what their responsibilities are in participating in the survey.

Here is something very important I would like to point out. If you are a HHA and you are not participating in home health CAHPS and you are considering it, this is a great time to considering signing up for home health CAHPS. And the reason is because calendar year 2019 that period of the APU requires home health CAHPS participation for April 2017 through March 2018.

Now what happens is that the first time that home health agencies are responsible to produce a patient list for April 2017 is that they produce this list and they turn it into their survey vendors by May 25. Also we allow expansion upon a review of the reason for extension and probably if you are net to home health CAHPS you would be given this expansion until June 14th for April 2017 surveys in the field.

So if you are a home health agency not in home health CAHPS and you start participation now by registering for home health CAHPS, by authorizing a home health CAHPS vendor and you get started in the program, you are most likely going to be able to fulfill all the requirements for the calendar year 2019 annual payment update if you start now.

I urge you or if anyone is on the phone who is a member of a home health agency national organization and know home health agency that are not in home health CAHPS and that they are receiving a reduction in your annual payment update amount because they are not participating in home health CAHPS. So please urge these agencies to strongly consider participating. If they have trouble with going on the website and getting started I always say the best thing to do is to contact RTI. You can e-mail them again that's [hhcahps@rti.org](mailto:hhcahps@rti.org) or call them at 866-354-0985. They will walk you through the process that is a pretty short process.

Actually the thing that takes the longest amount of time is deciding what vendor you would like to use because we have about 30 or 31 right not that are approved home health CAHPS vendors. And they differ in that they may have different prices and they may offer their particular home health agency different features with their contract. And also they may offer different modes of doing the survey. We have the survey can be done by mail only by mail and telephone and by telephone only. And some vendors do not offer all three modes. However by calling around and comparing vendors or just picking a few it is most likely you will find a vendor that meet the needs for your home health agency. Thank you so much.

Jill Darling: Thank you, Lori. Next we have (Cindy Massuda), who have some updates on the Hospice Quality Reporting Program.

(Cindy Massuda): Thank you Jill. This is (Cindy Massuda), I'm the Hospice Quality Reporting Program coordinator for CMS. The Federal Register published the hospice proposed rule and the Hospice Quality Reporting Program include those hospice CAHPS and the hospice item set. I am going to focus my discussion on quality other than the CAHPS since my colleague Debra Dean-Whittaker spoke about CAHPS in her discussion earlier today. CMS is not proposing any new measures based on the Hospice Item Set. We do discuss and solicit feedback on two measures under consideration. These are potentially avoidable hospice care transitions and access to levels of hospice care.

We also discussed the Hospice Evaluation and Assessment Reporting Tool is actually known as the HART. And CMS is considering enhancing the current

hospice item set data collection instruments to be more in line with other post acute setting. This revised data collection instruction, the HART would be a patient assessment tool rather than a current chart abstraction tool. The rule also states that CMS is proposing to publically report data on the hospice item set via hospice compare site in calendar year 2017, which will be later this summer. So the hospice item set will be on hospice compare later this summer and the CAHPS will be on hospice compare set later in – early, excuse me, in early calendar year 2018.

CMS discuss the details of public reporting and opportunities for provider to review their quality data prior to public reporting. And now that the Paperwork Reduction Act has been finalized for this year for the Hospice Item Set manual, the latest materials can be found on the CMS Hospice Quality Reporting website. And it's easiest to find that website via a Google search like the – using keywords like HIS manual. But when you scroll down on that webpage, you'll find the downloads for version 2.0 of the Hospice Item Set Manual and its related tools for the Hospice Item Set 2.0 for Admission and Discharge.

Also we have, if anybody has questions that they want to send, the Hospice Quality Reporting Program maintains three e-mail addresses. For hospice quality questions its [hospicequalityquestions@cms.hhs.gov](mailto:hospicequalityquestions@cms.hhs.gov). For hospice quality reporting program reconsiderations, it's [hospiceqrpreconsiderations@cms.hhs.gov](mailto:hospiceqrpreconsiderations@cms.hhs.gov). And for CMS hospice public reporting for the compare website, it's [hospiceprquestions@cms.hhs.gov](mailto:hospiceprquestions@cms.hhs.gov). So please take a look at the rule and comment if you would like to do so. Thank you very, Jill.

Jill Darling: Thanks, (Cindy). And last we have (Jen Lippy), who has an update on MCCM.

(Jen Lippy): Hi, everyone. I am (Jen Lippy). I am one of the CMS project officers for the Medicare Care Choices Model and I am going to provide you with the MCCM updates.

There have been a number of changes to the eligibility criteria in response to feedback from participating hospices and other stakeholders. In considering changes to this eligibility criteria CMS must consider the impact on the integrity of the model design and maintain CMS's ability to evaluate the model.

In May of 2016, CMS made two eligibility criteria changes. CMS eliminated the requirement for Part B enrollment with MCCM hospices providing information regarding available drug plans. And reduced the requirement for two prior inpatient hospital stays to one hospital encounter, which would include emergency department visits, observation stays or hospital admissions.

In January, sorry, effective January 1, 2017, CMS made two additional MCCM criteria changes those included the reduction of the requirement for a beneficiary which has been enrolled in Medicare prior to model participation from 24 months to 12 months and a change in their requirement that was in 12 months model enrollment beneficiaries must have three office visits the same physician practice for the eligible diagnosis. To three office visits with any physician practice for any conditions.

We only have three months of experience with these most recent changes and see promising improvements in enrollment. We continually monitor enrollment (and the effects) of these eligibility changes. The evaluation team cautions that we should wait for a formal evaluation before drawing any conclusion of the effects of these changes.

A hallmark of MCCM is to coordinate care for enrollee facing end of life often with multiple chronic illnesses. Home health is often among the array of services used in this population. Also MCCM patients continue to be Medicare beneficiaries with full benefits and they may therefore access home health services.

This question of home health and MCCM services was raised in 2016. We rely on participating hospices to consider the patient's best interest when home health services are more likely to enhance the beneficiaries care

experiences without creating a necessary redundancies in care that undermine the intent of MCCM.

We share these potential risk with the hospices to consider if they were to provide MCCM services to a beneficiary during a home health episode. In order to understand how MCCM works with home health agency services CMS will monitor all cases for home health if used in conjunction with MCCM.

We will begin cohort two activity starting this summer. There will be a day and a half in person kickoff meeting. The cohort two hospices will be finalized and their marking plans and materials will be ready to begin enrolling eligible beneficiaries in January of 2018. Great interest has been expressed in the model and its progress, so we want to share some numbers today.

As of the end of March, there were 834 enrollments in MCCM. The rate of enrollment will obviously increase even more with the start of cohort two in January 2018. We are pleased with the model it appears to be introducing the Medicare hospice benefit that individuals that might not have considered hospice otherwise. Since there have been 392 beneficiaries who chose the hospice benefit immediately following MCCM screening. 371 beneficiaries who entered MCCM were discharged from MCCM and elected the Medicare hospice benefit for a rate of 79 percent. Please submit any questions to the CMS MCCM mailbox at [carechoices@cms.hhs.gov](mailto:carechoices@cms.hhs.gov). Thank you.

Jill Darling: Thank you, (Jen), and to all of our speakers. So (Kim), we'll go into our Q&A now please.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question please press star then one on your telephone keypad. If you would like to withdraw your question press the pound key. Please limit your question to one question and one follow up to allow other participants time for question. If you require any further follow up you may press star one again to rejoin the queue?

And your first question comes from the line (Susan Jonathan) with Kaiser Permanente. Your line is open.

(Susan Jonathan): Thank you very much. Good afternoon. I am – my first question is for (Charles) and it has to do with the conversation around the hospice claims processing and the article to be published. I am sorry that I missed where I am going to find that article.

(Wil Gehne): This is (Wil Gehne), it will be MLN Matters, I mean MLN Matters special edition article, so it would be on the site where the provider education articles are usually published.

(Susan Jonathan): All right, excellent. Thank you very much. And my second question has to do with the home health COPs. As I know you are all familiar there is a proposed rule to change the start from July of this year to January of next year. However, it's unclear to me when the proposed rule will be finalized and it's hard for agency to know exactly what to do in order to ready by July if we don't know something definitive sooner. So I just would like to know from somebody there what your thoughts are around the agencies implementing the new COPs.

(Hillary Loeffler): Hi there. This is (Hillary Loeffler). I am the director of Home Health and Hospice team, unfortunately, I don't have anyone here from the COP side of the house for the call today. Do you mind to e-mail in the mailbox and I can send that over for them to respond.

(Susan Jonathan): I'd be happy to. Can you give me that mailbox address?

(Hillary Loeffler): Sure. It's on the agenda. Do you have your agenda?

(Susan Jonathan): OK, I do. I have the agenda I'll look at it.

(Hillary Loeffler): Great. Thank you so much.

Operator: And your next question comes from the line of (Lance Finkle) with (Prudy) Health. Your line is open. (Lance Finkle) your line is open. If you are on mute, please unmute.

(Lance Finkle): Yes, I am sorry. Good afternoon my question is about Medicaid hospice agreement for patients. Our organization is really looking for some type of definitive guideline in writing the talks about what should be covered under the Medicaid Room and Board Rate, can you elaborate on that?

(Kelly Vontran): Hi, this is (Kelly Vontran), we work with (Hillary) in home health and hospice. Were you asking about room and board in a facility? I am assuming if the patients under routine home care level of care...

(Crosstalk)

(Lance Finkle): Yes. Yes, I am asking like a skilled nursing facility when Medicaid is paying for room and board, if there is anything specific as far the guideline as far as what should be paid under that room and board rate.

(Kelly Vontran): Well, typically how that works is hospice is paid the amount and then or the nursing home facility and then hospice pays the nursing home facilities for patient's room and board.

(Lance Finkle): Great.

(Kelly Vontran): Home healthcare rate would still be all the services that they would receive under hospice, which would include the nursing services, the aide services and so on. And then the room and board would be exactly that in the facility. So it's like a pass-through payment from Medicare to the hospice and hospice to the nursing home.

(Lance Finkle): Yes ...

(Crosstalk)

(Kelly Vontran): Does that answer your question?

(Lance Finkle): I completely understand that what I am asking about is there are certain things that the nursing facility is obligated to provide under that room and board rate that hospice should not be reimbursing for. And I wanted to know that if there

was any specific guidance as far as what actually is covered under that Medicaid room and board rate for the nursing facility.

(Kelly Vontran): So whatever is under the hospice plan of care, it is negotiated between the hospice and the facility as to who will assume what responsibilities to meet the plan of care requirements.

(Lance Finkle): OK, all right, well thank you.

Operator: And your next question comes from the line of (Pat Guys) from (Tesla) Home Health. Your line is open.

(Pat Guys): Hi, good afternoon. I have a question for (Wil) concerning the hospice SIA payments. I am sitting on three claims from September 2016 and one claim from February 2016 that the patients passed away early the next following month and we have not received our SIA payments yet on those claims. I was wondering an update on that?

(Wil Gehne): Hi, this is (Wil). There shouldn't be an outstanding issue regarding the trigger of those SIA payments any longer. So you should be able to adjust those claims now and receive the payment.

(Pat Guys): How do we go about adjusting those claims?

(Wil Gehne): Simply resubmit it with the type of bill that ends in a 7.

(Pat Guys): And just with the remarks stating how many units are due to us?

(Wil Gehne): Well the system will accurately recognize them now.

(Pat Guys): OK.

(Wil Gehne): So you probably you do is trigger the adjustment and it should take care of itself.

(Pat Guys): OK, thank you.

Operator: And your next question comes from the line of (Robyn Pablo) with (Little Company) (Inaudible). Your line is open.

(Robyn Pablo): Hi, I was wondering if there is an update on the status of the pre-claim review pause in Illinois.

(Hillary Loeffler): Hey there. This is (Hillary Loeffler). Sorry, there is no update on that at this time.

(Robyn Pablo): Thank you.

Operator: And your next question comes from the line of (Cathy Cook) with (Lifetime Care). Your line is open.

(Cathy Cook): Hi, I am wondering if someone could point me in the right direction to find out who is on the committee developing the HART assessment, so that we might get some early input or awareness of the content.

(Cindy Massuda): Hi, this is (Cindy Massuda). If you e-mail the information you want to our hospice quality question all one long, you know, fill it out all together at [cms.hhs.gov](mailto:cms.hhs.gov) that [hospicequalityquestions@cms.hhs.gov](mailto:hospicequalityquestions@cms.hhs.gov), we'll be happy to follow up with you.

(Cathy Cook): Thank you.

Operator: And your next question comes from the line of Shannon Martin with Cornerstone Hospice. Your line is open.

Shannon Martin: Hi, this is more actually a follow up on the question that the gentlemen have earlier regarding the room and board with the skilled nursing facility. I kind of understand what he is asking there. We've had the same questions come up. And I just wanted to refer him to his state Medicaid skilled nursing facility manual. And it does very clearly in their outline what the responsibilities are for the facility under room and board.

(Hillary Loeffler): Thank you. I am sorry, there was nobody here from the Medicaid side of the house, so we try to do our best. Thank you for that.

Shannon Martin: Yes, I think what she is trying to get at is we've had issues where the nursing facilities expect hospice to assume responsibility for all the supplies that are typically covered under the room and board benefit. And then we've had to refer them to their own state Medicaid manual for resolution.

(Hillary Loeffler): OK, great. Thank you. Yes, thank you.

Operator: And your next question comes from the line of (Mary Damill) with Carolinas Health. Your line is open.

(Mary Damill): Good afternoon. I just had a question about OASIS support. I have OASIS question and have been referencing the OASIS education coordinator information that's on the CMS website, but getting no response from the e-mail or phone numbers with this on that documents. And I wanted to make sure I was looking in the correct place.

(Hillary Loeffler): Hi, again. This is Hillary Loeffler). There is nobody here from the home health quality reporting program. But if you e-mail the mailbox on the agenda the home health hospice DME ODF mailbox, I can go ahead and make sure that you get a response to whatever question you have.

(Mary Damill): Thank you.

Operator: And again to ask a question please press star then the number one on your telephone keypad.

Your next question comes from the line of (Brenda Hanson) with (Centris Care Health). Your line is open.

(Brenda Hanson): Hi, I am sorry I tried to take my question offline because I have the same follow up regarding the Medicaid room and board supplies and was going to get the same follow up another caller did. So I apologize.

(Hillary Loeffler): OK, thank you.

Operator: And your next question comes from the line of (Jennifer Donnelly) with Regional Hospice. Your line is open.

(Jennifer Donnelly): Hi, I am wondering if the RHC payments have been fixed, the Pricer?

(Wil Gehne): Hi, this is (Wil Gehne). We provided an update on that earlier. A great majority of them have, there are still two situations outstanding where there can't be any calculation errors. One if there is more than 100 days in prior benefit periods that would apply and another if there are transfers within the same benefit period. But all the other issues have been resolved in the system at this time.

(Jennifer Donnelly): Are we to adjust the claims or is Medicare doing that?

(Wil Gehne): You have to adjust the claims and there will be an article coming out in the next few days, it will provide some more details of that.

(Jennifer Donnelly): OK, my next question is in regards to the MCCM program. We are seeing a lot of problems with patients NOEs not going through due to status codes. The status code is required when you submit an NOE, but it's the claim, the NOE is denying through (inaudible) because there is a status code on the claim. What do we do?

(Jen Lippy): Hi, this is (Jen Lippy) with MCCM. If you could e-mail the MCCM mailbox with that situation, I will talk to the member of our team who handles billing and NOEs and we'll get that straightened out for you.

(Jennifer Donnelly): And what's the e-mail for that?

(Jen Lippy): Sorry, I am going to go back to my notes here, [carechoices@cms.hhs.gov](mailto:carechoices@cms.hhs.gov). So [carechoices@cms.hhs.gov](mailto:carechoices@cms.hhs.gov).

(Jennifer Donnelly): OK, thank you.

(Jen Lippy): All right, thank you.

Operator: Again ladies and gentlemen if you would like to ask a question please press star then the number one on your telephone keypad. To withdraw your question, press the pound key.

Your next question comes from the line of Toni Hunter with Visiting Nurse.  
Your line is open.

Toni Hunter: I was going to ask a question about the RHC as well. Do we – you said the next couple of days the article will be coming up and that's going to explain to us in what situations we have to make adjustments or whether we let CMS will make the adjustment.

(Wil Gehne): Correct.

Toni Hunter: OK. And then the only other one will be certain circumstances with the 100 days involved.

(Wil Gehne): Correct.

Toni Hunter: OK, all right. Thank you.

Operator: And there are no further questions at this time.

Jill Darling: Well thank you everyone for joining us today. Please note that the next home hall hospice and DME open door forum is scheduled for June 21st. But as always the date is subject to change as well as the agenda items. So we thank you again and have a great day.

Operator: Thank you for participating in today's Home Health Hospice DME Quality Open Door Forum conference call. This call will be available for replay beginning today May 3rd at 5:00 pm Eastern through midnight May 5th.

The conference id number for the replay is 58575516. The number to dial for the replay is 855-859-2056.

This concludes today's conference call, and you may now disconnect.

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