

Centers for Medicare & Medicaid Services
First Friday Call
Clinician Outreach Meeting
Moderator: Jill Darling
October 6, 2017
1:30 p.m. ET

Operator: Good afternoon. My name is (Chris) and I will be your conference operator today. At this time, I'd like to welcome everyone to the First Friday Call Clinician Outreach meeting.

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

Dr. Eugene Freund from the Centers for Medicare and Medicaid Services, you may begin your conference.

Eugene Freund: Hi, there. This is Eugene Freund. Welcome, everybody, to our first on the first Friday in a little bit. Sorry about cancelling September.

The worst thing about cancelling September was that we did not get to say goodbye to Debra McClain. She retired from CMS after 40 years of government service. And so, I wanted to give everybody a chance to wish her well and thank her for her service but she had, she has fled us for the time being so we don't get to do that.

The action item, of course, is that she's probably not the right person to try to reach me. Just e-mail to me directly and – but again, thanks to Debra for her work.

Another reminder, this call is information only. It's not intended for the press. And we'll start out with an update from Robin Usi in our Center for Program Integrity with the brief update about Open Payments. Robin?

Robin Usi: Yes. This is Robin. I think Amy Hammonds from Program Integrity is doing that presentation.

Amy Hammonds: Hi, yes. I can go ahead with that. I'm sorry about that.

Eugene Freund: It's all right.

Amy Hammonds: So, this is Amy Hammonds. I work with the Open Payments team over here in CPI. So, we just had a couple program reminders for the end of the year.

As a reminder, the Open Payments Programs requires that transfers of value by drugs and device biological and medical supply manufacturers, key physicians, and checking hospitals be reported and published each year.

And so, our end of the year reminders, I guess, again, the physicians in checking hospitals have until the end of the calendar year, which of course, this year is December 31, 2017 to review dispute payments attributed to them for our program year 2016.

And we encourage physicians and checking hospitals to review their data every year. This just ensures that all of the data is accurate and they can review disputes or also affirm that all of their data is correct.

And also, for information regarding registration in Open Payment System, if you're not already registered, you can visit our website at cms.gov/open-payment.

And we also a variety of resources for reference guides, things like that that support the program and for information purposes. So, that's our update that we have.

Eugene Freund: Thank you very much, Amy. Are there any questions? I believe star one is how you get into the queue for questions.

Operator: And that's correct. It's star one if you'd like to ask a question. And we'll pause for just one moment to compile the Q&A roster. Showing no questions at this time.

Eugene Freund: Thank you. The next topic is from our colleagues in the Center for clinical standards and quality about the Physician Compare 30-day preview period.

Denise St. Clair: Hello. This is Denise St. Clair with the Physician Compare Support Team. We work for CCSQ to, for all things Physician Compare together with our partners at Acumen.

So, there are a few slides included with your materials to walk through some key information and provide you some great resources and links for today, so we encourage you to take a peek at that.

But we just wanted to take an opportunity, so those of you who weren't able to join us for our recent national provider call about the 30-day preview, what's coming up for release on Physician Compare to where we're about to head in terms of our phased approach and evolution of public reporting on Physician Compare .

So, we are gearing up for a release of data in December of this year, and we will be reporting the 2016 performance information on Physician Compare in December. And then, at the conclusion of the Informal Review process, we'll be releasing the 2016 performance information downloadable database.

So, everything that is available for public reporting it's designed per rulemaking. And so, the measures that are available for public reporting starting at the end of this year were determined in the 2016 Physician Fee Schedule Final Rule.

And what we have on Slide 2 is available for public reporting for that final rule are the 2016 PQRS measures, and these are the clinician and group level; the 2016 CAHPS for PQRS measures which are at the group level only.

We have 2016 non-PQRS Qualified Clinical Data Registry or QCDR measures, and this year these are available at both the clinician and group level.

And we also have a subset of utilization data. Obviously, it's at the clinician level. That will be available for inclusion in the downloadable database.

So, there is two ways that data can get included on Physician Compare. The data can be included on public profile pages where you actively search by a location and specialty, or their data are put in a downloadable database.

The audience for these two pieces are different. And, obviously, it's patients and caregivers that are primarily using the public-facing website. And its researchers, clinicians and the groups that they work with, and the third parties that are predominantly using the downloadable database.

So, we do put information in those two places somewhat differently but both must meet the requirements of public reporting for Physician Compare.

So, for the downloadable database, the primary criteria for being included and available for reporting is that the data meet our public reporting standards.

And what that means is that the data proves to be statistically valid, reliable, accurate, and comparable across the all reporting mechanisms, if multiple reporting mechanisms of the data are to be included, and that there's at least a minimum sample size of 20 patients for each measure.

So, if the data meet the public reporting standard, they are available for inclusion in the downloadable database.

If you're following along, we are on slide three. For profile pages, the measures have to meet the same criteria. They have to be statistically valid, reliable, accurate, comparable; have met the minimum sample size, but they also have to prove to resonate with patients and caregivers.

And we do a great amount of testing not just the statistical testing of the data but also testing with patients and caregivers themselves to make sure that they really understand the information that's being put in front of them.

And step one is, you know, is also translating the clinical information to plain language so that it can remain true to form and accurate, but also be best understood by the average Medicare patient and their caregiver.

And then we test that to makes sure the interpretation is accurate and is valuable to them. We don't overwhelm them with too much information but we want to give them that information to help us meet our charge to assist in health care decision-making.

So, some unique things about what's available for inclusion on profile pages this year, and obviously, things to be available for preview is that this is the first year that Physician Compare will include a five star rating. This is at the measure, mechanism level. So, it's part of our phased approach to public reporting.

When we first started including measures on Physician Compare in 2014, we started with just a very small subset of group level measures. And we're sort of restarting that phase approach with star ratings and being very conservative and cautious in the approach including those star ratings on profile pages.

So, as a result, the data going up at the end of this year; we've got a very small subset of group level measures that will be star rated. Everything else from PQRS will be going in the downloaded database. And I'll give you more a little bit more information about that in a second.

Other information that's available for the profile pages in December are the 2016 Qualified Clinical Data Registry measures and the CAHPS for PQRS summary survey scores.

That small subset of group level PQRS measures will be published as star ratings, but the non-PQRS QCDR and the CAHPS for PQRS measures will be reported as performance score, and CAHPS for PQRS as always will be a top

box performance score. So, the only thing being star rated are a small set up as group level PQRS measures.

So, about the star rating, we are on slide four if you're following along. The star rating is based on an Achievable Benchmark of Care. We did a lot of outreach starting in 2014 culminating in a finalized decision to have a star rating based off the ABC benchmark with as many people as would listen and talk to us.

So, we talked to a number of you I'm sure. We talked to a lot of group practices, specialty society, patient and caregiver groups, our technical expert panel, measure experts within CMS – you name it.

And we did a lot of analysis as well with the data that are available to figure out what the best fit would be to come up with the methodologies that best meet the needs of the website, our user needs, the needs of the clinicians being represented by the data and that work with the data we had available.

Where we landed was the Achievable Benchmark of Care. The reason is that the ABC benchmark really does represent an achievable standard of quality. It's shown to lead to improved quality of care over time, and it provides that very necessary point of comparison that will help the patients and caregivers who use the site, interpret the performance information we're giving them as well as they can.

A measure, for instance that, you know, that score is 80 percent. A lot of our users looked at that and go that's a "B". But, perhaps, in that particular measure, at this particular moment in time, 80 percent is the best care currently possible on that measure.

So, using a star rating system and 80 percent becomes the benchmark. Then a clinician or groups that received the 80 percent would get a five star rating on that. And a five star rating would therefore allow the patient to get a much more accurate interpretation of the performance on that measure at this time.

So, that's where that critical point of comparison comes in. And then, it works really well with the data that we do have available for public reporting right now.

So, the idea here is that the Achievable Benchmark of Care, that benchmark will establish what is five stars. Anything that, any performance rate that meets or exceeds that benchmark gets five stars for the small subset of group measures being star rated at the end of this year.

To define what gets one to four stars, we did initial outreach and testing, and ultimately led to the equal ranges method. And this is discussed on slide five.

The equal ranges method defines the process that we will use to attribute those one to four stars. It is intuitive to interpret. We've tested it with patients and caregivers and it's worked out very well.

It generates the most stable star rating cut off of the many methods tested and evaluated. And it also looks to provide the most stable cutoff across the years.

And although we were only ever in our foreseeable future as we know, probably report one year data at a time, it helps those being star rated evaluate their performance overtime.

And it really does provide a more reliable and meaningful classification. That means that statistical testing shows there is a difference between a four-star performance and a five-star performance statistically between three and four stars statistically.

So, inevitably, somebody always lands right at that line. And that feels more arbitrary, but in general this is just as statistically meaningful and reliable across the star rating cut-offs.

So, that's how we determined the five star rating. And for more information about Physician Compare, you can visit the Physician Compare Initiative page and the link to that is on slide six, and that tells you we've soon – we're being told it will be up there very, very soon, We will have very specific list

where you can see exactly which group measures are available for the profile page, for the downloadable, the same for individuals which non- PQRS measures, and you can find out a little bit more about the utilization data that will go up on Physician Compare per MACRA.

We were tasked at picking a subset as meaningful HCPCS codes to attach to the Physician Compare data via the downloadable to further assist folks in using this utilization data by some of the interesting characteristics and data points that are available on Physician Compare such as specialty and location, and that information.

So, again, there's more information about that on the Initiative page as well and you'll soon see a link to the national provider call materials and transcript which again if you weren't able to join there is much more in there on that.

Slide seven provides the list of that small subset, the 15 measures that will be publicly reported as star ratings on profile pages for group practices. So, you can see that on slide seven.

And slide eight gives you some details on a Physician Compare preview period. It does start October 18th. We are strongly urging all clinicians to start the process early, making sure they have the right EIDM account to access the Provider Quality Information Portals, the PQIP portal which is used for preview.

Right now, on the Initiative page, there is a 5 Tips to Preview document. We strongly encourage you to check it out, as that has a lot of useful resources.

It also tells you how you can use the look up tool to find out if you have data available for public reporting as a clinician or group for the 2016 data, and it gives you some good contacts to make sure you've got the right user role and your EIDM account is all ready to go so people can start previewing that data when preview opens on the 18th.

And, finally, on slide nine, we just had some resources available for you. There's always more information going up on the Initiative page. It's a great place to start. And that's it for Physician Compare.

We are always here. You can reach us at PhysicianCompare@Westat.com and we are very happy to help you with your specific questions. So thank you.

Eugene Freund: Good. Are there any questions? Again, I think you press star one to get in the queue for questions.

Operator: And there is a question on the queue from Koryn Rubin with American Medical Association.

(Koryn Robyn): Hi, Denise. How are you? It's (Koryn) from the AMA. If we have some follow up questions in regards to the utilization data, this has been kind of the limited amount of information on that. Who? Who should we reach out to at CMS? It used to be handled by (Niles), you know. I just, it falls under CCSQ?

Denise St. Clair: Yes. So, the utilization data are still housed and maintained in the same place as they've always been at CMS.

MACRA did request that Physician Compare to include some of the utilization data moving forward so CMS decided to get a jump on that and to start including it in the downloadable database with the last year of PQRS.

So, what the plan is, is to actually use the data that are already publicly available. So, in the materials available on the Physician Compare Initiative page – it will soon be available I'm told. There is a link to the public use file on CMS.gov of the 2015 utilization data which are the most currently available.

And what we'll be putting up on the Initiative page is the list of the HCPCS codes that have been selected to be included in the Physician Compare downloadable when that goes live at the end of the Informal Review.

And, essentially, it removes the measure and evaluation codes because they're not terribly helpful. Just knowing someone did a 15 or 30-minute visit without more detail doesn't really give anyone additional data to go on.

And we looked at with the top five utilization codes for each specialty available on Physician Compare. And again, specialties are defined by the Provider Enrollment, Chain, and Ownership System or PECOS, and that creates the universe of available utilization data.

So, for physicians we are essentially taking the data that are currently publicly available and just linking them to the downloadable database.

And so, I would start for the questions related to utilization as is related to Physician Compare with Alesia Hovatter, our COR on Physician Compare and that would be a good place to start, Koryn. Thanks.

Koryn Rubin: Can I just ask a follow up question? So, you mentioned that you exclude E&M. But for primary care, that's, you know, primarily what they bill. So, what codes do you plan on using this as top five for primary care that you think would be more meaningful?

Denise St. Clair: The specific codes and (inaudible) ...

Koryn Rubin: I mean, do you plan on providing that information ahead of time? I mean, by specialty?

Denise St. Clair: Oh, yes.

Koryn Rubin: It would be generally helpful to have an understanding ...

Denise St. Clair: We do, actually – yes, I'm sorry, Koryn. There is – the document that we are waiting to officially appear on the Initiative page does have the ability to click on each specialty within PECOS and then see what the top five are.

So, that would be out in advance to the 30-day preview and then to the extent of the 30-day preview so that folks can use that, check and see exactly which codes, and then comment [...] based on that, so yes.

Koryn Rubin: So, you're going to have a comment period like some kind of feedback period ahead of the feedback reports are released and the information goes live? Are you saying the...?

Denise St. Clair: Sorry. I should have stated my words more carefully. So, there is the 30-day preview period, (Koryn), and during the 30-day preview period everyone can evaluate their data as it will appear on Physician Compare.

And this document will, as we explained during the national provider call, will further explain that process for how to check the HCPCS codes that will be linked. Again, they're already public so all of that data is already public. We'll just let you know exactly which ones will be tied to the downloadable database.

And as always, during the 30-day preview period, if you have any questions about the data that you're previewing, you can reach out to the Physician Compare support team, and we'll happily discuss that with you. So, it's just that during the preview are ways and opportunity to review your data and ask questions.

Koryn Rubin So, it would be helpful if there could be a pre-preview period of just the general information so that we know what we need to be educating physicians on? You know, they have to wait until the information is released in the report, and then have doctors come to us to, you know, have questions. It's very hard to answer them when we don't know what they're going to be seeing.

But also, throughout the years with the utilization data, we have flagged some things and offered suggestions for improvement. So, it would be helpful to know if those items were taken into consideration on this next, you know, version of the release of the utilization data.

Denise St. Clair: OK. We will definitely take your concerns back and to make sure they're shared. Thank you.

Operator: And showing no further questions at this time.

Eugene Freund: OK. Thank you very much and thanks for the discussion. Both the questions and the answers, I really appreciate that. And, hopefully, we can have more discussion as issues come through.

Our next speaker is actually out of the office still, Lisa Wilson with the (files) is not going to be able to be with us. She was mainly going to be reminding us all of open enrollment for the marketplace which is running from November 1 through December 15th. That's basically the gist of what she was going to announce.

On our websites, there are number of related materials to that. But if you're having – if you have any questions or there are areas where you could use help getting access to materials, just give me a call or send me, an e-mail and I'll try to hook you up offline with what we have at CMS, and we appreciate that.

And then, there is something going on around CMS. There are, you know, and I'm pretty sure it's viral that, you know, we got a lot of people around sick in the past couple of weeks, and some aren't looking forward to a happy holiday weekend, unfortunately.

I'm hoping that (Robin Fritter) is already on. We're a little tiny bit ahead of schedule, but Robyn, if you're on we could...?

Robin Fritter: Yes, Gene. Yes, Gene. Can you hear me?

Eugene Freund: Yes, I can just fine. So, Robin

Robin Fritter: Great.

Eugene Freund: To talk to us a little bit about the 2016 annual QRUR webcast that's coming up.

Robin Fritter: Yes, that's right. Thanks, Gene. Hi, everyone. So, I just wanted to bring to your attention that we are having a webcast on the 2016 Annual QRUR Reports. The webcast is a Thursday, October 19th, from 1:30 to 3:00.

In mid, in mid-March last month, mid-September, we semi-started making the 2016 Annual QRUR Reports available to group practices, and so with practitioners. And the webcast is going to provide an overview of the report and explain how to interpret and use the information.

There will be an overview of the reports. There will be discussion on information in the report and the accompanying tables. There will be discussion about how to access the reports.

And also, the speakers will be talking about – will provide an overview of the 2018 value of modifier, and also our discussion on how to request an Informal Review of your 2018 value modifier.

As I said, this is a webcast. So, the audio will be streamed through computers. And if someone is unable to participate via the webcast, we will have traditional phone lines available.

The audience, the intended audiences certainly includes physicians, all Medicare eligible professionals, group practices, practice managers, medical societies, specialty societies.

And we do have information about both the 2016 QRUR and the 2018 value modifiers on a designated webpage. So, I just wanted to, again, just bring to everyone's attention that this training opportunity is coming up.

You can register for it on our Medicare Learning Network Events Registration website. And we hope that you will join us or pass along this information to others who may be interested in joining the webcast. Thank you, Gene.

Eugene Freund: Thank you. We actually have a question in the room.

(Jennifer McLaughlin): Hi, Robyn. This is Jennifer McLaughlin with the Medical Group Management Association. We actually let our members know about this webcast, and we also let them know about what just happened on the PQRS feedback reports.

And one of the things that we noticed in that webcast was that there wasn't any mention about the fact that those reports in the QRURs reflect the proposed changes that are retroactively applicable to the 2016 reporting requirements.

And we've gotten a lot of questions and there's been a lot of confusions in our membership about, you know; what exactly are the correct policies.

And so, I was just hoping to make a suggestion today that you all could address the fact that those proposed policies, you know, what folks will see when they go in and look at the QRUR.

Robin Fritter: So, that I understand that correctly, (Jennifer). You're saying that the reports or the call that you just attended and the one coming up that it doesn't reflect the proposed changes or proposed policies. But are you saying that it's not reflective in the reports or on the calls themselves?

Jennifer McLaughlin: Well, maybe I should back up and ask you a question first, Robyn. My understanding is that the reports reflect the proposed changes. Is that correct?

Robin Fritter: I would have to – I wouldn't be able to answer that question. I'm sorry, not being the, you know, business owner of the reports.

But I'll relay your comments, though, to the folks who are delivering the content that day that you're really looking for the proposed policies and proposed changes to be reflected in the report.

Jennifer McLaughlin: Yes. Just some mention of the fact that CMS is aware, because there is this overlap between rulemaking and then for more (new period).

So, we don't expect the final to see schedule rulemaking those changes ultimately effective, you know, until midway through the Informal Review

process that ends December 1st where I think there's just some confusion among our membership of like, you know, they should really be taking to the bank in that report.

And we thought it would be helpful if the webinar addressed some of that, their proposed, sort of the proposed changes and then maybe also just the timeline for when those will be finalized ahead of the December 1st deadline.

Robin Fritter OK. OK, great. I will let them know that.

Eugene Freund: So, what I think I'm hearing you say is that it's more, the most important thing is that when we're doing this – and I'm not the subject matter expert on this either – is that we're clear about whether we're talking about the proposed or the current policy.

And when we're talking about the current policy, at least, letting people know how things could change under the proposal and keeping them anchored about just what has basically been talked about.

Jennifer McLaughlin: Absolutely, Gene. Thank you. I think that's all for me.

Eugene Freund: Thank you.

Robin Fritter: Thank you. Any other questions?

Operator: And pardon me, you have a question over the phone from Jan Tower with AAPM. Your line is open.

Jan Tower): Actually, I have two very brief questions because I couldn't get on the other time. Is a (inaudible) recorded for viewing at a later time, these things you were just talking about on October 19th?

Robin Fritter: Yes. The webcast will be recorded and available on the, on the CMS website. There will be a transcript and audio available. Usually, it takes, I'm going say up to seven to 10 business days.

Jan Tower: And the other question is the Physician Compare, is that now mandatory or voluntary participation?

Denise St. Clair: I think I can, I can answer that. So, searching a public reporting on Physician Compare is mandated and for rulemaking.

And so, anyone who submits the data that aren't selected for public reporting, your data are available to the publicly reported vis-à-vis as a profile pages in the downloadable database. And if you have any questions about that, again, don't hesitate to reach out to us at physiciancomparewebsite.com.

Jan Tower: Thank you.

Operator: Showing no further questions at this time.

Eugene Freund: OK, thank you all. The next topic is going to be presented by Julia Low for CCSQ about the Physician Quality Reporting System feedback report, and the Informal Review program for year 2016. And you should have a copy of slides for that one in your inboxes also.

Julia Low: Hi, Gene. Thanks so much.

Eugene Freund: Thank you.

Julie Low: Like Gene said, my name is (Julia Low) and I am on the CMS PQPMI contractor team. For the final portion of this call, I will be discussing both the PQRS feedback reports and the Informal Review period process for program year 2016.

So, if you're following along on the slides, go ahead and go to slide number two. We're going to talk a little bit about what the PQRS feedback reports are. Each year individual eligible professionals and group practices receive their PQRS feedback reports which tells them if they had satisfactorily reported for that program year, or if they are subject to a downward payment adjustment.

The payment adjustments will be going into effect in 2018, and they're based on 2016 program participation. As mentioned in the previous Q&A section, CMS has proposed to reduce the number of measures needed to satisfactorily report to avoid the downward 2018 payment adjustment.

And if you're interested in learning more about that, in your feedback report, you can actually check out the About Policy Change section.

In addition to the release of the feedback reports, the 2016 Annual Quality and Resource Use Report was also released in September. The Quality and Resource Use Report show the TIN performance and how they're valued based payment modifier was calculated.

Please do note that PQRS has transitioned to the Merit-based Incentive program under the Quality Payment Program. And if you're interested in learning more about the Quality Payment Program or more about the Merit-based Incentive program, click on the link at the bottom of this slide.

So, now I'm moving to slide three. If you want to access your feedback report, the number one thing to remember is you have to have an active Enterprise Identity Management System account. It has to be active and currently in use. And it's the only way you're going to be able to access your feedback report. So, the EIDM accounts are accessible from the CMS Enterprise Portal.

Now, moving to slide number four. It's really easy to access your feedback report once you have an active EIDM account. You just log on to the CMS Enterprise Portal and read the next step the terms and conditions, then you enter your EIM, user ID, and select next.

You will be asked to complete a multi-factor authentication process, and then enter your EIDM password. Finally, once you're actually in the system, select feedback reports from the (PV-PQRS) dropdown menu and you'll find your report located there.

Moving on to the next slide. After you view your report, if you feel that the 2018 downward payment adjustment was applied to you in error and you are eligible to submit an Informal Review request, the Informal Review period opens September 18, 2017 and closes December 1, 2017 at 8 PM. No late informal review requests will be accepted after this timeframe.

CMS will continue to provide updates during the Informal Review period via the Quality Reporting Communication Support page, (MLN Connects and PQRS listserv). If you need more information about the Informal Review period, please visit the PQRS Payment Adjustment Information webpage. All of those links are located on this slide.

Moving to the final slide, CMS has a lot of resources available to assist you with accessing and understanding your feedback reports. They're all located on the PQRS analysis and payment webpages.

And if you can't find the answers to your questions after reviewing the resources, you're always able to reach out to the QualityNet helpdesk for PQRS related questions, and the Physician Value helpdesk for value based payment modifier related questions. Now, we can open the floor for any questions.

Operator: And this is a reminder. If you would like to ask a question on the phone, it's star one on your telephone keypad. We'll pause for just a moment. And I'm showing no questions over the phone.

Eugene Freund: All right. Thank you. We have one late breaker that's not on the agenda. We have Katie Dziak on the phone and she is going to talk a little bit about the presence of the advanced ATM lookup tool for checking one's status regarding their participation in that program.

Katie Dziak: All right. Thank you, Gene. I want to share with you all today that we released the qualifying ATM participants, or the QP Determination Status Lookup Tool, based on performance to year 2017. And it's available at QPP.cms.gov on the ATM page.

There's approximately 75,000 MPIs included in the first QP analyses. That estimate was completed using Medicare claim, with states of services between January and March 2017 that were processed between January and June 2017. And then it also includes ATM participation list as of March 2017.

There's also a methodology factsheet that's available online which outlined how we determined the QP status, if you're interested in learning more. And with that, I will open it up to questions.

Operator: Again, that's star one to ask a question over the phone.

Eugene Freund: And this is Gene. Just to note that as you or your members are looking for that. If you go to the QPP.cms.gov site, you get immediately to a lookup tool that is not the one that's being taught up here. You do have to go to the ATM's overview and then you find the tool in the text of the page.

But once you found that it's in about the third paragraph of that. You can click on that tool. And I only tested it to the extent letting my own MPI and finding out that it doesn't find me which is what it should do and – but it is, it is there and it does, it does work.

Operator: And you have a question from (Allison Madsen with ASTRS). Your line is open.

(Allison Madsen): Hi. Just confirming that it doesn't seem like that includes (MET APM). So, is there any way for physicians to understand if they're in, in a (MET APM) versus the advanced APM?

(Katie Dziak): That's correct. This is for a qualifying APM participant status, so it really only applies to those in advanced APM. We're working on having the information available for the (MET APM), so there is nothing within the lookup at this time.

(Allison Madsen): OK, thank you.

Operator: No further questions over the phone.

Eugene Freund: OK. Well, thank you all very much for attending and for presenting. I was happy to see some more discussions than we've sometimes said. I guess we've touched on some topics that people are interested in.

And I look forward to hearing from you again on the 3rd of November, 2017 will be the next meeting. I think we are ironing our e-mail wrinkles out, so look towards, look forward an e-mail in a couple of weeks to offer suggesting topics.

Of course, they can be sent it as they come to you as well. And again, thanks all for coming and presenting. And this concludes our call. Thank you very much.

Operator: Ladies and gentlemen, this concludes today's conference call. You may now disconnect. Thank you.

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