

Technical Assistance Webinar to Support State Reporting of the Child, Adult, and Health Home Core Sets: FFY 2021 Updates and Reporting Resources

Recorded May 11, 2021

Ruth Hsu:

[Slide 1] Hi, everyone, and thank you for joining us today for this Technical Assistance Webinar. My name is Ruth Hsu, and I am part of the Technical Assistance Team for the Medicaid and CHIP Core Set Measures. Today, we'll be reviewing updates to the Federal Fiscal Year 2021 Child, Adult and Health Home Core Sets. I'm joined by my colleagues Molly McGlone and Laura Armistead, who will also be presenting today. And we're also joined by other members of the Core Set TA team and my colleagues from the Division of Quality in the Center for Medicaid and CHIP Services.

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[Slide 2] Before we begin, we just want to cover a few housekeeping items with you all. All participants logged into the webinar currently have their phone lines muted. And we welcome audience questions throughout today's event through the Q&A panel, which you'll see is located on the right side of the WebEx platform. And we'll have dedicated time during this webinar to respond to your questions. To submit a question, please select all panelists in the drop-down menu and click send to submit your questions or comments. And just to let you know this meeting is being recorded and will be posted on Medicaid.gov after the event. And then, finally, if you have any technical difficulties, please contact Derek Mitchell, the event producer for today's webinar, by using the Q&A panel for assistance.

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[Slide 3] So, for our agenda today, I will first review major updates to the 2021 Child, Adult and Health Home Core Sets and highlight a few notable changes to the technical specifications. Then Molly will discuss some of CMS's plans for using alternate data sources and preview data quality priorities for the upcoming reporting year. Then finally, Laura will highlight technical assistance resources to help states calculate the measures.

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[Slide 4] First up, we'll discuss the updates to the Child, Adult and Health Home Core Sets including the measures that were added, removed or modified for the FFY 2021 reporting year.

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[Slide 5] So, here are a few high-level overviews of the updates to the Core Sets for FFY 2021. One measure was added this year to the Child Core Set: Sealant Receipt on Permanent First Molars. Three measures in the Child Core Set were also modified. We have the Well-Child Visits in the First 30 Months of Life, which replaces the Well-Child Visits in the First 15 Months of Life measure.

And we have the Child and Adolescent Well-Care Visits, which combines two former Core Set measures, the Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits. We also have the Low-Risk Cesarean Delivery measure. This replaces the PC-02 Cesarean Birth measure. Please note, to reduce state burden and report the cesarean birth measure consistently across all states, CMS will calculate this measure on behalf of states using the National Vital Statistics System natality data, which are submitted by states and obtained through the CDC WONDER starting in FFY 2021.

Finally, two measures were retired because they are no longer maintained by the measure stewards. The Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk measure was retired from the Child Core Set. And the Adult Body Mass Index Assessment measure was retired from the Adult and Health Home Core Sets.

For more information about why these measures were added to or removed from each Core Set, you can refer to the CMCS Informational Bulletin from November 2020. This can be accessed at the link at the bottom of this slide. And we will make these slides available on Medicaid.gov after the webinar.

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[Slide 6] Now, we review the new and modified measures in a bit more detail. Again, please note that the FFY 2021 Resource Manuals contain the technical specifications for the measures. And links for these documents on Medicaid.gov can be found toward the end of the slide deck.

So, the new [dental] sealant measure assesses the percentage of enrolled children who have ever received sealants on permanent first molar teeth. The measure includes two rates and is calculated using administrative data. The first rate assesses the percentage of children with at least one sealant on a permanent first molar tooth by the 10th birthdate. And the second rate assesses the percentage of children with all four permanent first molar sealed by the 10th birthdate. Next slide.

[Slide 7] The full measure specifications are available online in the FFY 2021 Child Core Set Resource Manual.

Additionally, we have two resources, which are available to support states in calculating the new sealant measure for FFY 2021. First, we have the TA Resource, and this provides additional guidance on how to calculate the measure. And it's available on Medicaid.gov at the link shown on the slide. We also have Sample SAS code, which is available upon request from the TA mailbox, also shown on the slide.

Specific technical questions about how to calculate this measure can also be sent to the TA mailbox.

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[Slide 8] As we noted earlier, there are three measures in the Child Core Set that were modified for FFY 2021. So, we have the Well-Child Visits in the First 30 Months of Life measure and this replaces the former Well-Child Visits in the First 15 Months of Life measure. The modified measure includes two rates. The first rate is the percentage of children who turned 15 months old during the measurement year and had six or more well-child visits in the first 15 months.

And the second rate is the percentage of children who turned 30 months old during the measurement year and had two or more well-child visits between the 15th and 30th months of life.

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[Slide 9] This slide here provides more detail about the data source, denominator and numerators for this measure. And unlike the former well-child visit measure, which could be calculated using administrative or hybrid data, this measure is calculated only using the administrative method. Also, we want to note that the well-child visit must occur with the primary care practitioner; however, the practitioner does not have to be the one assigned to the child.

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[Slide 10] In this slide, we describe the Child and Adolescent Well-Care Visits measure. And as we noted earlier, this measure is a combination of the former Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits measures. The measure captures the percentage of children ages three to 21, who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN during the measurement year.

The measure includes a total rate and separate rates for three age groups: 3 to 11, 12 to 17, and 18 to 21. And similar to the Well-Child Visits in the First 30 Months of Life measure, this measure is calculated only using the administrative method. The well-care visit must also occur with a primary care practitioner or OB/GYN. But again, similar to the other measure we mentioned, the practitioner does not have to be the one assigned to the child.

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[Slide 11] Now, we'll describe the Low-Risk Cesarean Delivery measure, which replaces the previous PC-02 Cesarean Birth measure. This measure assesses the percentage of nulliparous, term, singleton births in a head-first presentation that were delivered by cesarean section. And to reduce reporting burden and ensure consistency across states, CMS will calculate a state level rate for all states using natality data submitted by states and compiled by the National Center for Health Statistics. We'll discuss this further later on the presentation. The full measure specifications are available online in the FFY 2021 Child Core Set Resource Manual.

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[Slide 12] Now, we'll get into some additional updates to the measure specifications for FFY 2021. These reflect changes made by the measure stewards during the annual updates.

First, I will present cross-cutting [updates] to the specifications for FFY 2021. Then I'll present major changes for a few measures. You can also find information about these changes in the Summary of Updates on Medicaid.gov, which we'll describe later in the webinar.

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[Slide 13] So, for several HEDIS measures, new or expanded allowances for telehealth are added. Measures that were affected are shown on this slide using the measure acronyms. If you're not familiar with the measure names and acronyms, we have included a measure list for each Core Set in the appendix of this presentation. Please also refer to the measure

specifications for further information about the types of telehealth allowed and which services can be provided using telehealth.

Additionally, the TA team also created a resource that summarizes telehealth allowances for all Core Set measures. This link is provided here on the slide. And lastly, palliative care was added as a required exclusion to five measures in the Adult and Health Home Core Sets.

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[Slide 14] Now, we'll review a few measures with specification changes for FFY 2021. This slide here shows updates to the numerator for the Screening for Depression and Follow-Up Plan measure in the Child, Adult and Health Home Core Sets. The numerator for FFY 2021 now specifies that screening conducted using a standardized tool should occur on the day of the encounter or 14 days prior. And because the positive screen can now occur 14 days prior to the eligible encounter, the follow-up plan should be documented on the date of the eligible encounter, not the date of the positive screen.

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[Slide 15] There are also updates to the timeframe for identifying the denominator for the Controlling High Blood Pressure measure in the Adult and Health Home Core Sets. The previous specifications looked for beneficiaries who had at least two visits with a diagnosis of hypertension during the measurement year or the year prior to the measurement. And the updated FFY 2021 specifications now indicate that the two visits should occur on or between January 1 of the year prior to the measurement year and June 30 of the measurement year.

Additionally, the measure steward modified allowances for blood pressure readings taken by the beneficiary. So, previously, all blood pressure readings taken by the beneficiary were excluded, and readings from remote monitoring devices could only be included if they are digitally stored and transmitted. For FFY 2021, the measure steward updated the specifications to allow blood pressure readings taken by the beneficiary using a digital device.

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[Slide 16] Next, we have the Consumer Assessment of Healthcare Providers and Systems Health Plan Survey measures in the Child and Adult Core Sets. They were updated to include the new CAHPS Health Plan Survey 5.1H questionnaire, which reflects phone and video encounters in addition to in person visits. So, for example the CAHPS 5.0H Version refers to care at a doctor's office or clinic. And now the new 5.1H Version refers to in person phone or video appointments.

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[Slide 17] This slide here shows the updates to the Follow-Up After Hospitalization for Mental Illness measure in the Child, Adult and Health Home Core Sets. One change to note here is that the measure steward removed the Mental Health Practitioner Value Set and the Numerators section. States must develop their own methods to identify mental health providers using the "Definitions of Medicaid/CHIP Core Set Practitioner Types" in the 2021 Resource Manuals.

Additionally, the mental health provider requirement or follow up visits was removed for intensive outpatient encounters, partial hospitalizations, community mental health visits, and electroconvulsive therapy in selected settings. These visits may be provided by any provider

type. For more information, and for a list of which types of visits still require a mental health provider to be counted in the measure, please refer to the FFY 2021 Technical Specifications.

Next slide, please.

[Slide 18] Now, I'm going to pass it to Molly to discuss the alternate data sources and data quality considerations for Core Set reporting.

Molly McGlone:

Thank you, Ruth. First, I will present the alternate data sources that will be used for FFY 2021 reporting.

Next slide, please.

[Slide 19] To reduce state burden and streamline reporting, CMS will calculate the Live Births Weighing Less than 2,500 Grams and Low-Risk Caesarean Delivery measures for states using state natality data submitted by states. The natality data is compiled by the National Center for Health Statistics, NCHS, in the Centers for Disease Control and Prevention's Wide-ranging Online Data for Epidemiologic Research, or CDC WONDER. For FFY 2019 and FFY 2020, states were given the option to use the state-calculated rate or the CMS-calculated rate for Live Births Weighing Less than 2,500 Grams measure. Starting in FFY 2021, CMS will calculate this measure and the Low-Risk Caesarean Delivery measure for all states using CDC WONDER.

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[Slide 20] This summer, CMS will send states a preview of the Low-Risk Caesarean Delivery measure calculated with the calendar year 2019 natality data. The data in this preview will not be used in public reporting. Beginning with FFY 2021 public reporting, CMS will calculate the rates for these two measures using calendar year 2020 natality data from CDC WONDER. CMS will share the rates with states in the spring of 2022 prior to public reporting for FFY 2021.

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[Slide 21] The National Core Indicators, NCI, provide information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with intellectual and developmental disabilities and their families. State agencies voluntarily submit the NCI In-Person Survey results to the NCI National Team using the Online Data Entry System, ODESA. State agencies that submit data in ODESA will be invited to approve the sharing of NCI In-Person Survey data with CMS for the purpose of including it in the FFY 2021 Adult Core Set reporting. We wanted to let you know that CMS will soon be sending states a preview of the NCI data that will be publicly reported for FFY 2020. And then, in spring of 2022, CMS will send a preview of NCI data for FFY 2021 Core Set reporting.

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[Slide 22] Now, I would like to talk about changes to the Preventive Dental Services Child Core Set measure or PDENT. This measure has historically been derived from the state reported Form CMS-416 data. Beginning with FFY 2020 reporting, states that met specified standards for the data quality and completeness in their T-MSIS Analytic Files, or TAF, have the option to allow CMS to generate Form CMS-416T on their behalf using data from the TAF.

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For FFY 2021 reporting, states that are eligible to opt-in to use TAF data will receive a CMS generated 416T report in the spring of 2022. States will be asked whether they would like to opt-in for TAF based reporting by the April 1st EPSDT reporting deadline. In addition to the PDENT measure, CMS is exploring the use of T-MSIS to calculate other Core Set measures and will be reaching out to states in the coming months.

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[Slide 23] CMS is working in collaboration with the Agency for Healthcare Research and Quality (AHRQ) to use data from AHRQ CAHPS Health Plan Survey Database to streamline reporting of the CAHPS survey measures included in the Child and Adult Core Sets. Medicaid and CHIP state agencies as well as health plans are encouraged to submit their CAHPS Health Plan Survey Data to the 2021 CAHPS database during the upcoming submission window between June 14 and July 16.

States and plans may submit data for the CAHPS Health Plan 5.0/5.0H and 5.1/5.1H Survey Versions that were fielded between July 2020 and July 2021. States will receive a preview report of the data that will be publicly reported for these measures in future years and will also have access to customize feedback report from AHRQ, showing comparisons between the data they submitted and the overall results in the CAHPS database. For those interested in learning more about how to participate, please visit the CAHPS Database website, which is shown on this slide.

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[Slide 24] I've just shared a lot of information about CMS's plans to use alternate data sources for Core Set reporting. On this slide, we've summarized the timeline for FFY 2021 reporting. Between June 14 and July 16 of 2021, all Medicaid and CHIP state agencies and health plans are encouraged to submit CAHPS Health Plan Survey Data to the 2021 AHRQ CAHPS database.

In the summer of 2021, CMS will send states a preview of the Low-Risk Caesarean Delivery measure calculated with calendar year 2019 natality data. Please note that this is a preview and will not be used for public reporting.

In spring of 2022 for the Preventive Dental Services, or PDENT measure, states that are eligible to use the CMS-416T report generated by CMS will receive a preview report. By April 1st, states will either need to opt-in to use the CMS-generated report or submit their state-generated report. Also in the spring of 2022, states will receive a preview of the Low Birth [Weighing Less than 2,500 Grams] and Low-Risk Caesarean Delivery measures for calendar year 2020, which will be publicly reported for FFY 2021. Also in the spring of 2022, CMS will conduct a preview of NCI data that will be included in FFY 2021 Adult Core Set reporting.

Around the same time, CMS will conduct a preview of state-level CAHPS measures based on data submitted by states and plans to the AHRQ CAHPS Database. We know that's a lot to keep track of, so please let us know if you have any questions.

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[Slide 25] Now, I'd like to give an overview of data quality considerations for FFY 2021 Core Set reporting.

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[Slide 26] Here we show the key data quality considerations: the completeness and accuracy of data reported, consistency between measures within and across Core Sets, and documentation of any changes in the data. Additional guidance on data quality can be found in the newly combined data quality checklist for the Child, Adult and Health Home Core Sets. A link to this resource is included on this slide. We encourage states to review the checklist as you begin reporting, and also as a final check before submitting data.

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[Slide 27] On the next few slides, we highlight priorities for FFY 2021 reporting. First, states should document which populations and services are excluded from their calculations of each measure. For example, please document exclusions of beneficiaries by program, mainly Medicaid and CHIP; by delivery systems; special populations like dual eligible beneficiaries or individuals in foster care; and, specific health care settings. Please note that if you are unable to include some measure eligible populations, we ask that you estimate the size of the excluded population and provide additional context on why these populations are missing.

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[Slide 28] Some states calculate a state-level rate by combining rates across multiple reporting units such as managed care plans. We ask that you please document the methods that were used to develop a state-level rate. For example, when these reporting units use different methodologies for calculating measures, please indicate the number of reporting units using each methodology in the web-based reporting system. States should also indicate whether the state-level rates are weighted by population size.

Additional guidance on calculating state-level rates can be found in the technical assistance resource linked on the slide. Please note that similar guidance applies to the Health Home Core Set for combining rates across multiple providers to create a SPA-level rate.

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[Slide 29] States should look at the alignment across measures included in multiple Core Sets. States should ensure that cross-cutting measures are calculated using consistent methodology and are reported for all applicable Core Sets. One example is the Follow-Up After Hospitalization for Mental Illness measure, which cuts across all three Core Sets.

Finally, we would like to emphasize the importance of data documentation. States should document any deviations from the Core Set specifications, such as differences in age groups, data sources and methods. Additionally, states should document any changes in the populations, denominators or rates between reporting years.

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[Slide 30] Now I'll pass it to Laura to discuss some technical assistance resources that are available to help states with their Core Set reporting.

Laura Armistead:

Thanks, Molly.

Next slide, please.

[Slide 31] So, before we begin, I wanted to note that the hyperlinks to each of these resources are available in the slide deck, and this will be posted on Medicaid.gov after the webinar.

All of the resources are available for the Child, Adult and Health Home Core Sets. This slide shows links to resources for the Child Core Set. And the next two slides will show links for the Adult and Health Home Core Sets.

The first link is to the general Medicaid.gov homepage where you can find all of these reporting resources.

Next, the 2021 measure lists include the measure name, measure steward, and data collection methodology.

The Resource Manuals and Technical Specifications contain general reporting guidance, as well as technical specifications for each measure. It can also contain links to the Value Set Directories and medication lists if needed to calculate each measure.

We've also prepared a Summary of Updates document for each Core Set, which provides an overview of high-level changes from the previous year. These documents outline all the changes to the measures that we discussed today, as well as some additional changes.

Next, we have a Data Quality Checklist which Molly referred to earlier. States are encouraged to conduct internal quality reviews of Core Set data prior to submission. This document is intended to help states to improve the completeness, accuracy, consistency, and documentation of data reported. The checklist includes common issues noted in the data reported for FFY 2020 and earlier years. We encourage states to use the checklist to assess their data and identify potential data quality issues before entering it into the web-based reporting system.

Finally, the Measurement Period Tables include the denominator, numerator, and continuous enrollment measurement periods for each of the measures in the Core Sets. When entering the start and end dates for a measure in the reporting system, states should use the denominator measurement period for each measure on this table if they use Core Set specifications.

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[Slide 32] And here you have links to the same resources for the Adult Core Set, as mentioned.

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[Slide 33] And again, here you have links to the same resources for the Health Home Core Set.

Additionally, there is one resource specific to the Health Home Core Set, which is the Expected Reporting Table, the one shown with the star here. This provides guidance on which SPAs are expected to report for each reporting year based on the effective date of the SPA. Please note that programs that were in operation for at least six months of the measurement period are expected to report for FFY 2021.

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[Slide 34] Finally, here are some additional technical assistance resources that apply across the Core Sets, which are available at the link shown on the slide.

The first is a resource on calculating state level rates using data from multiple reporting units. This resource provides guidance on developing state level rates when data for the measures are collected separately by program, such as for Medicaid and CHIP, or by delivery system.

Next, given the increased interest in telehealth resulting from the COVID-19 pandemic, we've developed a resource that summarizes the allowance of telehealth for each of the Core Set measures.

The next resource provides updated guidance for calculating the Admission to an Institution from the Community measure.

Then, we have a resource that provides updated guidance for calculating the Controlling High Blood Pressure measure for FFY 2021.

We also have a resource that provides an overview of the substance use disorder measures in the Adult and Health Home Core Sets, which has been updated for 2021.

Also available is an updated resource on calculating the PCR (Plan All-Cause Readmissions) measure in the Adult and Health Home Core Set for 2021.

And also, updated programming code is available to calculate the Contraceptive Care – Postpartum Women and Contraceptive Care – All Women measures, which are part of both the Child and Adult Core Sets. The code is available at the HHS website at the link shown on the screen.

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[Slide 35] So, here we highlight two additional resources.

There are four Prevention Quality Indicators, or PQI, measures included in the Adult Core Set, and one PQI measure in the Health Home Core Set. AHRQ makes available free software for calculating these measures. Please note that the software calculates the measure per 100,000 beneficiaries. While the Core Set measures are recorded per 100,000 beneficiary months. States will need to adjust the calculation for Core Set reporting.

Finally, as described previously, CMS has developed two resources for the new dental sealant measure. You can request sample SAS code for this measure by contacting the TA mailbox at the address listed on the slide.

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[Slide 36] We appreciate your time today and want to encourage you to contact the TA mailbox if you have any questions about FFY 2021 Core Set reporting.

We also wanted to highlight that technical assistance is available on request to help states use immunization registry data as a supplemental data source for the Childhood Immunization Status and Immunizations for Adolescents measures. States that use immunization registry data to calculate their Core Set rates have considerably higher rates on these two measures than states that use only claims and encounter data. States can request TA by contacting the mailbox noted on the slide.

Additionally, we wanted to mention that there will be another webinar dedicated to reporting.

Next slide, please.

[Slide 37] Now, we want to take some time to answer questions. As Ruth mentioned, you can enter your questions into the Q&A panel by selecting “All Panelists” in the drop-down menu and then clicking “Send.”

I'll now pass it to Alli to talk us through our attendee questions.

Alli Steiner:

All right. Thank you so much, Laura. A couple of things I wanted to say to start, one of them is that the slides will be available on Medicaid.gov. after the webinar. We'll send out an email when those slides are posted. And then, another thing I wanted to make an announcement about is that we've received some technical assistance requests noting that folks are having trouble downloading the Resource Manuals on Medicaid.gov. I just wanted to say that CMS is actively working on this. And if anyone's having any trouble in Chrome, there's a user setting that can be updated. So, please feel free to reach out to the technical assistance mailbox for instructions on that, and we'd be happy to help you troubleshoot.

And I will now go through some of the questions that we've received. So, we received one question about data quality. And the question is if we could provide some examples of the types of information, we're looking for with regard to data quality. So, first of all, if states are using either any types of internal processes or external processes, such as an EQRO to review their data or to audit their data, that's something that CMS would be interested in knowing, specifically which measures and who is doing the review of the data. Additionally, any information you can provide in the notes, such as any populations that are excluded from your data, any state-specific coding information that would be helpful for interpreting your data, things about optional exclusions and whether or not they were applied, or any context. Let's say for example, your rates have increased substantially from previous years and you have any context about those types of changes. These are all types of information that's helpful for CMS when reviewing your data. And then, additionally, in that data quality [checklist] resource we described, that's available in the slide deck, there are some additional data checks. For example, if in a measure there are multiple rates and we would expect all rates to have the same denominator based on the way the measure is specified. You can find data quality checks like that in that resource. So, I hope that was helpful. If you have any additional questions about that, feel free to reach out to the TA mailbox.

And we also received a question about 416 report, and the question was, clarifying whether states will have the choice between calculating the 416 report or having CMS calculate it for them. And so, I'm going to pass it to Margo Rosenbach to respond to that question.

Margo Rosenbach:

Thanks, Alli. And yes, we did want to clarify that, in fact, CMS has begun calculating the results for the 416 report, using T-MSIS Analytic Files data. We conducted a pilot last year, and this is the first year for FFY 2020 that states have an option to have a CMS calculate the results. Now, one caveat is that the states need to achieve certain data quality thresholds within their T-MSIS and TAF data to be able to qualify for this option. But so far this year, we have more than 20

states that have opted for this. And so, we are excited about that. And if you have any further questions, please do contact us through the TA mailbox and we can follow up with you offline.

Alli Steiner:

Thanks, Margo. We also received a question about if there's a way to verify whether a state or US territory has complete data and the CDC WONDER. I can answer that as of right now, the public use file does not include territories. And then, within the Technical Specifications on Medicaid.gov, there is a link that will take you to the CDC WONDER website and somebody from the TA team would be happy to walk you through how that measure is calculated using that tool. But yeah, I can say that as of right now, the territories are not included in the public use file.

Looks like we have a couple more questions coming in here. Okay. We have a question about use of T-MSIS. So, the question is asking when will T-MSIS take over Medicaid and CHIP quality measures.

Margo Rosenbach:

So, thanks for that question. CMS is very actively working on calculating quality measures – Core Set quality measures – using the T-MSIS data. This is very much in process. We do anticipate a preview on several measures to go out later this summer. And so, that's definitely a process that we're undertaking and we will be engaging with states to take a look at the data and determine whether the data makes sense and if there are any data quality issues. So, we will be working very actively with states sometime later this summer. But in terms of the question, literally saying, when will T-MSIS take over the Medicaid and CHIP quality measures? There is no specific timeframe for taking over quality measures. And some of the measures also are not amenable to being calculated in T-MSIS. So, appreciate all the questions also about other alternate data sources.

Alli Steiner:

Thanks, Margo. And just as a reminder, if folks have a question, they can submit it through the Q&A feature on the bottom right of the webinar console. And as a reminder to please send to “All Panelists.”

We had a question come in about one-on-one sessions on using immunization registry data. I just wanted to say that the CMS and the Technical Assistance Team are available to schedule one-on-one calls to help states think about how to use immunization registry data for calculating quality measures. So, if that's something that you're interested in, please do reach out to the technical assistance mailbox and we'd be happy to work with you on that.

Thanks, everyone, for your great questions. We'll keep taking questions for a few more minutes. As a reminder, you can submit them through the Q&A on the bottom right hand of your screen.

All right, we are not receiving any new questions. So, I think we can keep moving along with the rest of the webinar. And so, I will pass it back to Laura to close us out.

Laura Armistead:

Alright, thanks. Next slide, please.

[Slide 38] Basically, all we have left to say is that that concludes our presentation for today. So, thank you very much for joining. And as always, if you have any questions, please feel free to reach out to the TA mailbox, which is shown on some of our previous slides.

Finally, we ask that you please submit feedback using the survey that will appear in your browser when the event concludes.

That's all we have for you today. Thank you very much again. And have a great rest of your day.