Transcript for the Q4FY20 *Inpatient Rehabilitation Facility (IRF) Program for Evaluating Payment Patterns Electronic Report (PEPPER)* Review

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Hello. My name is Annie Barnaby. I work for RELI Group, Inc. We are contracted with the Centers of Medicare & Medicaid Services (CMS) to produce and distribute the PEPPER reports.

Before we move on to the content of today's webinar, let's review some housekeeping items to ensure that the session runs smoothly.

If you would like to utilize live captioning for today's presentation, please access the captioning by clicking on the Q&A panel.

Your lines will be muted during the presentation. So if you have any questions, please submit them at any time using the Q&A panel on your computer screen. I will answer questions verbally at the end of the session as time follows. Or excuse me, as time allows.

If you have questions about the statistics in your individual PEPPER, I encourage you to submit your questions through our Help Desk instead of addressing your question during this webinar, that way we can answer specific questions and ensure that we're looking at the same report.

Here you'll see the Q&A panel that you can use if you have a question during the presentation. Be sure to submit your question to all panelists so they can all be involved in the inquiry and response.

I want to mention also that the chat section is not monitored in this recording, or in this presentation. So if you have a question, please do use that Q&A panel, instead of the chat panel.

If you're viewing the webinar in full screen mode, you can still use the Q&A panel to ask a question. Click on the Q&A button which is the question mark inside the box as you see here, type in your question, as we discussed on the last slide, be sure that you are sending the inquiry to all panelists. Click the send button and then the minimize button to return to the full screen mode.

I do want to apologize if you are not able to access the handouts for today's presentation. We are having a bit of technical difficulties, but those will be posted very soon, and I apologize for that inconvenience.

Our agenda today, of course, will be to review the Q4FY20 Inpatient Rehabilitation Facility (IRF) and Program for Evaluating Payment Patterns Electronic Report, the PEPPER. We will review some other resources, national and state level data, and peer group bar charts.

So let's get started. Today's presentation will be a high level review of the PEPPER. So if you're familiar with PEPPER, this will be a nice refresher. But if you're new to PEPPER, you might still have questions at the end of the session, and we have resources available to you to help if you do have questions. These resources can be accessed through the PEPPER website in the IRF “Training and Resources” section. Our website is PEPPER.CBRPEPPER.org.

Let's start at the very beginning. What is PEPPER. PEPPER is an acronym that stands for Program for

Evaluating Payment Patterns Electronic Report. A PEPPER is a comparative report that summarizes one facilities Medicare claims data statistics for areas that might be at risk for improper Medicare payments primarily in terms of whether the claim was correctly coded and billed and whether the treatment provided to the patient was necessary and in accordance with Medicare payment policy. In the PEPPER, these areas that might be at risk are called target areas.

The PEPPER summarizes your facility's Medicare claims data statistics, for these target areas, and compares your statistics with aggregate Medicare data with other facilities in three comparison groups. These comparison groups are all the hospitals in the nation, all facilities that are in your Medicare administrative contractor or MAC jurisdiction, and all facilities that are in the state.

These comparisons are the first step in helping to identify where your claims could be at risk for improper Medicare payments, which in the PEPPER world means that your billing practices are different from most other providers in the comparison group.

I do want to stress that the PEPPER cannot identify improper payments. The PEPPER is a summary of your claims data, and can help you identify or alert you if your statistics look unusual as compared to your peers. But improper payments can only be confirmed through a review of the documentation in the medical record, along with the claim form.

Taking a look at the history of the PEPPER, we can see that the PEPPER began back in 2003. TMF Health Quality Institute developed the program originally for short term acute care hospitals. And later for long term acute care hospitals. In 2010, TMF began distributing PEPPERs to all providers in the nation and along the way they developed PEPPERs for other provider types, which you can see on this slide here. Each of these PEPPERs is customized to the individual provider type, with the target areas that are applicable to each setting. Then in 2018, TMF combined the comparative billing report or CBR and the PEPPER programs into one contract, and the RELI Group and its partners now produce CBRs and PEPPERs.

While the CBR program produces reports that summarize Medicare part B claims data, the PEPPERs summary Medicare part A claims data. These reports are produced for providers across the spectrum that help educate and alert providers to areas that are prone to improper Medicare payments. Why does CMS feel these reports are valuable and support their agency goals? Well, CMS is mandated by law to protect the Medicare trust fund from fraud, waste and abuse. And they employ several strategies to meet this goal. Such as, data analysis activities, provider education, and early detection through medical review. Which might be conducted by the Medicare administrative contractor, a recovery auditor, or some other federal contractor.

The provision of PEPPERs to providers supports these strategies. The PEPPER is considered an educational tool that can help providers identify where they could be at a higher risk for improper payments. The providers can proactively monitor and take preventive measures if necessary. I should also mention that the Office of Inspector General, or OIG, encourages providers to have a compliance program in place to help protect their operations from fraud and abuse. An important piece of that compliance program is conducting regular audits to ensure that charges for Medicare services are correctly documented and billed, and that those services are reasonable and necessary. The PEPPER

supports that auditing and monitoring component of a compliance program.

Now that we have a sense of the history of the PEPPER program and why it was created, let's talk specifically about the newest release of PEPPER, Q4FY20. Again, the PEPPER only summarizes Medicare fee for service part A claims data, and does not include any other payer types such as Medicare Advantage claims. Every time that a PEPPER is produced and released, the statistics are refreshed through the paid claims database. Therefore, if you're looking at a previous PEPPER release and comparing it to this release, you probably are going to see some slight changes in your numerator, denominator, percentile, those type of things. That could be because there are late claims that are submitted or corrected claims, which would be reflected in the updated statistics. Anytime we produce a report, the oldest fiscal year rolled off as we had the new fiscal year.

Let's talk now about the improper payment risks that are pertinent to inpatient rehabilitation facilities. IRFs are reimbursed through the IRF perspective payment system, or PPS. The primary risk we focus on in the PEPPER relates to coding errors and unnecessary admissions. IRFs are at risk for both of those situations. Those of you who have been working with PEPPER for a long time know that there have been some changes in these target areas over the year, and some significant since we first started producing the reports in 2003. The original target areas were identified primarily from information gained through review of the IRF, PPS, coordination with CMS, IRF subject matter experts and analysis of national claims data.

The target areas are evaluated every year, so that we can ensure that all target areas included in the report remain applicable and beneficial. As new risks are identified by recovery auditors, or Medicare administrative contractors, or as policy changes are implemented, the target areas change to accommodate those risks.

The target areas within the PEPPER pertain to a service or a type of care that's been identified as prone to improper Medicare payments. We construct these target areas as ratios, where the numerator is a count of discharges that could be problematic, and the denominator is a larger reference group that also includes the same numerator discharges. This calculation allows us to calculate a target area percent and we'll talk about target area percent here in just a minute.

As you can see, the *IRF PEPPER* target areas, those are those areas that are prone to improper Medicare payments that are at risk for improper Medicare payments. Those last two target areas listed, the *3 to 5 Day Readmissions*, and the *Short Stays*, are relatively new. They were introduced in the previous release Q4FY19.

How do percentiles work in the PEPPER? This slide can help us to understand how the percentiles are calculated with the percents. The ladder image is a great representation of how we do that. Next to the ladder is a list of the target area percents sorted from highest to lowest. So those percents that you see listed there are going to be the outcomes for each facility, for each target area. The first step our team takes when we calculate your facility's percentile is to take all of these target area percents for a specific target area and a specific time period. We take the target area percents for all the facilities in the nation, and we sort them from highest to lowest, and that is what the ladder represents. You can see the percents listed from highest to lowest down the ladder.

Next, we look at that list of those percent outcomes, and we identify the point below which 80% of those outcomes fall. And that point is identified as the 80th percentile. You can see it marked there on the ladder image.

So any facilities that have a target area percent outcome that is at or above the national 80th percentile will be identified in the PEPPER as a high outlier. A high outlier is identified in the PEPPER target area tab data by red bold font. Now, a high outlier outcome to potentially mean over-coding, or it could just mean that your statistics look different for another justifiable reason.

These percentiles are a good way to get some context and think about how our target area percent compares to the other facilities in the nation, or in the jurisdiction, or in the state. This context can help us think about whether that difference is what we expect to see, or if there's something that perhaps we should be concerned with.

I'm going to go to the sample PEPPER now, so we can see in an actual document how all of this data is presented. Let me get to the first tab here on the PEPPER. You can see this tab is labeled purpose. And that is what the tab represents. It gives information about the PEPPER program. It identifies the hospital by their hospital number. It tells you the jurisdiction that the hospital falls under. And again, it lets us know that this is the *IRF PEPPER* version Q4FY20. You can see along the bottom here the PEPPER is separated by these tabs, and of course, each tab serves a purpose. And the next tab is a tab that is full of really beneficial information. And we just talked about how we calculate the percent outcomes for the hospitals within the PEPPER. And this tab gives you information about what data is included in the numerator and the denominator for each of those calculations for each of the target areas.

So if you're in a target area, and you suddenly wonder, wait a minute, what am I looking at, what type of information is included in these numbers that I'm seeing in this data, in these results from my facility, you can go back to the definitions tab and take a look and it will have all the information that you need.

So it's a handy little guide that's built right into the PEPPER.

The compare tab is next. And this compare tab reports statistics for target areas that have reportable data. Now, for this PEPPER, reportable data stands for 11 or more target discharges. So any target area that does not have that 11 or more target discharges is not going to be included in the PEPPER. That's the minimum target area discharges, so that would be, again, in the numerator. That's the minimum that we've set for the most recent time period.

But that's just something to keep in mind when we're looking at the compare tab and also when we're looking at these other tabs that represent each target area.

You can see here the target areas are listed down the left hand side there. Let's just take a look at *Miscellaneous CMGs*. The number of target discharges, again, that's going to be your numerator, right? That is 91. The percent outcome for this facility is 13.8%. The facility national percentile, so on that ladder, where this facility landed, was at 54.1%. In the jurisdiction it was 45.8, and in the state you can see it was 42.9. So this is a grand overview of the data for that specific target area outcome. And we do go into more detail, and we'll get to that when we get to the *Miscellaneous CMG* tab for that target area. But this gives an overall view, it's a big step back before we go into the detail, and all of the data

that's presented in each of the target area tabs.

You can see line 17 admissions following the IRF discharge, if we look at the percent outcome for that target area for this facility, it is in that red bold font. So we can know that this facility for that target area is an outlier. They are a high outlier. They are above the 80th percentile. And if you go to that next column, you can see why. That facility national percentile was at 81.8. The jurisdiction, 75.3. The state, 75.9. So those are, again, the outcomes where this facility fell on that ladder, whichever rung those belonged to, and wherever those fell on that ladder, that was above that 80th percentile line that we draw across those outcomes.

Let's take a look at that target area. After we move from the purpose and the definitions and the compare tab, these next tabs are the target area information, and the data for each target area. Now, each of them are set up for in the same way. They are formatted in the same way. We have your facility outcome and data that goes into that calculation, we have that in chart form here. And let's take a look at that first.

So for this target area, we can see that this facility is not an outlier. And at quick glance, we could see that anyway, because there's no red bold font listed on this target area tab.

Moving down that chart, the target area percent, you can see their percent outcome. This facility's percent outcome, where they are on that rung of the ladder.

And then they the PEPPER breaks down that calculation for you. The target count, of course, would be the numerator, and then the denominator count. So we give you all the information. We want to be transparent with the data that we're using for these calculations, and so it's listed here on each of the tabs for each of the target areas.

The average length of stay for the numerator, that is looking at the information that is included in the numerator for this target area, for that data, what's the average length of stay. Then, of course, we do that for the denominator as well.

And for the target average payment, and then the target sum of payments, we're looking at the numerator count, of course, for the average payment for the numerator, and then for the sum of payments for the numerator.

Next we have the comparative data for the facility in chart form. We're going to look at where that national percent, 80th percentile is, where was that line drawn in that list of percent outcomes. Well, in FY2018, that line was drawn at 19.2%. It moved to 19.9% in FY2019, and then in FY2020, it actually drops down a little bit to almost 18%. The jurisdiction and the state percentiles are listed there as well, and you can see where that black line, where that 80th percentile line was drawn for the jurisdiction, and the state, for each of the fiscal years.

Underneath that, we have a graph that shows us the information that we've just looked at in chart form in graph form. Everyone learns differently, everyone processes information differently, and we want to make sure that everything that we're looking at is clear to everyone possible, as beneficial as possible to everyone. That's why we provide this graph. You can see from the legend, the graph legend, the facility information that we saw up here in the top chart is reflected in these blue bars. The line graph

information is the facility information.

Then the national 80th percentile is this straight unbroken line. The jurisdiction 80th percentile is a dashed line. And it was so very close to the state 80th percentile, they're almost on top of each other. But the state 80th percentile line is marked with those dots.

Not only in the PEPPER do we provide for each of the target areas all of the information that we just went through, but we also include suggested interventions. If I'm a high outlier, what should I do? Listed here. If you are a high outlier, if you see the red bold font for that target area, this could indicate there are unnecessary admissions for patients admitted in the *Miscellaneous CMGs*. Sample medical records, review those, determine if the inpatient admission was necessary. We give you that information because we want you to use the PEPPER, and we know that it can be a little overwhelming. This is a lot of information, of course. We provide those suggested interventions so that you can take the PEPPER and use that internally to review your billing patterns, and see if there's anything that you need to be concerned about.

As we move along the tabs, we can see each of the target areas, again, is represented with a different tab. This is a good example of a target area that did not have that 11 or more threshold in the numerator count for fiscal years 2018 and 2019. You can see that's blank data. If you see blank spots in your PEPPER, there's nothing wrong, and there's nothing missing, you didn't do anything wrong, and there's not an error in the report, it's simply because that numerator, denominator, or numerator count is less than 11. So that's suppressed data for the 2018 2019. But we do have results for 2020. And I wanted to take a look at that with you to see what it looks like when that 11 threshold is not met.

Outlier Payments target area, no red bold font here. Here we see that red bold font in that first chart for FY2020. This is the target area *Short Term Acute Care Hospital Admissions Following an IRF Discharge*. The outcome percent for this facility did stay about the same in all three years. However, in 2020, that 15.5% fell above that 80th percentile line. So they are identified as a high outlier. We're provided with the same information that we saw on the CMG tab that we went through, target area that we went through. We can see here, if we're going to compare those national percentiles, the national 80th percentile, FY2018, this facility's target area percent outcome was 15.2. That was right at the 80th percentile. So I'm assuming that there are some other numbers following that, too, that probably put that facility under the 80th percentile in 2018. 15.4 was the 80th percentile mark in 2019. Of course they're well below that. Here we can see FY2020 the 80th percentile line is drawn at the outcome of 15.3%. It is highlighted, it is in red bold font. And we can see the same information down here. The facility's outcomes, the national percentile, jurisdiction, and state 80th percentile. And we can see right here, it dips just below where the facility landed. We have a high outlier for this target area. We were in that 80th percentile. What should we do? Again, the suggested information or interventions are here for you. This could indicate that patients are not medically stable or prepared for discharge. The facility may wish to ensure that patient discharge planning is initiated early during patient admission, and that patients and their families are prepared to handle patient care following discharge.

You might, again, look at your data and find that something looks amiss, something needs to be looked into, and that is as it's listed, simply a suggested intervention as to the data internally that you might want to review, when you're looking at your PEPPER and you're using this information to improve your

billing practices.

We can see no data here for this month, but we know not to panic here, because that would be less than 11. *Short Stays*, we don't have any outlier status here.

This next tab, CMGs, you see here the CMG number and the description. This is, again, more data that we provide for you for national data, how you compare, where you fall, and for this tab it is the top CMGs. They are listed here, you have the total discharges, the proportion of discharges for each CMG to total discharges, and then the facility average like the stay for the CMG. Those are listed for you. Those are national data for the most recent fiscal year.

Jurisdiction CMGs, same information.

This tab lists the tier level information comorbidity information as it relates to the number of discharges, the proportion of all discharges. So again, we do have the 11 discharges here. But this is just another section of information that we provide. So that you can get all the PEPPER data that you need. And then we have it at the jurisdiction as well.

Before we go back to the slides officially, I would like to take a look at our home page. Our home page has a wealth of information. There are a lot of links here that can help you. And there are a lot of resources that can help you. We, of course, have information about the PEPPER, "Training and Resources," which I'll go to in a second here. The data. There's a lot of information, a lot of tabs there with the data information that we used for the PEPPERs. Frequently asked questions. And then help, contact us, that's where our Help Desk is located. We'll take a look at that in our slides in just a moment.

But we do have the PEPPER portal, which is perhaps one of the most important pages on our home page. We have that right front and center, so that it's easily found, because this is where you're going to go when you download your PEPPER. And there are instructions listed on our home page on this distribution schedule. And I will go through some information about your validation code here in just a moment as well. But that information is also listed here. Everything is just a click away. So don't be afraid to go to that home page and find your facility type, and click to see where you can get that information about your PEPPER. And about how to navigate the portal.

On the portal, you are asked to provide your information, the provider information. And again, we'll go over the CMF certification number and validation information.

I want to look first at this section down here. We do have a listing of positions within the organization that we ask you to check which position you hold within the organization. If you don't see your position listed here, I don't want that to dissuade you from downloading your PEPPER. If you have the authority to make decisions, and you have the authority to download this PEPPER, then you can check the box for the title that best describes your position and your responsibilities at that facility. So I just wanted to touch on that, because I don't want anyone to stop in their tracks when they see this, and think, well, I have to be one of these people, or one of these positions to get the PEPPER. The PEPPER can be shared within your facility as you deem appropriate. And that doesn't always mean that someone within one of these positions is the one that codes to download the PEPPER. Just click the one that best describes what you do at the facility.

How does PEPPER apply to providers? The PEPPER can help a facility to identify areas where they may be outliers, as we just saw, and if that outlier status is something that should prompt an internal review within the target areas. We often got questions, do I have to use my PEPPER, and do I need to take any action in response to my PEPPER. The answers to those questions is no. You're not required to use your PEPPER. Though it is helpful information, and we encourage you to at least download it and take a look. You're not required to take any action. However, it is important to remember that other federal contractors are also looking through the entire Medicare claims database. They might be looking for providers that could benefit from some focused education, or maybe even a record review. And so from your perspective, it would be nice to know if your statistics look different from others, so then you can decide if there's something to be concerned about, and if you need to take a closer look. Or if what you're looking at is what you expect to see in your PEPPER.

The PEPPERs are distributed in electronic format, in Microsoft Excel work book, and they are available for two years from the original release date. We cannot send PEPPER through email because of the sensitive data housed within the PEPPER. We have to be judicial in the way that we distribute the PEPPER. And it cannot be sent through unsecured emails.

With this in mind, we do have the online portal that we just saw that you can use to access your PEPPER. We encourage you, of course, to go to the portal, download the PEPPER so you can have it in your files for your use. That way you only have to visit the portal once and you have it saved so that you can use it as necessary.

We saw that you will need to enter some information to access your PEPPER through the portal. First you'll be asked to enter your six digit CMS certification number, which is also referred to as the provider number, or the provider transaction access number, the PTAN. This number is not your tax ID or NPI number. For free standing, that third digit of that number will be a 3. For short term, the third digit is going to be 0. And for critical access hospitals, the third digit will be a 1. Just some extra information to help you if you're trying to locate that six digit CMS certification number.

The validation code for the PEPPER portal does vary a little bit from facility to facility. But for free standing IRFs, the validation code on that portal access page will either be a patient control number, which is found at form locator 03a on the UB 04 claim, or a medical record number found at form locator 03b on the UB 04 claim form. For a traditional Medicare part A fee for service patient who received services from July 1st, 2020, through September 30th, 2020.

That would be the "from" or "through" dates on the claim. And again, you can share that validation code, you can share that PEPPER as you deem appropriate. And those validation codes are updated for each release.

Now, once you receive your PEPPER, let's say you see a lot of red in there, what should you do. The first thing you should not do is panic. Remember, outlier status does not necessarily mean that compliance issues exist. By design, 20% of the providers are always going to be identified as an outlier for each of those PEPPER target areas. But if you are an outlier, I want you to think about why that might be. Do the statistics in your PEPPER reflect what you know given your operation, your patient population, referral sources, your external healthcare environment, any changes in services or staffing. If you have any

concerns, sample some claims. Make sure the documentation in the medical records supports the services that were submitted. Review the claim and ensure it was coded and billed appropriately based upon the documentation in the medical record.

The bottom line is to ensure that you're following the best practices even if you're not an outlier.

We saw that we have a number of resources that are available publicly on our website, PEPPER.CBRPEPPER.org. Some of those resources is aggregate information at both a national and state level for the target areas, the top CMGs, and average length of stay by CMG tier and discharge destination. At the national level, data is available for free standing IRFs, and for IRFs that are distinct part units.

We also have peer group bar charts which are updated, again, on an annual basis. Sometime ago we did have providers who had asked us to make available a comparison that would be applicable to what they would consider their peer group. And so these peer group bar charts enable providers to look at that type of information. We have three different categories. We look at size, which is dictated by the number of discharges, location, which is either urban or rural, and ownership type, which would be for profit, physician owned, nonprofit or church owned or government.

We do update the peer group bar charts annually. If you find that you do not agree with how we are representing your IRFs ownership type or location, that information will need to be updated through a CMS. We utilize the CMS provider of services file, and that's maintained by the CMS region al offices, so you'll need to contact them with that update.

Here we have an example of a peer group bar chart. We can see the demographic group that we're looking at here is urban. So that's the location, of course. The target area, *CMGs at Risk for Unnecessary Admissions*. And we have 20th percentile information, 50th percentile information, and 80th percentile information for this target area, for this demographic location, which is the urban location.

A number of other resources can be found on the PEPPER website. There is the users guide, the PEPPER training session, a demonstration PEPPER, a spreadsheet that will identify the number of facilities in each of the MAC jurisdictions by total and by state. And some testimonials and success stories. There are some really nice success stories out there. One in particular from a Kentucky hospital that used their PEPPER to help them identify under-coding. So be sure to check that out.

As always, if you need assistance with PEPPER and you don't find the answer you need in the users guide, please visit the PEPPER.CBRPEPPER.org website and click on the help button, then click on the Help Desk button. A member of our staff will respond promptly to assist you. Please do not contact any other organizations for assistance with PEPPER. RELI Group is contracted with CMS to support providers with pertaining to PEPPER. Contact us, we are the official source of information on PEPPER. Please don't pay a consultant to help you with PEPPER. We provide support with no cost to the provider. And not all other organizations are going to be able to provide accurate information on PEPPER.

The website we saw the top part of our website, this is the bottom part of our website where we can continue scrolling down. You can see the resources we just talked about on the last slide, or two slides ago. The resources that are listed, and those resources are available for each of the facility types for

which we create a PEPPER. You simply go to your facility type, and you have that focused education and resources that you can look at for your specific facility.

If you do have any questions, again, please visit our Help Desk at PEPPER.CBRPEPPER.org.

And I am going to go to the Q&A panel now and see we do have a little bit of extra time, so let me take a look at the questions that were submitted, and I'll try to answer any verbally now.

It looks like most of the questions have been answered. Thank you, Jacob, for your help with that. There is a question, are the facility percentiles only included in the compare tab? That's a great question. To answer that, let's go back to our sample PEPPER.

So we're looking for the compare tab, and looking at this compare tab, we do have the facility national percentile, the facility jurisdiction percentile, the facility state percentile. And if we go to each target area, we do have that percent outcome. I know you asked about percentile. And that information, that data is included down here in the comparative data chart. So you don't have to keep flipping back and forth. The compare tab, as I said, it is kind of a broad look. It's a step back to look at all the data. But then each of these tabs here has more focused individual data for each of those target areas. Good question.

Is there a limit to number of people who can pull data from the portal? Well, the PEPPER is the report that is housed in the portal, I suppose you could download it as many times as you would like, you know, as many number of people as you deem appropriate. Of course, the person or persons who are in charge of looking at those numbers or looking at the PEPPER and downloading the PEPPER, the validation code can be shared. That is completely up to you internally. And the PEPPER can be shared. So were it me, I would download it once, maybe twice, you know, to someone's computer, online file, then you don't have to keep going back to that portal. And again, the validation codes are updated each year. So you don't want to be not that you would be going back year after year, but if you are looking for that validation code, there is always a chance that a validation code that's outdated is going to be the one that you're looking at. So go ahead, I would suggest and download it, and then share the report internally to who you deem appropriate and who would be helpful to review. And then you don't have to keep going back to the portal.

I'm sorry, I'm just getting a drink. I'm getting a little parched. Please hold on just one second. Okay. Thank you.

Nancy, I do see your question. If you would allow me, I'm going to just look into that a little bit more. I don't want to give you wrong information. I do see what you're looking at. If I could contact you, I have your registration info, so I will reach out to you personally and we can answer that question. But thank you for that question, and thank you for giving me a little bit of time to research that and get back to you with the correct answer.

Okay. I'll give everyone just a couple of more seconds to submit a question if you have one. Okay. So it doesn't look like anyone has any further questions for the Q&A panel, and that's perfectly fine. As I said, of course, we're always available at our Help Desk. Feel free to submit a ticket.

I want to thank everyone again for joining us today. We appreciate your time, and we appreciate your

interest in the PEPPER program. And I hope you all have a great day.