Administration, Kansas Department of

Moderator: Ross, Becky

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09:00 AM CT

OPERATOR: This is Conference # 8694326

Operator: Ladies and gentlemen, thank you for standing by and welcome to the KanCare 2.0 implementation conference call. 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.

At which time, if you wish to ask the questions, you will need to press star one on your telephone keypad. If you would like to withdraw your question, press the pound key, thank you. I would now like to hand the conference over to your speaker today, Becky Ross, ma'am please go ahead.

Becky Ross: Thank you Michelle, good morning everyone and happy Valentine's day. Thank you for joining us on the weekly call today. Just a reminder that we have these calls every Thursday at 09:00 and the recording and transcripts can be found on the website. We did cancel the call last Thursday since the state offices were closed because due to inclement weather.

Also I want to remind you all that open enrollment continues through April 3rd, so individuals can continue to make choices about MCOs during that people gets. During the call today, one or more the MCOs may offer their customer service number for folks who have questions or need help just a reminder you can find those numbers on their websites

or also on the KanCare website. And with that, I'll turn it over to United for our first update.

Kerry Graser: Hi good morning, this is Kerry Graser with United Healthcare and really is going to be pretty short and sweet update. Things are trucking along as we would expect, no major implementation issues, all of our transition files are flowing through as we would expect. And you know we continue to offer support to members and providers through our call center or obviously through this best vehicle of communication, but other than that we are doing well and have no issues to report.

Becky Ross: Thanks Kerry, now will turn it over to Sunflowers.

Doug Oster: Hi, this Doug Oster from Sunflower similar to Kerry, we have nothing new to report today, we had put the bolts in and out in the past previous weeks related to anything related to the waiver and authorization. So that's moving along with their support if someone is having issues by encouraging the reach out to Alana or Emily either provider rep for the HCBS side and I'll be able to assist you but beyond that everything should be showing okay.

Becky Ross: I'll forward over to Aetna.

Keith Wisdom: Hello, this is Keith Wisdom. We brought this issue up a couple weeks of ago and just explain it further and confirm a motive additional law, so EV authorizations and discovered that the Amerigroup authorization power was missing authorizations, the largest impact was on SMS providers. Those authorizations have been loaded and I believe it impact it all MCOs. In addition, there were some people get authorization it for further investigating as to whether there's any need for those to impact instead of that investigations going on with Amerigroup and KDHE and we'll update you with there's any additional authorizations letter from that. Of course, you can still work with your case managers on this clients where there's an issue finding authorizations for services that require EVB.

I would have provided this update the last week with our provider, secure portal. Some providers could not see written remittance advises,

it was fixed on February 6th and validated that's working so if anybody experience that in the past issues be able to see that are working now.

Credentialing status review if enquiries about credentialing status and just a reminder, you can call our provider services line at 1855-221-5656, like Becky said that's available on the change your website at all repeated again our provider services line which actually is the member services line as well as you can see our prompts 1855-221-5656 that's for Aetna. And then one update related to claims, we identified on critical access hospitals. There was a slight underpayment on inpatient claims and process.

There's no action needed by the hospitals. We are working that correct payment methodology and then we'll reprocess all impacted claims and this is our expected updates.

Becky Ross: Thanks Keith. Michelle, I think we're ready to open up the line for question.

Operator: If you wish to ask a question, please press star one on your telephone keypad. Participants to ask for questions, please state your first and last name. Your line is open.

Stacey Barrant: I'm with Lincoln Center OBGYN and this question is for Aetna. Keith we have access now to the prior authorization online where we can check CPT codes which is appreciated that is nice tool. But one of three codes that we found that require prior authorization I just want to touch on its CPT code 58671, 58670 and 58611 those are CPT codes for tubal ligation. We have never had a prior authorize those with any other insurance. And I don't know how in the world we're supposed to do that when a prior authorization takes anywhere from two days to two weeks is what we were told. I have no idea when these ladies are going to deliver, how exactly are we supposed to handle that?

Keith Wisdom: Hi, this is accurate for anyone else to speak that. I'm from Aetna and as you know there is a requirement for patient consent. Our initial thought was that would be the way that we would see what was confined with the requirement for that patient's consent. However, we realized there is another way that I believe the other MCO's are doing and that is for the provider to submit with this claim in patient consent form. So we're

going to move towards that solution is not a place today but we hope to have that in place soon.

Stacey Barrant: So, these three codes will not require prior authorization at some point but are we doing in the meantime?

Keith Wisdom: In the meantime, yes, the prior authorization is in place, but we have no intention of denying tubal ligation and self-sterilization purposes. It simply that means by which we will you know currently indicate or be able to demonstrate that a sidekick(?) that was in place. If we find that there are some that you did not get paid for, we will correct it as soon as possible until we have the new process in place which would be submitting the consent form with the place.

Becky Ross: Okay. Thank you.

Operator: Once again, participant to ask for questions, please state your first and last name, your line is open.

Female speaker: In two to three days and we still have not received any update and we--

Becky Ross: Excuse me, I think you were on mute when you were talking or you're cutting out. Could you start again tell us your name who you're with and start your question again.

Operator: Please ask your question, participants to ask, press star one.

Kary Eisenzimmer: This is Kary Eisenzimmer from Physician Practice Management, can you hear me?

Becky Ross: Yes.

Kary Eisenzimmer: On the Well checks and that EP Well checks on that back in November the reimbursement went down to 26 and as on February 1st, the reimbursement rate went back up to 70 and it retried back to November 1st and that so my question is for the MCOs, do we need to do reconsideration for those claims that were paid at that rate at the 26 dollars or will there be projects done by the MCOs to correct those payments?

Doug Oster: This is Doug Oster from Sunflowers we are point any of those claims that denied and will be doing a project. So that providers will not have to send a reconsideration in on those, so we will handle those. I'll see if we can get an ETA as when that project was start but I believe it would just pulled here this week. So, with normally our adjustments are 30 to 45 days, I'll try to get it done quickly, but most likely at least 30 days out before you receive those payments those adjustments on that from sunflower.

Kary Eisenzimmer: And that's going to be United Providers, we're in the process of getting that retroactive rate change fully loaded in the system and once we have done that will identify claims recur back to 11/01 and reprocess of the claims are paid a higher rate and similar timeframe is usually 30 to 45 days to get all those claims identified in this adjustment.

Doug Oster: This is Doug Oster, from Sunflower, one last line you know I would just recommend after maybe fix the date, but you know after adjustment go through and you get them when you still have some maybe we missed one in the poll, reach out to your provider relations rep and notified them and we can get those additional ones adjusted if by chance one got missed in the poll. So, we want to make sure we get those all address and make sure that you don't have to go through these reconsiderations process.

Kary Eisenzimmer: Okay. And that would also just one of the things that will also need facts on the KanCare claims resolution on anytime there's a retroactive policy change, that's on a weekly file that goes out of the game out bulletin and you just see updates and reports when you would expect those claims to be adjusted. So that also what kind of a self-service wait or watch those owing into process.

Kary Eisenzimmer: Okay.

Kim Glen: This is Kim Glen with Aetna, and we will be following the same process once the system updated complete, we will run a report to get the claims reprocess and again as we would miss the claim in those projects, please just call back the number or to provider services and they will give them the claim information and they'll get that claim reprocess.

Kary Eisenzimmer: Okay. All right, thank you.

Operator: Your next question comes from the line of Patty Halseth. Please ask your question.

Becky Ross: Hello, are you on mute?

Patty Halseth: Can you hear me now?

Operator: Yes, can you state your name?

Patty Halseth: Patty Halseth with Rosewood Services in Great Bend. I have a question regarding the authorizations. As I'm pulling them offline and printing them off to verify that everybody has their authorization for services that we provide, no we're on the authorization does it gives me the current tier rate? Is that something that you guys are going to be looking into positively put on the authorization? So we can verify that they are correct prior to doing billing. Unless I'm missing it, I guess I mean I'm looking at one right now and I don't see anywhere on there, where it says the current tier rate for this person.

Becky Ross: You're talking about the HCBS authorizations in MCV? So Candace are you with us?

Candace Cobb: I am with you. Hello this is Candace with First Data. Now are you speaking about day & ross rates on the ITB waiver okay? We do not have day & ross in Authenticare. So those are authorizations apparently that you received from the MCO right?

Patty Halseth: And has nothing to do with First Data? I mean because you guys are just doing our supportive home care.

Candace Cobb: So, you're asking will the MCOs put the tier rate on the authorization for day or residential services for the ITB waiver?

Doug Oster: Becky, hi, this is Doug Oster from Sunflower. We do put that on our so that tier rate is there for Sunflower.

Patty Halseth: Yes, you do and so it is United. So what's for Aetna?

Candace Cobb: Okay I think repeated out the questions, Keith.

Keith Wisdom: Patty, if you could give us your phone number, we will get back with you on this?

Patty Halseth: My phone number is 620-793-5888. And it's just something I'm wanting to know if you guys are going to be doing or not. You know we've had issues in the past where the tier rates are incorrect and then, we do billing and then you know it's not right on somebody's in. So anyway that's all in I just want to know how we're going to get that on there because we like to verify that we have the correct tier rates.

Keith Wisdom: I will investigate and get in touch with you.

Patty Halseth: Awesome thank you. And I think that ---

Operator: Once again, participants to ask for questions, please state your first and last name, your line is open.

Colette Sandquist: Hi this is Colette Sandquist with Merry Clinic. And I have a question for Aetna. And the question is in the month of January of 2019, we have like over 40,000 dollars and claims and as of the end of January, we'd only received a thousand dollars, just ahead over a thousand dollars and payments. Can you explain when we will get the receiving more payments?

Keith Wisdom: We do not have individual provider or going through Sunflower claims, so we can add our figures or so we can follow up with you directly and investigate the status of your claims and status of potential that checks if you have been mailed so, can give us your phone number, I would be great.

Colette Sandquist: Sure, it's 785-822-0202.

Keith Wisdom: Colette, your last name?

Colette Sandquist: Sandquist.

Keith Wisdom: Thank you.

Colette Sandquist: I also have another question this week we received several letters from Aetna and it just because of the member name, data service, account number, claim number and it says the claim was listed above is being returned our office due to the following reasons. Missing or invalid provider name on claims (CMS 1500[31]) and then if you're filing a CMS 1450 whatever claim that is in box one, and general box 53. And unfortunately it's on three of our busiest OBGYN physicians and I don't understand why we're getting that letter. I think I got six letters and working on claims into the KMAP systems, so they across over to Aetna. So, I don't understand why it wasn't where it was supposed to be.

Keith Wisdom: We will investigate that as well and discuss that with you quickly.

Colette Sandquist: Okay. All right thank you.

Operator: Your next question comes from the line of Anne Cousin. Please ask your question.

Anne Cousin: Good morning, my question this morning is for Sunflower. Doug, we have had probably I don't know upwards of 30 issues that are still out there from January that we cannot get resolution too, we were told that it was an internal issue with member eligibility and as of January 31st, we were told that we would have resolution to that was in two to three days. And we've tried numerous times to reach out to our provider rep with Sunflower with no response.

Doug Oster: Hi, this is Doug. In relationship that's an issue, it is that on the KMAP global issue log it's related to our UMV which stands for unified member view of the system that's kind of a repository for the eligibility information. And we went live within October and we discovered there are some dates bands issues, so the state has been made aware of that.

I believe I looked at the log yesterday, it's related to the finally completed, and they've been continued testing validating all of these bands. And it's related for I believe it's a 2/28 on the issue log. I know

Alana and we were just chatting for morning and I think she has a call out to you if you try to reach out to you yesterday. So if you have a list of those members, we also can check to see if the record has been reflecting up to we also do have workarounds on those to address. So if we can get explain need to Alana, we can address results.

Anne Cousin: [unintelligible]

Doug Oster: Okay, I will reach out to her and I will have her follow-up today and we'll have a discussion and I also engage our operations teams to get some attention to your issue, but it's an issue you want to get scored away for everyone?

Anne Cousin: Yes, thank you we appreciate that.

Doug Oster: Okay, Thank you.

Anne Cousin: Okay thank you.

Operator: Your next question comes from the line of Tish Collingsworth. Your line is open.

Tish Collingsworth: Good morning. This question is back to Keith at Aetna. Could you give me a little more information on you'd indicated that critical access hospitals had a slight underpayment on inpatient claims. Could you give me a little more information on that?

Keith Wisdom: Yeah, there is an additional payment that is critical access hospitals for the inpatient stays and that was still payment, was not included in our payment calculations. We're in the process of correcting it. So, I don't have further details from the claims see it on.

Tish Collingsworth: Okay. So you don’t know it impacted all critical access hospitals or just certain ones?

Keith Wisdom: Not a 100% sure on that to deal with this. We do know it’s more than one. We do know that is at least several hospitals do not yet know of their service mode.

Tish Collingsworth: Okay could you reach back to me once you get more information on that?

Keith Wisdom: Sure.

Tish Collingsworth: Thank you.

Chris Swartz: And also Keith, are going to be using-- this is Chris Swartz from KDHE, have you ever seen the resolution log tool documents and issues that providers can actually you know self-serve like looking and there has been monitoring this issue over there?

Keith Wisdom: Yes, we will add it to the claims resolution log.

Chris Swartz: All right. Thank you.

Female speaker: Thank you that was my question.

Operator: Next question comes from the line of Ruth Cornwall, please ask your questions.

Ruth Cornwall: Good morning, this question is for Aetna. Keith, I have two questions, one around credentialing. Can you give us an idea of where you're at percentage wise with providers' beings through the contracting and credentialing piece? And my understanding correctly that I'm still hearing from some of our members and with Kansas Medical Society, I'm still hearing from our members that they've never heard anything on the credentialing and they were submitted back in November.

In my understanding correctly that the welcome letters have not gone out yet. And I thought on one of the call somebody I thought had said that they go out middle of February, is that still the case?

Keith Wisdom: Yeah, we shared the previous calls that they would be opt by the end of February and we're still on track for that. So, they would not have gotten a notice yet if there is through the credentialing process. But the welcome letters will go out welcome packets for providers will go back

outside the end of the month. As I said in my opening, if there's providers have specific questions about their credential status, they can reach out to our provider services team at our 1855 number.

Ruth Cornwall: Keith, I appreciate that. But just so that I'm clear, so even those that have completed the contracting credentialing process, nothing's been sent out for them correct?

Keith Wisdom: That is correct.

Ruth Cornwall: Okay and we think will those go out by the end of the month?

Keith Wisdom: Yes.

Ruth Cornwall: Okay. Can you give me an idea of where we're at as far as you know percentage wise or 70% of the people completed those steps or can you break it down by provider type?

Keith Wisdom: Hang on one second. I'll use my calculator and I'll get you. So, we have a little over 75% of our contracted providers having credentials.

Ruth Cornwall: Okay. And then explain I know initially you all we're kind of holding claims and watching them go through the system which I think everyone appreciate. Can we better have that claim processed correctly at the processes of you know having it paid wrong and then having to do the list on getting it corrected. Can you give me an idea on that the number of claims received and paid?

Keith Wisdom: We're not holding claims, you know they're what we talked about in the first couple weeks about a 100% audit of claims, obviously, we're with volumes that were processing that's not a long-term feasible thing too. It was probably this around a month ago that you would have start holding claims for a 100% audit, we are doing target audit and spot audits to make sure we're still processing claims accurately.

So you know here high volumes of claims going through with process and just a second here it over. You know as of Monday we processed over a 153,000 medical claims and over a 136,000 pharmacy claims.

Ruth Cornwall: Okay, but how many claims received?

Keith Wisdom: You know the only thing -- so everything is being processed within the time parameters of our contract and the only thing that has any delay or providers that are in the process of being loaded. So those are isolated instances where a provider hasn't been. We didn't previously have all the information have loaded and so we're trying to find a way to load it and just a claim the process.

Ruth Cornwall: Okay to sort of follow up on call that from our clinic scenario, he has claims that are denying, missing or invalid provider name on claims. And some of the providers I think are in the system and I'm assuming these on should providers expect to see these letters as the reason for the denial not being in the system yet.

Keith Wisdom: So when a provider not loaded and we haven't processed the claim. You are not getting any denial letter. Our claims considered process, this is where sending out a denial letter, so now that's not there shouldn't be high volumes of letter she's talking about, they we're you know that's why we'll be talking to her directly to investigate what particular issues is causing them.

Ruth Cornwall: Okay. Thank you.

Keith Wisdom: Okay.

Operator: Your next question comes from the line of Barb Zimmerman. Please ask your question, your line is open.

Barb Zimmerman: Barb Zimmerman from Helpers Inc. I had a couple things I needed probably just more to bring to someone's attention. I have been going through our authorizations for February now and majority of those from all MCOs are not matching those that transitioned over from Amerigroup. So, we're trying to compile a list of the discrepancies to send each MCOs, but we just need them to be aware that those will need to be corrected to the carry over amount that Amerigroup had signed at the end of the year.

And also on the ISP's that are coming over for transition members from Amerigroup, we're seeing a lot of those ISPs, but there is just starting those out on 04/01/2019 instead of 01/01/2019 should those not all the dated 01/01/2019?

Becky Ross: Barb, this is Becky Ross, I can answer the second question. I think I believe they're dated 04/01/2019 because of the transition policy that you have. That is essentially says things are covered for the first 90 days without authorizations or you know non-participating providers etcetera. So, we get instituted that transition of care policy that would source move from Amerigroup over to the other plans. So that's probably why you're seeing the 04/01/2019 day.

Barb Zimmerman: Okay, so for three months on all Amerigroup consumers, we will have written ISP for those three months is that what you're telling me?

Becky Ross: You shouldn't need one, we were not able to get the ISP's from Amerigroup, it was going to be a very difficult process and lift for them to provide all of those. So, for the first 90 days everything is essentially going to be what it was previously.

Barb Zimmerman: But should those be reflected on the existing MCO's ISP [Unintelligible].

Becky Ross: Sorry to interrupt. We will not issue the united specific service plan until we go out and do our assessment, and then issue our service plan that will begin for one. So you would need to refer to the service plan that Amerigroup provided you during the transition period and then as I said we will provide a service plan for those members once our assessment is completed. We've created our specific service plan and that those go into effect April 1st.

Barb Zimmerman: Okay. All right and then concern for Sunflower, we have a lot of claim issues dating back to November that we've been trying to get payment on, they were issues within Sunflowers system. So if someone could please get in contact with me to let me know when we can expect payment on those claims?

Keith Wisdom: Alana was on the call, go ahead Alana.

Alana Dotson: Barb, I was going to say I will call you right after this call is over, so we can confirm with claims you're still missing.

Barb Zimmerman: Okay. All right and then one last thing I just wanted to bring to Aetna's attention. We did have our provider experience rep here yesterday, she was great provide us a lot of information and we were able to give her a lot of information too, but probably one of our biggest concerns right now is the inability to correct a claim.

They're saying to use the CMS 1500, but if we resubmit a claim in the exact same way, it was submitted through AuthentiCare, I'm afraid it's going to continue to denied and I don't know how we're going to get our explanation to you as to why it shouldn't have denied.

Becky Ross: Can we go ahead and get your phone number far so we can reach back out to you with a look at back that issue?

Barb Zimmerman: Sure, that's 913-322-7212.

Becky Ross: Okay and we will also follow up on with our provider experience reps within your office yesterday?

Barb Zimmerman: Angela coming.

Becky Ross: Okay, I will reach out to Angela and get some further information and then we'll reach back out to see what we can do on that claim correction.

Barb Zimmerman: Okay great, right that's thank you very much.

Operator: Once again if you wish to ask a question, please press star one on your telephone keypad. Your next question comes from the line of Tish Collingsworth.

Tish Collingsworth: Yeah, this is Tish Collingsworth with the Kansas Hospital Association and I have received a couple calls this week and I have reached out to your staff as well this is for Aetna. That some of our RHC providers have indicated that they have incorrect encounter rates loaded. It doesn't

appear that everybody is having that issue, so I wondered do you have more information is that hit messes it more systemic.

Kim Glen: This is Kim Glen. We are aware it looks like it may just be provider specific, not across all of the RHC. We do have some folks taken a look at that and then as we do know that it goes and will follow back up with those particular RHCs and then for purposes if we do know that it is more widespread, it will go on the claims resolution log, so but it looks to be just very specific for a handful of RHCs.

Tish Collingsworth: Okay thank you.

Operator: Once again if you would like to ask a question, please press star then the number one on your telephone keypad. Participants to ask questions, press star one. Please state your first and last name. Your line is open.

Jackie Clifton: Okay, maybe it's me, I gave my name at the beginning, but maybe it didn't get captured. This is Jackie Clifton in with Advocate Care and I have a question for Aetna on processing their claims through Authenticare. If we're seeing denials and you want us to submit CMS 1500 to correct claims and it looks like the denial is related to TPL issue. I had asked Jason Osterhaus with KDHE and an email a few weeks ago with some of my questions, I haven't heard back from him on this, but the state has a TPL blanket denial list that covers probably almost all HCBS code.

And that has made billings to HCOs for Authenticare a much easier process where we don't have to go out, get a denial from the third party insurance and you know keep it or send it to you guys. I just wonder with Aetna, are you aware of this blanket denial, do you have it set in your system and if not, can you look into that get it set up so we don't have to try and submit the CMS 1500 claims to you when the service is really you know we're not ever going to be covered by third party insurance and they should basically auto pay because you all have created the authorization for these services.

Chris Swartz: Hi Jackie, this is Chris, I will get with Jason and see you know what he has initiated with Aetna to work on that and inform them of billing has

basically done of an exemption from TPL, so we will get that results for you.

Jackie Clifton: Okay, I think it's a big issue that maybe you might have been overlooked, I'm not you know a 100% sure, but what I've heard talking to other providers is TPL denial that we shouldn't be seeing.

Chris Swartz: Okay. So I will add Jason work with Becky just to make sure that you know we understand the policy and how those needs to be loaded and then we will have them communicate back to you so you know where we ask that you choose.

Jackie Clifton: Okay, Sounds great thank you.

Chris Swartz: Thank you Jackie.

Keith Wisdom: Jackie, could you give us your phone number as well? Jackie, are you on mute? You can send us your phone number. Well, Chris will work with Jason, I believe she has it.

Chris Swartz: We have her phone number from Friday call. So I can give it to you if you wanted.

Keith Wisdom: I think, we were look in to it now.

Chris Swartz: Okay, all right. Look into so, yeah, it was from previous call, she's in there. But if you don't [inaudible] come from the back of it.

Operator: Our next question comes from the line of Kari, please ask your questions.

Pam: This is Pam, I'm with Kari here, but on the new Aetna cards that are coming out, they're coming out with providers that have left the practice that maybe even a year ago. So, I just wanted your thoughts on that.

Keith Wisdom: So, can you give us your practice name and phone number and we will be reaching out with you to get our roster is updating since.

Pam: Okay my name is Pam, and my phone number is 785-452-4796.

Keith Wisdom: We will that's all by updating you know in our system still roster, so we will work within it.

Pam: All right thank you.

Operator: Once again if you wish to ask a question, please press star one on your telephone keypad. We have a question again from Anne Cousin, your line is open.

Anne Cousin: Good morning, I just had one more question I was wondering if we could get the contact info for each of the MCOs that are on the line this morning.

Becky Ross: This is Becky Ross, I'm not sure what you mean as I stated at the top of the call and they said they were numbers are listed on their websites and are also listed on the KanCare website. So you would call the customer service number follow the prompts for the particular issue.

Anne Cousin: Okay, all right, I was just wondering if we could have contact info for each of you.

Becky Ross: Well, there's a whole lot of people on the call. [unintelligible]

Anne Cousin: Okay all right thank you.

Operator: We have a follow-up question from Tish Collingsworth, Tish your line is open.

Tish Collingsworth: This is Tish with Kansas Hospital Association and this question I guess it for KDAD I think earlier you had indicated that you would run these calls through the end of February, do you have any idea if you'll continue them beyond that point yet?

Becky Ross: I think you know given the volume of questions that we probably will schedule them through March and you know assess it kind of mid-March to see where we are.

Tish Collingsworth: Perfect, thank you.

Operator: We have follow-up question again from Ruth Cornwall, please ask your question.

Ruth Cornwall: Hi thank you. My question is for Aetna. I'm curious I understand you're going to be putting claims issues on the claims resolution log. And I know that we've talked to you at the staff about admissibility as Q&A section on our website. So for those who are on these calls can go to the website and kind of review some of the questions. Where we add in that? Or first well there even plans and suggested I'm not seeing anything on the website yet.

Kevin Sparks: Ruth, this is Kevin, and we'll double check because we have those system things out on the website, I know we're still working on dealing newsletter, working with that KDHE, so what I'm going to go back through the website and we'll give you a call back.

Ruth Cornwall: Thank you.

Operator: There are no further questions, presenters please continue.

Becky Ross: Thank you Michelle, thank you everyone for participating on the call. We will have another one next week at the same time. Have a great day.

Operator: This concludes our conference for today. Thank you for participating. Your may all disconnect.