

Frequently Overlooked Items/Services in Hospital Charge Capture



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Disclaimer Statement

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Agenda

Today we will cover:

- Review Charge Capture Process
- Identify points in the process that can result in leakage
- Identify high volume items of leakage
- Identify high-cost items of leakage
- Use of software to ensure all opportunities are reconciled

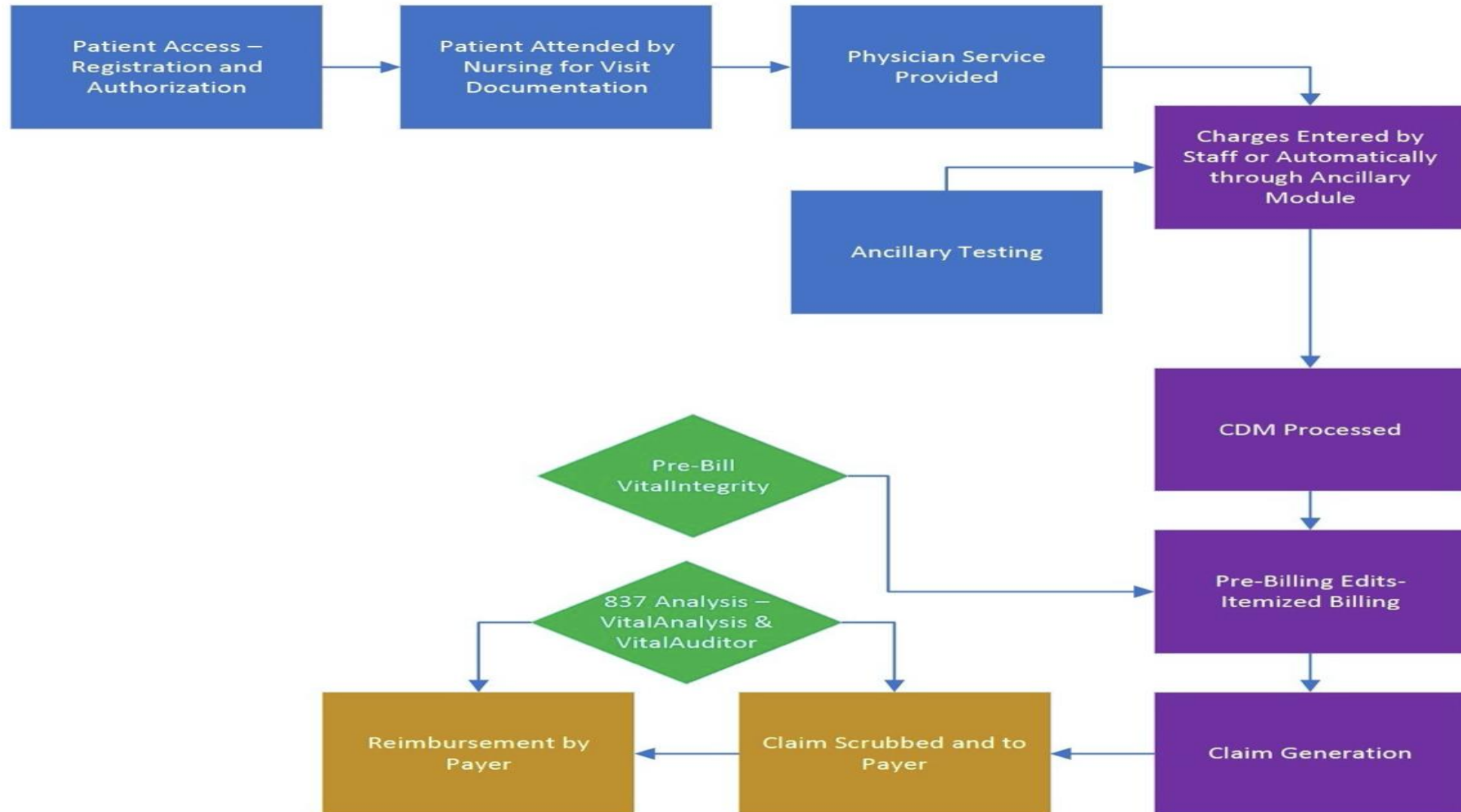
Objectives

Today we will cover:

- Understand the charge capture process
- Be able to identify charge leakage at its root
- Be able to state two area of significant leakage
- Understanding supply coding implications'

Overview of Charge Capture

Charge Capture Flow



Charge Leakage with Patient Access

Setting the Stage for Success Begins in Access

- Patient Access can make or break a claim
- Key elements that can cause a claim to fail payor edits are:
 - Lack of eligibility
 - Lack of authorization for a service or incomplete authorization
 - Failed demographics
 - Can result in claim error or failure to process at payor
 - Revenue Cycle Intelligence quotes in their article these can be as high as 25% (1 in 4)

Keys to Success

- **Focus on training for patient access**
- **Ensure they are continuously reviewed and re-trained on errors found**
- **Look at the technology for eligibility – is it in one platform or many (i.e Blue Cross, State Medicaid or one platform)**
- **Use analytics to tie denials to root causes for remediation in failure of eligibility, demographics or authorization**
- **Each failure identified must be added to a systematic root cause evaluation process**

Medical Necessity

- **While predominantly a Medicare action, most commercial payors also require some form of medical necessity**
- **Medical necessity derives its origin from Social Security Act**
 - Sec. 1862. [42 U.S.C. 1395y]
 - (a) Notwithstanding any other provision of this title, no payment may be made under part A or part B for any expenses incurred for items or services—
 - (1)(A) which, except for items and services described in a succeeding subparagraph, are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member,

Medical Necessity

- **Medical Necessity must be achieved prior to the provision of the service**
- **If Medicare is likely to deny based on medical necessity guideline(s) then an ABN must be provided unless statutorily excluded service.**
- **ABN requirements are specified in 100.04 - Chapter 30 – Limitations on Liability**
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf>



Pre-Service Keys to Success

- **Registration**
 - Demographics must be accurate – focus on cell phone number
 - Ask probing questions don't validate by repeating what is in the system
 - Ensure insurer or guardian is correct
 - Review eligibility for insurance plan
 - Ensure that any planned procedures have authorizations
 - Don't accept the physicians office – they get their own and it doesn't always transfer to the hospital services

Charge Leakage in Clinical Areas

What Can You Charge For

- In a facility there are five major buckets that you can charge for:
 1. **Procedures** (generally 10,000 – 69,999 CPT codes)
 2. **Services** (lab, radiology, medical procedures and E & M – CPT 70,000 – 99,xxx)
 3. **Pharmacy** (generally 250, 255, 636 – J codes and 637 revenue codes)
 4. **Supplies** (generally a HCPCS code or revenue code 27x)
 - In addition for inpatients room and board as designated by room type revenue code
- In all cases the CDM must contain a line item to charge for the item or even with a CPT code on the claim you might miss revenue earned (especially for commercial payors)

Charge Capture in 2021

- **Charge capture in 2021**
 - Make sure root causes of leakage are remediated
 - Try to control costs associated with patient care
 - Many of the charges are not reimbursable but the cost still exists diminishing the bottom line
 - Facilities are looking at controlling practice patterns and supply chain to ensure costs are addressed
 - The new definition
 - Charges – Cost = Revenue
 - Charges reviewed for lost charges
 - Cost reviewed for overutilization and practice patterns

OPPS Packaging Focuses on Cost

- Packaging also encourages hospitals to effectively negotiate with manufacturers and suppliers to reduce the purchase price of items and services or to explore alternative group purchasing arrangements, thereby encouraging the most economical health care delivery. Similarly, packaging encourages hospitals to establish protocols that ensure that necessary services are furnished, while scrutinizing the services ordered by practitioners to maximize the efficient use of hospital resources. Packaging payments into larger payment bundles promotes the predictability and accuracy of payment for services over time.

▪ [OPPS Final Rule Federal Register/Vol. 84, No. 218/Tuesday, November 12, 2019/Rules and Regulations 61173]

Focus on Supply

- **Within the charge capture series, we will separately focus on individual areas such as pharmacy, procedures, services but today focusing on supplies**
- **Supplies represent a large percentage of the institution cost to provide services**
- **Seldom separately reimbursed**
- **Edit creation from supply to procedure act as a trigger to find missing procedures and services based on supply used**

Types of Supplies - Facility

- **Never chargeable**
 - Equipment, DME (without license)
- **Non-separately chargeable / routine**
- **Separately chargeable but not reimbursable**
- **Separately chargeable and reimbursable**
 - Devices

Non-Chargeable

- **These represent capital equipment generally or DME when the facility doesn't have a DME license**
- **Examples of equipment are:**
 - Cardiac monitors
 - Lasers
 - Neurologic monitoring equipment in OR
 - Pulse oximeters
 - These can be managed on the cost report filings or as allowable within the room and board rates

Non-Separately Chargeable / Routine

- **These supplies are those generally used in the normal course of patient care, not specifically identifiable to a patient, lack an order.**
 - No true guidance other than AdminaStar Federal over two decades ago exists
 - Generally, have a low cost but high volume (admission kits, gauze, tape, bedpans and the like)
 - Most facilities put the cost of these items into routine room and board or the visit expense.
 - AdminaStar Federal Bulletins: 95-05-02 and 95-10-12.
 - AdminaStar Supplies Guidelines. AdminaStar Medicare FI. February 18, 2012: September 6, 2013.

Non-Separately Chargeable / Routine

- Another way of looking at this “routine” concept would be as described originally by AdminaStar and furthered by Optum to be:
 - *Items used for or on most patients in the department, for a procedure or service line*
 - Gloves
 - Gowns
 - Drapes
 - Microscope covers
 - Oxygen when not specifically ordered or used on a patient
- **These items must be rolled into the service or room rate and may not appear on the claim.**

Separately Chargeable but Low Cost

- **These are chargeable supplies that are directly used on an individual patient for their care needs**
- **Therefore, these are chargeable but also represent clutter in the charge capture process**
 - Staff focus on capturing the multitude of low dollar supplies and will frequently miss a big-ticket item
 - Makes charge reconciliation unrealistic
- **Hospitals manage these supplies by a “low dollar threshold policy”**
 - Items that cost less than “\$\$.\$\$” will not be charged separately and rolled into the cost of the service.

Separately Chargeable

- **Must be used on an individual patient in the care of the patient**
- **Must represent a cost to the institution**
- **Use a revenue code of 270-279**
- **Most are chargeable and considered covered but not separately reimbursed.**
- **These items can have a huge impact on revenue in that they can be made into “edits” that can detect when a procedure or service is missing or inaccurate**

Separately Chargeable - Coding

- **Some separately chargeables have HCPCS codes others do not**
- **When coding a supply there are several factors to consider:**
 - Vendor
 - Model Number
 - Vendor advice or FDA advice
 - UNSPC number

UNSPC

- **UNSPC – United Nations Standard Product and Services Code**
 - Is a taxonomy code
 - Competes with other coding systems internationally
 - Uses a 4 tier eight-digit coding mechanism
 - Four Tiers:
 - Segment
 - Family
 - Class
 - Commodity
 - Each tier has its own 2 digits, which can be 00

UNSPC Example

Level	Code	Description
Segment	44000000	Office Equipment, Accessories and Supplies
Family	44120000	Office supplies
Class	44121900	Ink and lead refills
Commodity	44121903	Pen refills

Optionally, a further two digits can be added for the business function, such as 'retail' or wholesale.

Wikipedia 2021 - UNSPC

Cardiac Pacemakers

- <https://usa.databasesets.com/unspsc/class/42203500>

Segment: 42000000

Segment name: Medical Equipment and Accessories and Supplies

Family: 42200000

Family name: Medical diagnostic imaging and nuclear medicine products

Class: 42203500

Class name: Cardiac pacemakers and related products

Commodity	Commodity name
42203501	Cardiac pacemaker generator or cardiac resynchronization therapy pacemaker CRT-P
42203502	Cardiac pacing leads or electrodes or accessories
42203503	Cardiac pacing lead introducers or sets
42203504	Cardiac recorder
42203505	Implantable cardioverter defibrillator ICD or cardiac resynchronization therapy defibrillator CRT-D
42203506	Implantable cardiac defibrillator device ICD or cardiac resynchronization therapy defibrillator CRT D lead or electrode

Supply Chain – Frequent Charge Capture Concerns

- In many instances the supply is assigned the inaccurate HCPCS code
- Supply chain should reach out to CDM Management to ensure the most appropriate code is assigned.
- For example, a supply of an atherectomy catheter is coded as an electrophysiology catheter
 - The edit (based on C1730) would then look for a missing EP study instead of the atherectomy that would create a false positive edit
- When coded with the correct HCPCS code edits that are fruitful in identifying missed procedures can be created.

Revenue Code Matters

- **Revenue Codes:**
 - Sterile Supply – 272
 - May or may not have a HCPCS Code
 - Pacemaker - 275
 - Implant – 278
 - Has been confusing
 - Should have a HCPCS Code
 - NUBC (National Uniform Billing Committee) issues revenue code definition
 - <https://www.nubc.org/system/files/media/file/2020/04/Guidance%20on%20Other%20Implant%20RC0278.pdf>
 - Previously thought it had to stay in the body but there is no longer a permanency requirement
 - Devices, implants, joint replacements, screws and anchors



Risk Areas

- **Operating Room**
 - Preference cards / Pick lists that are outdated
 - Late charges are common
 - Always compare the implant log to the coded implant on the claim to ensure they are the same
 - Frequently will be able to identify concerns at this point
 - Edits between devices and procedures are a good litmus test to ensure appropriate coding of both supply and procedures



Risk Areas

- **Cardiology**
 - Divide into the “electricians and the plumbers”
 - Electrician – electrophysiology with specific mapping catheters, ablation catheters and pacemakers
 - Plumbers – interventional and diagnostic cardiology with PTCA, diagnostic and atherectomy catheters
 - Revenue code 272 is generally the assigned revenue code for catheters, but the pacemakers should come under 275 which is for pacemaker specific



Risk Areas

- **You think it is DME but it's NOT**
 - For true DME you need a special provider license
 - Prosthetics and Orthotics are not considered DME and are frequently missed in the OR and ER. These items use revenue code 274
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule>
 - PO designation in the fee schedule allows hospitals to charge for these items and place on a UB-04
 - Frequently lost items are:
 - Knee splints
 - Walking boots
 - Figure of 8 Sling and Swathe
 - Look on the box generally an “L” code appears

Look for “PO” (Prosthetic & Orthotic) in the category

	A	B	C	D	E	F	G	H	I	J	K	L
1	Durable Medical Equipment,											
2	Prosthetics, Orthotics, and Supplies											
3	(DMEPOS)											
4	April 2021 Fee Schedule											
5												
6												
7	HCPCS	Mod	Mod2	JURIS	CATG	Ceiling	Floor	AL (NR)	AL (R)	AR (NR)	AR (R)	AZ (NR)
2311	K0856	RR		D	CR	853.64	725.59	853.64	0.00	853.64	0.00	853.64
2312	K0857	RR		D	CR	870.76	740.15	870.76	0.00	870.76	0.00	870.76
2313	K0858	RR		D	CR	1059.13	900.26	1059.13	0.00	1059.13	0.00	1059.13
2314	K0859	RR		D	CR	1010.09	858.58	1010.09	0.00	1010.09	0.00	1010.09
2315	K0860	RR		D	CR	1513.11	1286.14	1513.11	0.00	1513.11	0.00	1513.11
2316	K0861	RR		D	CR	855.01	726.76	855.01	0.00	855.01	0.00	855.01
2317	K0862	RR		D	CR	1059.13	900.26	1059.13	0.00	1059.13	0.00	1059.13
2318	K0863	RR		D	CR	1513.11	1286.14	1513.11	0.00	1513.11	0.00	1513.11
2319	K0864	RR		D	CR	1800.60	1530.51	1800.60	0.00	1800.60	0.00	1800.60
2320	L0112			D	PO	1673.47	1255.10	1412.58	0.00	1412.46	0.00	1371.30
2321	L0113			D	PO	341.77	256.33	287.82	0.00	287.80	0.00	279.40
2322	L0120			D	PO	33.21	24.91	28.24	0.00	24.91	0.00	33.21
2323	L0130			D	PO	204.18	153.14	204.18	0.00	153.14	0.00	165.86
2324	L0140			D	PO	80.12	60.09	70.46	0.00	61.30	0.00	60.09
2325	L0150			D	PO	135.24	101.43	117.49	0.00	101.43	0.00	135.24
2326	L0160			D	PO	196.01	147.00	167.28	0.00	196.01	0.00	165.92
2327	L0170			D	PO	807.10	605.33	707.89	0.00	642.03	0.00	800.27
2328	L0172			D	PO	158.89	119.16	143.53	0.00	132.28	0.00	149.40
2329	L0174			D	PO	343.79	257.84	257.84	0.00	257.84	0.00	343.79
2330	L0180			D	PO	463.70	347.78	350.66	0.00	386.35	0.00	445.70
2331	L0190			D	PO	619.93	464.95	527.87	0.00	500.30	0.00	619.93
2332	L0200			D	PO	646.28	484.71	484.71	0.00	559.04	0.00	646.28
2333	L0220			D	PO	153.27	114.95	114.95	0.00	153.27	0.00	114.95
2334	L0450			D	PO	0.00	0.00	150.32	163.47	143.66	150.15	151.39
2335	L0452			D	PO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2336	L0454			D	PO	414.67	311.01	350.03	0.00	350.00	0.00	339.80
2337	L0455			D	PO	0.00	0.00	278.49	302.34	278.48	302.32	265.05
2338	L0456			D	PO	1189.17	891.88	1003.79	0.00	1003.69	0.00	974.45
2339	L0457			D	PO	0.00	0.00	798.63	867.01	798.60	866.96	760.07
2340	L0458			D	PO	1066.33	799.75	900.10	0.00	900.02	0.00	873.78



HCPCS Assignment Keys to Success

- **Supply Coding for Accurate Reimbursement**
 - Determine which category of supply it is
 - Put low dollar supplies into a low dollar threshold
 - Ensure you are charging with a coded or uncoded HCPCS line for all separately identifiable items
 - Ensure prosthetics and orthotics are coded correctly and billed correctly
 - Note that inaccurate edits are frequently the result of erroneous coding
 - Develop a “team” approach to coding supplies

Think Edits

Creating Edits

- **The purpose of a supply edit is to try to minimize revenue leakage by:**
 - Ensuring correct coding
 - Identifying missed supplies common to a procedure
 - Vice Versa – Identifying procedures by the supply used
- **Ensuring devices are paired with their procedures**

Identification of Missing Dissector Supply Triggered By 49560

			14866	1250	Missing Supplies	\$1,250.00	\$0.00	Audit Complete - Not Billable	Adele The Admin
			14867	20157	Missing Supply - Tissue Diss...	\$2,058.48	\$0.00	Researching	Surgical Services

Additional Accounts

Charges

Prioritization Space - drag a column header and drop it here to group by that column

	CDM Code	Department ID	Rev Code ↑3	CPT/HCPCS	Modifiers	Description	Service Date ↑2
	300000178	30000	0300	85025		COMPLETE CBC W/AUTO DIF...	12/07/2019
	300000271	30000	0300	80048		METABOLIC PANEL TOTAL CA	12/07/2019
	300000314	30000	0300	36415		ROUTINE VENIPUNCTURE	12/07/2019
	300000018	30000	0300	71046		X-RAY EXAM CHEST 2 VIEWS	12/07/2019

Page 1 of 1 | 1 - 29 of 29 charges

50 Charges per page

HIM

	CPT/HCPCS	Modifiers	Service Date
	49560		12/13/2019
	49568		12/13/2019

ICD Diagnosis

49560 on the claim but the supply of C1727 was not

Rule Detail

Rule ID	20157
Rule Name	Missing Supply - Tissue Dissector
Rule Scope	2019-12-13

Case Trigger Details ⓘ

HOSPITAL CPT/HCPCS

49560

Rule Targets ⓘ

HOSPITAL CPT/HCPCS

C1727

Facility SAF – 49560 and 49568

1	No	49560	Repair initial incisional or ventral hernia; reducible	No	J1	Pre-1990
2	Yes	49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	No	N	Pre-1990

Code Detail: 49568 (CPT)

- Code Detail
- Revision History
- Guidelines
- APC Info
- ASC Info
- Rev Codes
- CCI (PTP) Facility
- CCI (PTP) Physician
- Modifiers
- Primary Code
- Fac SAF Analytics**
- Pro SAF

+ Diagnosis Medicare Outpatient (4)

- CPT/HCPCS Medicare Outpatient (78)

CPT/HCPCS	Description
C1781	Mesh (implantable)

49568 - Trigger

- In this edit we have 49568 which is the implantation of mesh for a hernia repair
- We note that the C1781 was not charged and is missing from charge reconciliation:
 - Late charge
 - Failed to charge during procedure
 - Preference card did not include C1781 for this surgeon
 - Multitude of reasons but result is the same
 - ***A lost charge and charge leakage***

Edits for identification:

Atherectomy needs C1714 or C1724 not C1730

Rule ID 17
Rule Name Missing Atherectomy Device
Rule Scope 2019-12-12

Case Trigger Details ⓘ
HOSPITAL CPT/HCPCS
92924

Rule Targets ⓘ
HOSPITAL CPT/HCPCS
C1714 C1724

WITH

▼ ANY ⓘ

Hospital CPT/HCPCS

93600 ✕	93602 ✕	93603 ✕	93609 ✕	93610 ✕	93612 ✕	93613 ✕
93615 ✕	93616 ✕	93618 ✕	93619 ✕	93620 ✕	93624 ✕	93631 ✕
93640 ✕	93641 ✕	93642 ✕	93644 ✕	93650 ✕	93653 ✕	93654 ✕
93655 ✕	93656 ✕	93657 ✕	Add value(s)...			

WITHOUT

▼ ANY

Hospital CPT/HCPCS

C1730 ✕	C1731 ✕	C1732 ✕	C1733 ✕	C2630 ✕
---------	---------	---------	---------	---------

Add condition

▶ ALL

Using Software and Literature for Accurate Coding

- Catheter is a Medtronic Silverhawk Model P4034
- CMS demonstrates correct HCPCS

	HCPCS Codes	Category Long Descriptor	Date First Populated	Pass-Through Expiration Date***
37	C1982	Catheter, pressure-generating, one-way valve, intermittently occlusive	1/1/2020	
38	C2627	Catheter, suprapubic/cystoscopic	10/1/00	12/31/02
39	C1757	Catheter, thrombectomy/embolectomy	8/1/00	12/31/02
40	C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	4/1/15	12/31/17
41	C1885*	Catheter, transluminal angioplasty, laser	10/1/00	12/31/02
42	C1725*	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	8/1/00	12/31/02
43	C1714	Catheter, transluminal atherectomy, directional	8/1/00	12/31/02
44	C1724	Catheter, transluminal atherectomy, rotational	8/1/00	12/31/02
45	C1758	Catheter, ureteral	10/1/00	12/31/02
46	C1760*	Closure device, vascular (implantable/insertable)	8/1/00	12/31/02
47	L8614	Cochlear implant system	8/1/00	12/31/02
48	C1762*	Connective tissue, human (includes fascia lata)	8/1/00	12/31/02
49	C1763*	Connective tissue, non-human (includes synthetic)	10/1/00	12/31/02
50	C1881	Dialysis access system (implantable)	8/1/00	12/31/02
51	C1884*	Embolization protective system	1/01/03	12/31/04
52	C1749	Endoscope, retrograde imaging/illumination colonoscope	10/01/10	12/31/12

Coding driven by model, UNSPC and manufacturer

	Model Number	UPN	GTIN	Device Name	Manufacturer	Manufacturer Subdivision	CPT/HCPCS	Multiple HCPCS Device	UNSPSC 1
1	P4028			DS SilverHawk Peripheral Plaque Excision System - Vessel Diameter 1.5 to 2.0m - Sheath Compatibility 6 Fr - Crossing Profile 1.9mm - Working Length 135cm - Tip Length 2.6cm	Medtronic-C	Covidien	C1714	No	42203418
2	P4034			ES+ SilverHawk Peripheral Plaque Excision System - Vessel Diameter 2.0 to 2.5m - Sheath Compatibility 6 Fr - Crossing Profile 1.9mm - Working Length 135cm - Tip Length 2.2cm	Medtronic-C	Covidien	C1714	No	42203418
3	P4012			LS SilverHawk Peripheral Catheter Crossing Profile 2.7mm - Working Length 110cm - Tip Length 6cm	Medtronic-C	Covidien	C1714	No	42203418
4	P4014			LS-F SilverHawk Peripheral Plaque Excision System - Vessel Diameter 4.5 to 7.0mm - Sheath Compatibility 8 Fr - Crossing Profile 2.7mm - Working Length 107cm - Tip Length	Medtronic-C	Covidien	C1714	No	42203418

EPIC

- **Many instances of EPIC have a tool called Revenue Guardian**
- **Edits can be manually created within this tool and sent to work cues**
- **Supply chain seldom takes advantage of this opportunity**
- **The tool must be manually maintained by the institution**

Outside Vendors

- Software is available from outside vendors
- One of the benefits is that there are generally hundreds of thousands of combinations that consume 100% of the daily charges
- The output is a system of work cues that can be assigned to individuals with that service line specialty
- Allows for the remediation prior to claim creation
- ***Note that “bill edits” and clearinghouse edits look only at what is on the claim not for what is missing !***

Revenue Integrity

Key to Charge Capture Success

Your Team

- **Supply Chain**
- **CDM**
- **Coding**
- **Operating Room Charge Capture**
- **Personnel who can write or manage edits**
- **Information Services (IT)**
- **Revenue Integrity team for root cause identification and remediation**

Policy and Procedures are Key

- **Having well thought out and documented policies and procedures for:**
 - What constitutes routine non-chargeable (ex. floor stock)
 - What constitutes chargeable supplies
 - Low dollar threshold policy for low-cost, high-volume supplies
 - Chargeable supplies – individually identifiable but over low-cost threshold
 - Devices and Implants
 - Orthotics and Prosthetics
- **Policies are helpful especially when working with commercial payors and percentage of charge accounts**

Policy and Procedures are Key

- **Whenever possible cite source authority in the policy. These might include:**
 - CMS
 - Medicare Administrative Contractor
 - Payor guidelines
- **Focus on OR maintenance procedures for supply chain**
 - Preference Card Maintenance
 - Charge reconciliation process
 - Random charge audits

Daily Charge Review

- Conduct charge reconciliation to include supplies
- If software available ensure that 100% of all charges are consumed
- Look for patterns of behavior
 - Departments consistently with late charges
 - Missing tandem supplies such as diagnostic cardiovascular catheter but no sheath or inserter
 - Look for procedures that consistently miss supply items
 - Is there an outdated charge sheet ?
- ***Goal is to identify patterns, determine root cause and remediate the concern***

Summation

Summation

- **Of the four categories of what a facility can charge for supplies are:**
 - Largest group of late charges
 - Frequently overlooked due to maintenance concerns with OR pick lists and preference cards
 - Supply coding is generally not done by certified coders and can have significant impact with claims
 - Requires 100% review daily of these charges
 - Can be very impactful when used as a larger edit mechanism.



Questions?

A large, semi-transparent watermark of the Vitalware logo, which consists of a stylized 'W' shape, is centered in the background of the slide.

Thank you!