



## Outpatient Quality Reporting Support Team

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### **CY 2026 Hospital OPPS/ASC Payment System Final Rule Presentation Transcript**

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Outpatient Quality Reporting Support Team

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**Karen**

**VanBourgondien:** Hi, everyone. My name is Karen VanBourgondien. I am with the Outpatient Quality Reporting Support Team. Thank you for joining us today as CMS discusses the finalized proposals in the calendar year 2026 final rule. Our speakers today are Kimberly Go and Dr. Anita Bhatia. Kim is the Program Lead for the Hospital Outpatient Quality Reporting Program. She joined CMS' Center for Clinical Standards and Quality in late 2022 and brings a decade of experience in rulemaking and policy development. Anita is the CMS Program Lead for the Rural Emergency Hospital Quality Reporting Program. She has 25 years of experience with policy development and evaluation at CMS.

The objectives for today are here on the slide. We are going to be showing you how and where to locate the rule in the *Federal Register*. Kim will discuss the cross-program finalized proposals, as well as the finalized proposals specific to the Hospital Outpatient Quality Reporting Program. Anita will discuss the final proposals specific to the Rural Emergency Hospital Quality Reporting Program. We will also review the required measures for each program.

So, here on the slide is the direct link to the rule. We do highly recommend you read the rule yourselves for a more complete understanding of the finalized proposals.

Before we go on too far, I do want to stop here and do a quick polling question. Rachel, if you wouldn't mind opening that.

The question is, "Have you read the final rule?" Just select Yes or No. No, it doesn't matter. Really, the reason why we are asking this is so that we have an idea of how in depth we need to go with the proposed and final rule webinars that we do. So, if you wouldn't mind, just select Yes or No to this: "Have you read the final rule?" I will give everybody just a minute to complete that.

Okay, it looks like the responses are slowing down. Give maybe just one more minute.

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Okay, this is really great information. So, Rachel, if you wouldn't mind, you can close that and let us see the results.

Most of you have not read the final rule. That's perfect. So, we know that, you know, when we do these, maybe we need to give more information. So, thank you for taking a minute to let us know that. If you do have questions, please submit them through the [QualityNet Question and Answer Tool](#). I'll put that link in the box here in just a minute, and we'll direct the responses to your questions that way. Okay. So thanks, everybody. Rachel, I think we can close this out and move on. Thanks, everyone.

Without further delay, let me hand things over to Kim to begin discussion on the cross-program finalized proposals. Kim?

**Kimberly Go:**

Thank you, Karen. Let's start with the cross-program measure removals. We are finalizing the proposed removals of several measures for the Hospital OQR, REHQR, and ASCQR Programs.

In the calendar year 2026 OPPS/ASC proposed rule, CMS the proposed the removal of the COVID-19 Vaccination Coverage Among Healthcare Personnel measure, as well as the three equity measures: the Screening for Social Drivers of Health measure; the Screen Positive Rate for the Social Drivers of Health measure; the Hospital Commitment to Health Equity measure, or HCHE, for hospital outpatient departments and REHs; and the Facility Commitment to Health Equity, or FCHE, measure for ASCs. These measures were proposed for removal under Factor 8: The costs associated with these measures outweigh the benefits of their continued use in CMS quality reporting programs. In the proposed rule, we stated that removal of these measures would allow for the [Hospital] OQR, REHQR, and ASCQR Programs to focus on clinical goals.

After consideration of the comments received, we are finalizing our proposal to remove the COVID-19 Vaccination Coverage Among Healthcare Personnel measure from the Hospital OQR and ASCQR Programs beginning with the calendar year 2024 reporting period,

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impacting CY 2026 payment determination. Facilities that did not report COVID-19 Healthcare Personnel measure data would not be penalized for payment determination, and any measure data submitted will not be used for public reporting or payment purposes.

After consideration of the comments received, we are also finalizing our proposal to remove the equity measures from the Hospital OQR and REHQR Programs, as well as the ASCQR Program beginning with the calendar year 2025 reporting period, impacting calendar year 2027 payment determination. Facilities that do not report the HCHE measure for hospitals and the FCHE measure for ASCs would not be penalized for payment determination, and any measure data submitted will not be used for public reporting or payment purposes. The Social Drivers of Health measures were voluntary for the calendar year 2025 reporting period. However, any measure data submitted will not be used for public reporting or payment purposes.

Moving on to our finalized proposals regarding the ECE process, the current ECE policy provides flexibility for program participants in meeting program requirements in the event of an extraordinary circumstance. Delayed reporting authorized under our ECE policy allows temporary relief for participating facilities experiencing an extraordinary circumstance while preserving the benefits of data reporting, such as transparency and informed decision-making for beneficiaries and providers alike.

Accordingly, we proposed to update the current policy. We finalized our proposal to update our regulations to specify that an ECE could take the form of an extension of time for a facility to comply with a data reporting requirement if CMS determines that this type of relief would be appropriate under the circumstances. We also proposed that a facility may request an ECE within 30-calendar days of the date that the extraordinary circumstance occurred. The current policy allows a request within 90 days. After consideration of the public comments, we are finalizing that in lieu of the 30-day deadline we proposed, we are finalizing an ECE request deadline of 60 days following an extraordinary circumstance.

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Additionally, we finalized our proposal that CMS notify the requestor with a decision in writing. If CMS grants an ECE to the facility, the written decision will specify whether the facility is exempted from one or more reporting requirements or whether CMS has granted the facility an extension of time to comply with one or more reporting requirements. Lastly, we finalized that CMS may grant an ECE to one or more facilities that have not requested an ECE if CMS determines that a systemic problem with a CMS data collection system directly impacted the ability of the facility to comply with a quality data reporting requirement or that an extraordinary circumstance has affected an entire region or locale. That completes our discussion on proposals across all the outpatient quality reporting programs.

**Karen**

**VanBourgondien:** Thank you, Kim. We appreciate that. So, we're going to have another polling question related to what Kim just covered. Rachel, if you wouldn't mind just opening up the next polling question. That is: "What quarterly measure was finalized for removal beginning with the calendar year 2024 reporting period?" Your options here are all current quarterly measures, COVID-19 Vaccination, HCP, or the THA/TKA measure. Which one of those did Kim just say was removed for the calendar year 2024 reporting period? I'll give everybody just a minute for their response.

Okay. Everybody's pretty quick on this one. So, the reason we're telling you this, Rachel, just go ahead and show us the results. Okay. So, like everybody just about picked the COVID-19 vaccination measure, which is correct. I sympathize with the folks that picked all current quarterly measures. That's probably wishful thinking; the reason we are pointing this out is because it is related to calendar year 2024 reporting period. So, if your hospital did not submit data for COVID, then it's not going to impact your payment for the 2026 payment determination. So, we did get a few questions on that. So, we just wanted to clear that up. So, Rachel, I think we can close this out. Kim, let me hand things back over to you.

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**Kimberly Go:** We will now discuss the finalized proposals specific to the Hospital OQR Program. We finalized our proposals of one measure adoption, two measure removals, and a measure modification.

We finalized our proposal to adopt the Emergency Care Access & Timeliness electronic clinical quality measure beginning with voluntary reporting for the calendar year 2027 reporting period followed by mandatory reporting beginning with the calendar year 2028 reporting period, impacting calendar year 2030 payment determination. We believe that one year of voluntary reporting would provide hospitals sufficient time to test and integrate the eCQM into existing clinical workflows while addressing long ED wait times and ED boarding. We also finalized our proposal for this measure to have a data submission by May 15 in the year prior to the affected payment determination year, in alignment with our policies on eCQM submission deadlines. CMS will publicly report the overall measure score and rates for the four numerator components, as well as the results regarding the age and mental health strata once the measure becomes mandatory.

The Emergency Care Access & Timeliness eCQM is specified in a standard electronic format, utilizing data extracted electronically from EHRs, with all data coming from defined fields in electronic sources. The measure is specified for the hospital setting and calculates the proportion of four outcome metrics that quantify access to and timeliness of care in an ED setting against specified thresholds which include patient wait time (1 hour); whether the patient left the ED without being evaluated; patient boarding time in the ED, as defined by a Decision to Admit (order) to ED departure for admitted patients (4 hours); and Patient ED Length of Stay (time from ED arrival to ED physical departure), as defined by the ED departure timestamp (8 hours).

The measure denominator includes all ED encounters associated with patients of all ages, for all-payers, during a 12-month period of performance. Patients can have multiple encounters during a period of performance, and each encounter is eligible to contribute to the calculation of the measure.

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The measure numerator includes any ED encounter in the denominator where the patient experiences one of the following: (1) The patient waited longer than 1 hour after arrival to the ED to be placed in a treatment room or dedicated treatment area that allows for audiovisual privacy during history-taking and physical examination; (2) the patient left the ED without being evaluated; (3) the patient boarded in the ED for longer than 4 hours; and (4) the patient had an ED length of stay of longer than 8 hours.

An encounter is considered part of the numerator if it includes any one of the four numerator events, with events not being mutually exclusive and each contributing only once to the numerator. ED encounters with ED observation stays are excluded from components 3 and 4 but are included in the denominator. Patients who have a “decision to admit” after an ED observation stay remain excluded from criteria 3 calculations.

The measure score is first calculated at the individual ED level as the proportion of ED encounters where any one of the four outcomes occurred. The results of the Emergency Care Access & Timeliness eCQM are stratified into four groups, two by age (18 years and older, and under 18 years), and two by mental health diagnoses (with and without). The stratification of results by age and mental health diagnosis, as well as standardization of measure performance scores by volume, is sufficient to account for differences between hospitals without further need for risk adjustment. We believe eCQMs allow for retrieval of data directly from an EHR, reducing administrative burden on hospitals and minimizing errors due to manual abstraction of data.

With the finalized proposal to adopt the Emergency Care Access & Timeliness eCQM, we also finalized our proposal to remove the Median Time for Discharged ED Patients measure and the Left Without Being Seen measure, beginning with the calendar year 2028 reporting period, impacting calendar year 2030 payment determination. The Emergency Care Access & Timeliness eCQM would serve as a replacement for these two chart-abstracted measures in the Hospital OQR Program.

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The removal of these two measures will avoid duplicative data collection and reporting. The Emergency Care Access & Timeliness measure will only be included in the Star Ratings calculation after these two measures are removed.

Finally, after consideration of the comments received, we are finalizing our proposal to modify the Excessive Radiation eCQM from mandatory reporting to voluntary reporting. As we explained in the proposed rule, our delay in implementing mandatory reporting of the Excessive Radiation eCQM was in response to commenters' concerns regarding the burden associated with implementing the eCQM. Our finalized proposal to maintain indefinite voluntary reporting of this measure arose from continued feedback expressing concerns about the complex interfaces necessary to develop, maintain, and report the Excessive Radiation eCQM, including the financial burden and operational feasibility needed to translate CT radiology data into standardized eCQM-consumable data used by the measure.

**Karen**

**VanBourgondien:** Thank you, Kim. If you don't mind, let's stop here real quick since you're just talking about eCQMs. Rachel, if you wouldn't mind opening up our next polling question. The question is, "Would you like to see education on eCQMs for the Hospital OQR Program?" If you feel like you need some information, guidance, what have you, for eCQMs for this program, please just let us know, Yes or No, if you feel like some of that type of education would be beneficial for you. I'll just give you a few minutes to make your selection, either Yes or No.

Okay, we got a few more responses. I'm going to give you just another minute or so. Do you feel like you need additional information or education on eCQM or Hospital OQR Program? We've got quite a few of you still responding, so we'll wait just another second or two.

Rachel, if you wouldn't mind letting us see the results. Most of you said Yes. That is great information. Again, we like to bring you education on things that you want.



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There is a survey at the end of this webinar. I'll also put the link in the chat box towards the end. The link is also embedded in the handouts, which, if you don't already have them, just click on the Handouts icon on your control panel and you can download the slides. We'd really like you to fill out the survey and let us know. So, if you're one of those people that does not feel they need information on eCQMs, there is a question in the survey, you can put whatever you want in there. Just let us know what you want. It will be for REHQR or Hospital OQR [Programs]. We do not do the education for the inpatient side. So, any information that you put on the survey will be for either Hospital OQR or REHQR [Programs].

Now, Melissa Thompson is our subject matter expert here for Hospital OQR. She did want me to mention something with regard to eCQMs. If you have questions regarding an eCQM, those questions are answered by the measure steward within the ONC project tracking system, which is also called JIRA. There is a specific link there that you can access. I'm going to put it in the chat box, and you can put your question in that portal. You can also search similar topics maybe related to your question. So, you can go in there and search and see if maybe somebody asked that question before. If you are unable to locate the information that you're looking for, you can submit your own question, and you can put that in the JIRA system. Now, you do need the JIRA system. I'm going to put that for asking questions. I put that in the chat box, too. It does require you to have an account, and you can set that up on that website as well. If you need help with accessing the site, you can contact the JIRA support team. I will put their email address in the chat box as well.

So thank you for taking the time and letting us know about your need for eCQM. Kim, I'm going to hand it back over to you to finish your discussion. Thanks, everyone.

**Kimberly Go:**

That concludes my summary of the finalized proposals for the Hospital OQR Program. Let me hand things over to Anita to discuss the finalized proposals as they relate to the REH Quality Reporting Program.

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**Anita Bhatia:** Thank you, Kim. In addition to the cross-program proposals that Kim discussed, there are two finalized proposals for the Rural Emergency Hospital Quality Reporting Program.

Like the Hospital Outpatient Quality Reporting Program, we proposed to adopt the Emergency Care Access & Timeliness eCQM for the Rural Emergency Hospital Quality Reporting Program. However, for the Rural Emergency Hospital Quality Reporting Program, the reporting of this eCQM is an option instead of reporting the Median Time for Discharged ED Patients measure. After consideration of the public comments we received, we finalized this proposal to adopt this eCQM beginning with the calendar year 2027 reporting period to apply to the calendar year 2029 program determination as proposed. The Emergency Care Access & Timeliness eCQM would not be required to be reported by Rural Emergency Hospitals, but Rural Emergency Hospitals must report either the Emergency Care Access & Timeliness eCQM or the Median Time for Discharged ED Patients measure to meet program requirements. We did not receive any comments on our proposal to require data submission by May 15 in the year prior to the affected program determination year, in alignment with our policies on eCQM submission deadlines. So, this proposal also was finalized. Reported data will be publicly displayed as soon as feasible on CMS websites, such as the [Compare tool on Medicare.gov](#) or any successor websites after a 30-day preview period.

So, regarding form, manner, and timing for the reporting of this eCQM, we finalized our proposal to update program policies for introducing eCQMs into the Rural Emergency Hospital Quality Reporting Program by establishing eCQM data submission and reporting requirements which apply to the proposed Emergency Care Access & Timeliness eCQM. We did not receive public comments on this proposal. Therefore, we finalized the policy for maintaining technical specifications for eCQMs as proposed. The technical specifications for eCQMs are contained in the CMS Annual Update. The Annual Update and implementation guidance documents are available on the [eCQI Resource Center](#) website.

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We proposed to adopt and codify the same eCQM certification requirements in the Rural Emergency Health Quality Reporting Program, beginning with the calendar year 2027 reporting period which applies to the calendar year 2029 program determination and add a new paragraph: Requirements for Submission of Electronic Clinical Quality Measures (eCQMs) under the Rural Emergency Hospital Quality Reporting Program. We did not receive public comments on these proposals. Therefore, we finalized the eCQM certification requirements for eCQM reporting as proposed and to codify these requirements.

We finalized the proposal to align technology that would require Rural Emergency Hospitals to utilize technology certified to Office of the National Coordinator for Health Information Technology's, or ONC's, health information technology certification criteria. The health information technology used for eCQM reporting by Rural Emergency Hospitals must be certified to all eCQMs available to report under the Rural Emergency Hospitals Quality Reporting Program. Rural Emergency Hospitals must use the most recent version of the eCQM electronic measure specifications for the applicable reporting period available which are available on the eCQI Resource Center website.

After consideration of the public comments we received, we are also finalizing the proposals related to the file format for electronic health record data, zero denominator declarations, and case threshold exemptions as proposed. Regarding file formats, we finalized our proposal to align file formatting to the requirements currently applied in the Hospital Inpatient Quality Reporting, [Hospital] Outpatient Quality Reporting, and Medicare Promoting Interoperability Programs. Thus, we finalized that Rural Emergency Hospitals must submit eCQM data via the QRDA Category I file format; may use third parties to submit QRDA I files on their behalf; and may either use abstraction or pull the data from non-certified sources in order to then input these data into Certified EHR Technology for capture and reporting in QRDA Category I file format.

Under this approach, QRDA I files should reflect data for one patient per file per quarter with five key elements:

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CMS Certification Number; CMS Program Name; electronic health record, or EHR, Patient Identification, or ID; reporting period specified in the Reporting Parameters Section; and EHR Submitter ID.

With regard to zero denominator declarations and case threshold exemptions, we finalized our proposal that if the Rural Emergency Hospital's electronic health record is certified to an eCQM, but the Rural Emergency Hospital does not have patients that meet the denominator criteria of that eCQM, the Rural Emergency Hospital could submit a zero in the denominator for that eCQM. Submission of a zero in the denominator for an eCQM would qualify as a successful submission for that eCQM. Additionally, if a Rural Emergency Hospital's electronic health record system is certified to report an eCQM and the Rural Emergency Hospital has 5 or fewer outpatient encounters per quarter or 20 or fewer outpatient encounters or discharges per year, then that Rural Emergency Hospital would be exempt from reporting on that eCQM. Case threshold exemptions would be able to be entered on the Denominator Declaration screen within the HQR System. Such an exemption would not have to be utilized; Rural Emergency Hospitals could report those individual cases that they have if they would like to do so. This concludes a summary of our finalized proposals for the Rural Emergency Hospital Quality Reporting Program.

**Karen**

**VanBourgonien:** Thank you, Anita. Before we close out today, let's review the measures for both the Hospital OQR and the REHQR Programs.

Let's begin with the measures specific to the Hospital OQR Program.

Here on this slide are the clinical chart-abstracted measures for the current reporting period. However, the OP-18 measure, Median Time for Discharged ED Patients, was finalized for removal for the calendar year 2030 payment determination when you begin reporting the Emergency Care Access & Timeliness eCQM. So, at that point, hospitals will not report the OP-18 measure, but they will report the new Emergency Care Access & Timeliness eCQM.

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Again, this slide is for the current reporting period. You are still going to report data for OP-18 and OP-23 for now.

Here on this slide are the web-based measures submitted through HQR, again, for the current reporting period. The OP-22 measure was finalized for removal for calendar year 2028 reporting period. That's for the calendar year 2030 payment determination. Again, that is with the adoption of the Emergency Care Access & Timeliness eCQM. So, like OP-18, hospitals will not report for the OP-22 measure beginning with the calendar year 2028 reporting period, but, for now, you are still going to be reporting OP-22. Again, what we are looking at on this slide is for the current reporting period.

Here are the claims-based measures for the current reporting period. There were no changes related to the claims-based measures. There were no proposals related to that. So, these measures remain as they are moving forward.

Listed here are the two PRO-PM measures for the Hospital OQR Program. The THA/TKA PRO-PM began with voluntary reporting for the calendar year 2025 reporting period, which is the current reporting period, and will continue with voluntary reporting for four years. Mandatory reporting will begin in the calendar year 2031 payment determination. The Information Transfer PRO-PM will begin with voluntary reporting with the calendar year 2026 reporting period. That will be followed by mandatory reporting the following year.

With the OAS CAHPS measure, CMS did not propose any changes to this measure. So, mandatory reporting has already begun, and you will continue to report these data via your CMS-approved vendor for this measure. Here we have the applicable dates for the current reporting period. Hopefully, you have submitted that Quarter 3 data. That deadline is today.

For the eQMs for the Hospital OQR Program, there were no proposed changes to the OP-40 STEMI measure.

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So, you will continue to report that as you have. The Excessive Radiation eCQM began with voluntary reporting. However, CMS did finalize the proposal that this measure, the Excessive Radiation eCQM, continue in voluntary reporting status. The new Emergency Care Access & Timeliness eCQM, which CMS finalized as a measure adoption for the Hospital OQR Program, will begin with voluntary reporting in the calendar year 2027 reporting period, followed by mandatory reporting the following year. We discussed that a few slides back when we talked about OP-22 and OP-18.

So, that's it for the [Hospital] OQR Program. Let's move on to the measure set for the REH Quality Reporting Program.

So, again, we see the Emergency Care Access & Timeliness eCQM. Just as with the Hospital OQR Program, reporting for this measure in the REH Quality Reporting Program will begin with the calendar year 2027 reporting period. Now, for the REHQQR Program, reporting begins as optional. So, REHs can report for the OP-18 measure instead of the new eCQM.

Here is the clinical chart-abstracted measure, OP-18: Median Time for Discharged ED Patients measure. This is for the current reporting period. So, you still have a couple of quarters to report for this measure. Again, when optional reporting begins for this new eCQM, you can report this new eCQM, or you can continue reporting OP-18. So, for REHs, it is optional. For Hospital Outpatient Quality Reporting, that new eCQM will replace OP-18.

Here are the claims-based measures for the REH Quality Reporting Program, and there were no changes proposed related to these measures. So, these will continue on as they are for now.

So, let's stop here just a minute. Let me first address, we're getting some comments about some skipping audio. We do apologize. It seems to be the platform. We will have a recording of this event posted within 48 hours. If you feel like you missed any information or want to re-listen to it, you can certainly go to our website.

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I will put the link in the chat box in just a second, and you can re-listen to the recording. For now, let me just do our last polling question. So, Rachel, if you wouldn't mind, pull that up. The question is: "What is the submission window to submit data for web-based measures?" This is for the calendar year 2025 reporting period through the HQR System. Can you submit data January 1st through December 31st, 2025; January 1st, 2026, through December 31st, 2026; or January 1st, 2026, through May 15th, 2026? Is the window always open, and you can submit your web-based measure data whenever you want? So, make your choice there. I'll give you a few minutes.

Okay. We have a lot of folks still voting, so we'll give it just a few more seconds. When can you submit your web-based measure data for the calendar year 2025 reporting period? That is what we are currently reporting on. Still a few more folks voting. Go ahead and get your vote in. I'll leave it open just about maybe four or five more seconds. Rachel, I think they're slowed down enough if you wouldn't mind showing the results.

By far the majority of you know that you report your calendar year 2025 reporting period data from January 1st through May 15th, 2026. Please don't wait till May 15th to submit your data. We say this all the time. My gosh, we get phone calls from people who, you know, have some weird technical glitches or just any menagerie of things that happen at the last minute. So please don't wait till May 15th. Get your data in early. We want to see that in early. I did mention earlier that we do have a survey, post-event survey. I will put that in the chat box, but it's also in the PowerPoint. Additionally, if you have questions, please submit them in the Q & A tool through QualityNet.

So, all right. Well, thank you, everybody, for participating in the poll. Rachel, we can close this up, and I'll finish out for the day.

So that concludes our measure set review. We do have some resources here should you ever need them. Of course, our phone number is at the top. Reach out to us anytime you need help.

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We also have information on QualityNet support and, if you have any difficulty with OAS CAHPS, we do have their phone number and their email.

Kindly take the post-event survey. We do appreciate your feedback. We look forward to hearing what you think about our presentations and any information that you feel that you would like to have presented. So, thanks for joining us. Have a great day.