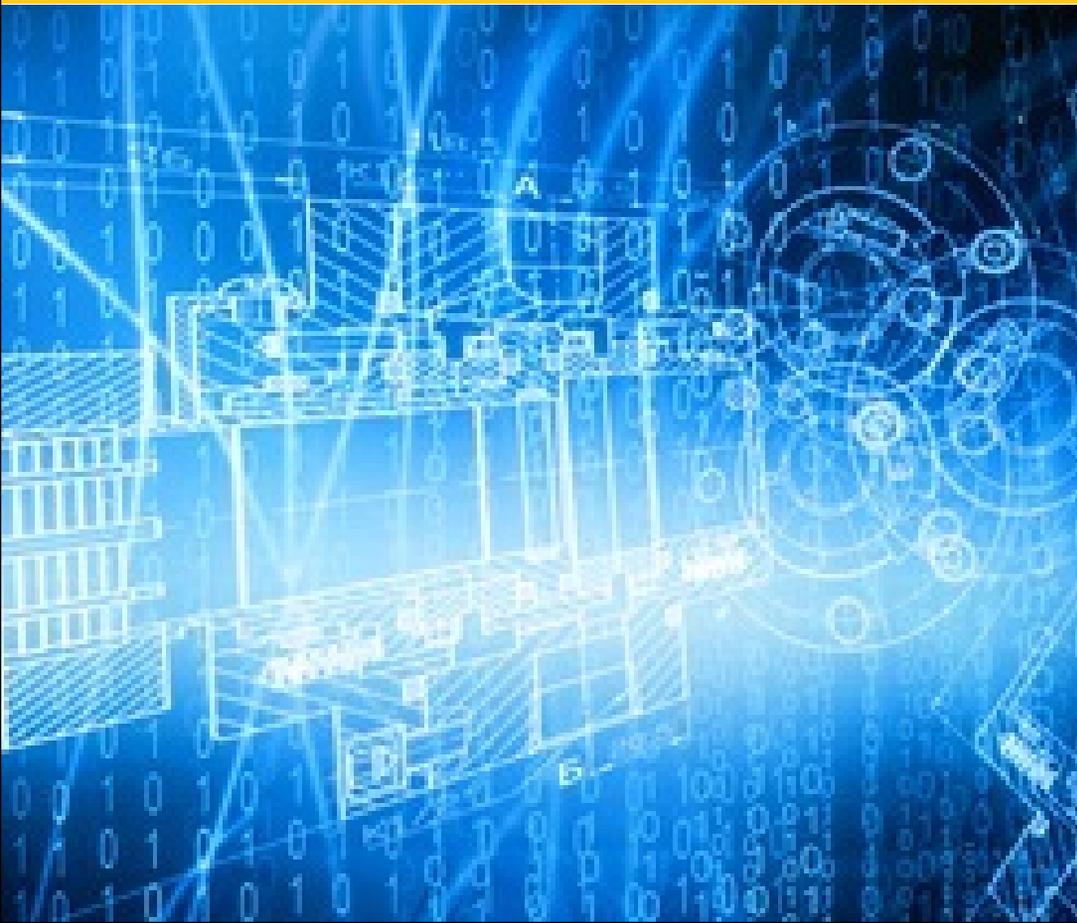


# Risk Adjustment for EDS & RAPS User Group



**August 17, 2017**  
**2:00 p.m. – 3:00 p.m. ET**

# Session Guidelines

- This is a one hour User Group for MAOs submitting data to the Encounter Data System (EDS) and the Risk Adjustment Processing System (RAPS).
- There will be opportunities to submit questions via the webinar Q&A feature.
- For follow up questions regarding content of this User Group, submit inquiries to CMS at [RiskAdjustment@cms.hhs.gov](mailto:RiskAdjustment@cms.hhs.gov) or [EncounterData@cms.hhs.gov](mailto:EncounterData@cms.hhs.gov).
- User Group slides and Q&A documents are posted on the CSSC Operations website under Medicare Encounter Data>User Group and Risk Adjustment Processing System>User Group.
- Please refer to <http://tarsc.info> for the most up-to-date details regarding training opportunities.
- User Group Evaluation

# Feedback on the Agenda

- We want to thank everyone who has been submitting specific topics for future User Group Calls. We continue to review these topics as we plan for future agendas.
- We remind you that you have an opportunity to suggest specific topics as part of the evaluation at end of each User Group call.
- We recognize that we have a broad audience with a wide range of interests and levels of expertise.
- In order to meet these varied interests, we are splitting the agendas for these calls between Program Updates, which will include a variety of topics of varying levels of detail, and Trainings, with Trainings scheduled last.

# Agenda

- Introduction
- CMS Updates
  - Model Output Reports (MORs) for PY 2016
  - RAPS Submission of Data Collection Year Diagnosis Codes
- Training Topic - Risk Score Calculations – Reports & Resources Part I.
- Q&A Session



# CMS Updates



# MOR Updates for PY 2016

# PY 2016 Final MOR Updates

- For PY 2016 (2015 dates of service), CMS will use a blended risk score, adding –
  - 10% of the risk score calculated based on HCCs from diagnoses filtered from encounter data and FFS claims with
  - 90% of the risk score calculated based on HCCs from diagnoses submitted to RAPS and FFS claims.
- Changes will be made to the 2016 final MORs to reflect the risk score blend of both RAPS-based risk scores and encounter data-based risk scores.
- Additional record types will be added to reflect separate sets of HCCs.



# **RAPS Submission of Data Collection Year Diagnosis Codes**

## June 20, 2017 HPMS Memo

# RAPS Submission of Data Collection Year Diagnosis Codes

- This guidance applies only to RAPS.
  - CMS is considering whether to apply this policy to encounter data and will provide a determination at a future date.
- The diagnoses should be submitted using the standard PROD file format effective in 2017 and must be for the current payment year (dates of service in the previous year) or later payment years, using the current plan's submitter ID.
- If the deadline has passed, RAPS will accept the diagnosis codes as long as the beneficiary was enrolled in an MAO for the dates of service in question, however, those additional diagnoses will not be processed for payment and no adjustment will be made.

- The 408 and 409 edits determine if the from and through dates, respectively, are within an MA enrollment period, and reject records when the dates of service fall within a FFS period.
  - If this beneficiary was not enrolled in an MAO for the dates of service in question (i.e., enrolled in FFS), you will receive either a 408 and/or a 409 error.
- The 410 error code is issued when the diagnoses are being submitted for a date of service after the beneficiary has disenrolled from the submitting plan.
- Plans can check the MARx UI, in the eligibility view, to determine whether the beneficiary was in a plan during the *from* and *through* dates for the relevant dates of service.

## Resolution Strategy for 408, 409 & 410 Errors

- Check beneficiary enrollment by going to the MARx UI Beneficiary Eligibility Query
  - Display of all of a beneficiary's enrollments are shown in the Enrollment Information section of the screen with the most recent enrollment as the top row.
  - See the Plan Communication User Guide section 10.3.16

# Frequently Asked Question:

## RAPS Submission of Data Collection Year Diagnoses Codes

### Question:

How can an MAO know if a beneficiary was enrolled in another Medicare Advantage contract, or in FFS, for the prior year?

### Response:

Check the MARx UI, in the eligibility view, to determine whether the beneficiary was in a plan during the *from* and *through* dates for the relevant dates of service.

(screenshot source: Figure 10-60, PCUG Main Guide v11.1,

[https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan\\_Communications\\_User\\_Guide.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html))

Claim Number: XXXXXXXXXX  
 Claim Number Cross Reference:  
 Name: JANE DOE  
 Birth Date: 02/17/1931  
 Date of Death:  
 Sex: F  
 Address: 23B CHURCH HOLLOW RD  
 PETERSBURG, NY 12138-3100  
 Most recent State: NY (33)  
 Most recent County: RENSSELAER (600)

Enrollment Information for 04/27/2015				
Contract	PBP	Start	End	Drug Plan
H3328	016	MM/DD/YYYY		Y
H3328	002	MM/DD/YYYY	MM/DD/YYYY	Y
		MM/DD/YYYY	MM/DD/YYYY	Y
		MM/DD/YYYY	MM/DD/YYYY	Y

Entitlement Information			
Part	Start	End	Option
A	MM/DD/YYYY		X
B	MM/DD/YYYY		X

Eligibility Information		
Part	Start	End
D	MM/DD/YYYY	

Incarceration Information	
Start	End
MM/DD/YYYY	MM/DD/YYYY

Number of Uncovered Months				
Start Date	Indicator	Number of Uncovered Months	Total Number of Uncovered Months	Record Add-Time Stamp
MM/DD/YYYY		0	0	11/16/2005 22:20:57
MM/DD/YYYY		0	0	11/15/2007 18:16:21
MM/DD/YYYY		0	0	11/13/2008 05:40:38

### RAPS Submission of Data Collection Year Diagnosis Codes *(continued)*

- If the beneficiary was previously in an MAO and the diagnoses cluster was already submitted to RAPS, you will receive a 502 error:
  - “Diagnosis cluster was accepted but not stored. A diagnosis cluster with the same attributes is already stored in the RAPS database.”
  - The 502 error code is an informational edit only. This code will be returned on a report "RAPS Duplicate Diagnosis Cluster Report.”
- CMS closely monitors the submission of duplicate diagnoses clusters to RAPS, and provides informational edits for these duplicates with error code 502.
- While we send monitoring emails when error code 502 passes 5% of submissions, we have not taken the step of conducting compliance in these situations.
- If CMS changes its approach and determines it will take compliance for high rates of error code 502, we would take into account the submitting organization, as well as provide advance notice to plans.



# **Part I.**

## **Reports, Risk Score Comparison and Review & 2017 CMS-HCC Model Overview**

# Frequently Asked Question:

## User Group Materials

### Question:

Where can I locate today's User Group presentation?

### Response:

Materials for today's, and previous, User Group sessions are available on the CSSC Operations website (<https://www.csscoperations.com>) using the following path: Medicare Encounter Data (or Risk Adjustment Processing System) > User Group.

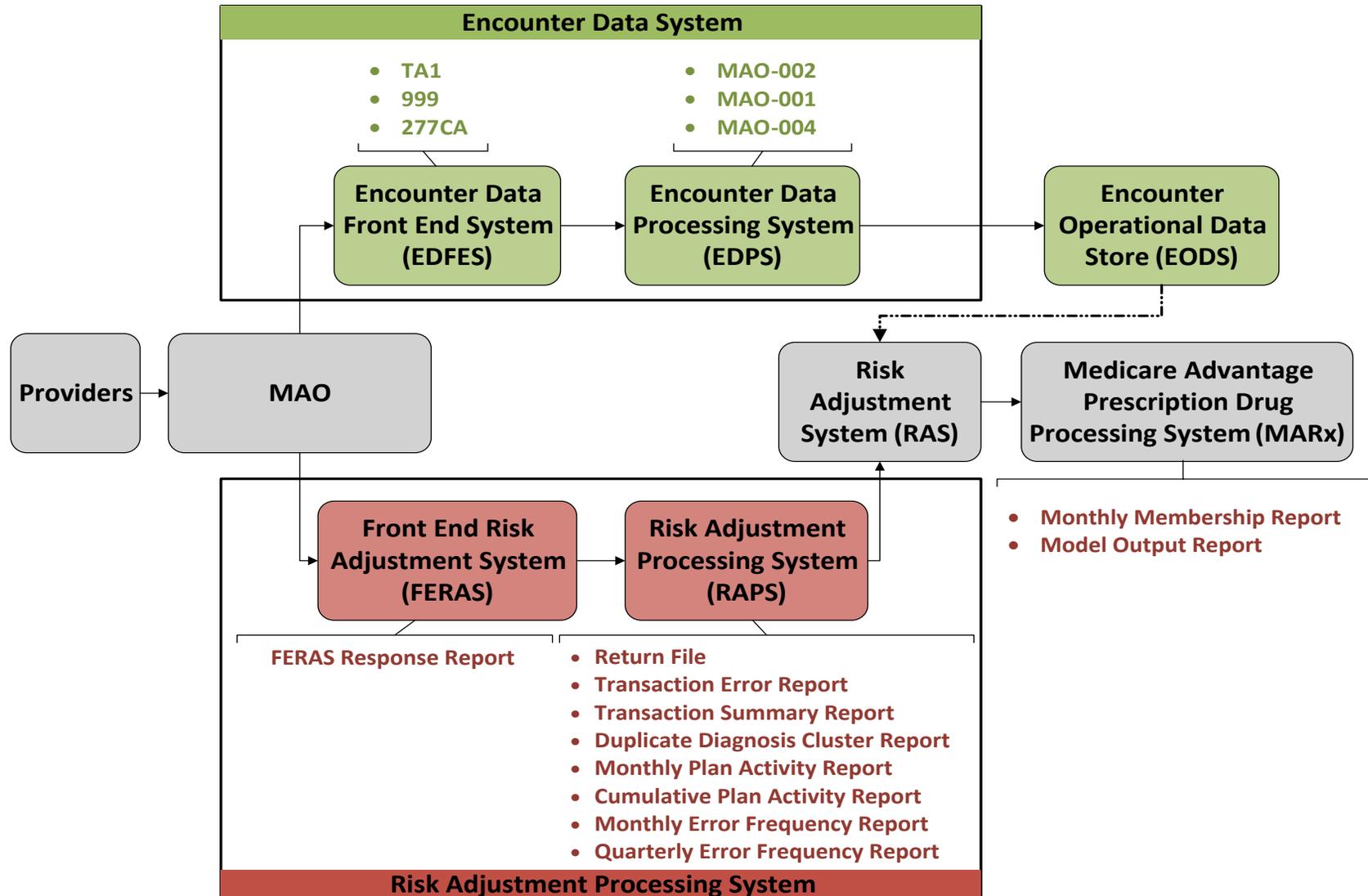
The screenshot shows the CSSC Operations website. The left sidebar contains a list of navigation items: Electronic Data Interchange (EDI), Front-End Systems User Guides, Medicare Encounter Data (highlighted with a black box), Companion Guides, ED Testing, Edits, EDPS Bulletins, Enroll to Submit Encounter Data, HPMS Memos, ListServ, Newsletters, PC ACE Pro32, Report and File Layouts, Resources, Training Information, User Group (indicated by a red arrow), and Medicare Medicaid Plans. The main content area is titled 'Medicare Encounter Data User Group' and contains a list of topics covered during the sessions, including EDS Policy and Compliance, End-to-End Certification, Production Data Submission, Encounter Data Front-End System (EDFES) Edits & Reports, Encounter Data Processing System (EDPS) Edits & Reports, and Next Steps for EDS Implementation. Below the list, there is a section for submitting questions to encounterdata@cms.hhs.gov and a pagination control showing Page 1 of 2. At the bottom, there is a table of recent sessions:

Session Title	Date
Risk Adjustment for EDS and RAPS User Group - July 20, 2017	07/20/2017
Risk Adjustment for EDS and RAPS User Group - June 15, 2017	06/15/2017
Risk Adjustment for EDS and RAPS User Group - May 18, 2017	05/19/2017

# Risk Score Calculation – Agenda

- Part I.
  - Provide an overview of the sources and flow of risk adjustment data.
  - Review relevant reports for checking demographic and disease information used to calculate risk scores.
  - Review key things to check when plans risk score is inconsistent with CMS risk score for payment.
  - Provide an overview of the 2017 CMS-HCC model in preparation for Part II. example review.
- Part II.
  - Review example risk score calculations and reports with information used to calculate risk scores, based on varying demographic and disease information.

# EDS & RAPS Processing Flow



# Reports Used for Risk Scores and Payment

- The sources listed below include risk adjustment data that CMS uses for payment:
  - **Monthly Membership Report (MMR)**: The Monthly Membership Report (MMR) provides details about the payments made for each Part C and Part D beneficiary, including the risk score used in payment for the month.
  - **Model Output Report (MOR)**: The MOR provides information on which HCCs were used to calculate a beneficiary's risk score.
  - **Medicaid Status Data Report**: The Medicaid Status Data Report allows plans to track their beneficiaries' Medicaid statuses over time.
  - **MARX UI**: The MARX UI provides a beneficiary's most recent dual status (i.e. full benefit dual, partial benefit dual), along with information on Medicaid periods.

# Resource Guide

- Developed to assist Medicare Advantage Organizations (MAOs), providers, physicians, and third party submitters locate data that are used to calculate risk scores, or determine which risk score to use in payment for a month.
- Includes web resources, pertinent report layouts (e.g. MOR, MMR and MAO-004) and the relative factor tables for models being used for 2017 payment.
- Will be posted on the CSSC website in the near future at <https://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~User%20Group?open&expand=1&navmenu=Risk^Adjustment^Processing^System||>



# **Resources For Comparison & Review of Information Used For Risk Score Calculations**

# Risk Score Comparison & Review

- When plans observe differences between their calculated risk scores or identified HCCs, and those from CMS, plans should review the information used to calculate their risk scores for accuracy.
- The next few slides include some examples of data CMS uses for risk score calculation that plans can check if they find differences or want to review the data used to calculate risk scores.
- Please refer to the Medicare Managed Care Manual Chapter 7 Risk Adjustment (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c07.pdf>) for more information on CMS risk adjustment rules.

# Risk Score Comparison & Review – MMR

- The MMR lists every Part C and Part D Medicare beneficiary enrolled in the contract and provides the data used to calculate the payments made for each beneficiary, including the demographic information that can be used to calculate risk scores.
- If plans are finding differences between the risk scores that they calculate and CMS-calculated risk scores, one difference may be the demographic information.

# Risk Score Comparison & Review – MMR *(continued)*

Field #	Field Name	Description
8	Date of Birth	Beneficiary's date of birth (YYYYMMDD)
40	Risk Adjustment Age Group (RAAG)	<p>The Risk Adjustment Age Group for the beneficiary. The Risk Adjustment Age Group reported is the one used for the risk score calculation.</p> <p>Beneficiary's age, for risk adjustment purposes, is as of February 1<sup>st</sup> of the payment year.</p>
20	LTI Flag	Indicator that beneficiary has Part C Long Term Institutional Status, and that an LTI risk score was used for the monthly payment.
48	Original Reason for Entitlement Code	The original reason that the beneficiary was entitled to Medicare.

# Risk Score Comparison & Review – MMR *(continued)*

Field #	Field Name	Description
23	Default Risk Factor Code	Indicates that a Default Risk Adjustment Factor (RAF) was used for calculating this payment.
46	Risk Adjustment Factor Type (RAFT) Code	If this field is non-blank, then it indicates that a risk score was calculated for the beneficiary, and which type of risk score was used in payment for the month.
80	Part C Frailty Score Factor	If a frailty score was used in payment, this field indicates the frailty score used.

# Risk Score Comparison & Review – MMR *(continued)*

Field #	Field Name	Description
39	Medicaid Status	<p>The Medicaid status that is in effect for the month used to determine the appropriate community risk score for a NON-ESRD, Full-risk, NON-PACE beneficiary. It indicates if a beneficiary is determined to be full or partial Medicaid.</p> <p>For all other risk scores, this field is informational. It is the Medicaid status that would be in effect if the beneficiary met the criteria for an aged/disabled community risk score.</p>
84	Medicaid Dual Status Code	<p>Indicates the Medicaid dual status code (01, 02, 03, 04, 05, 06, 08, 09, 10 or 99) that is in effect for the month used to determine the appropriate community segment for risk score calculation for a NON-ESRD, Full-risk, NON-PACE beneficiary (Field 46 is CF, CP or CN).</p> <p>For all other risk scores, this field is informational. It is the dual status code that would be in effect if the beneficiary met the criteria for an aged/disabled community score.</p>

# Risk Score Comparison & Review – Medicaid Status Data Report (MSDR):

- The MSDR is sent to plans on a monthly basis.
- This report offers plans an additional avenue to track the Medicaid statuses of their beneficiaries.
- The report includes Medicaid Start & End Dates, Dual Status, Dual Status Start & End Dates and applicable dual status codes.
- The MMR will provide the Medicaid status for the anchor month as of the time when payment was calculated. Both the MARX UI and the MSDR provide the most recent data, as of the time of the look up or the file creation.

# Risk Score Comparison & Review - Hierarchical Condition Categories (HCCs) & MOR

- CMS distributes the Model Output Report (MOR) to plans to identify the HCCs used to calculate risk scores for each beneficiary.
- Plans should use the MOR to determine which HCCs CMS used to calculate the risk scores used in payment.

# Risk Score Comparison & Review - HCCs (MOR) *(continued)*

- An HCC will be incorporated in the risk score when:
  - A diagnosis that maps to that HCC is submitted by the deadline for the risk score run and is accepted.
  - The diagnoses is not deleted prior to the risk score run.
  - The beneficiary does not have another HCC in a hierarchy the results in the lower severity HCC being excluded from the risk score.
    - Hierarchies are published in the Rate Announcement when a model is finalized.

# Risk Score Run Data Collection Periods & Payment

The data collection period is a lagged year for initial risk score calculations and is the previous calendar year for mid-year and final risk scores.

Payment Year	Model Run	Basis of Score	Dates of Service	Payment Based On These Scores
2017	Initial	Based on lagged data	July 2015 – June 2016	Jan 2017 – July 2017
2017	Mid-Year	Based on diagnoses from the previous calendar year, with runout through early March 2017	Jan 2016 – Dec 2016	Payments going forward for the remainder of 2017; retroactive adjustments back to Jan 2017
2017	Final	Based on diagnoses from the previous calendar year, with runout through January following the payment year.	Jan 2016 – Dec 2016	Final reconciliation



# 2017 CMS-HCC Model Overview

# PY2017 CMS-HCC Model Segments

- In 2017, CMS implemented a revised version of the CMS-HCC risk adjustment model.
- There are seven (7) full risk segments in the PY2017 CMS-HCC Model:
  - Community: Full benefit dual aged
  - Community: Full benefit dual disabled
  - Community: Partial benefit dual aged
  - Community: Partial benefit dual disabled
  - Community: Non-dual aged
  - Community: Non-dual disabled
  - Institutional

# Dual Status

We define dual status as follows:

- ***Full benefit dual eligibles***: eligible for full Medicaid benefits under title XIX of the Social Security Act. Include those who have Medicaid benefits only, or who are also eligible as Qualified Medicare Beneficiaries (QMBs) or Specified Low Income Medicare Beneficiaries (SLMBs).
  - Dual status codes 02, 04, 08, or presence on the monthly Puerto Rico file
- ***Partial benefit dual eligibles***: eligible only as Qualified Medicare Beneficiaries (QMBs), Specified Low Income Medicare Beneficiaries (SLMBs), and under other categories of beneficiaries who are not eligible for full Medicaid benefits under title XIX.
  - Dual status code 01, 03, 05, or 06
- ***Non dual eligible***: Neither full benefit dual or partial benefit dual eligible.

# Medicaid Status

We will use Medicaid data from three (3) sources:

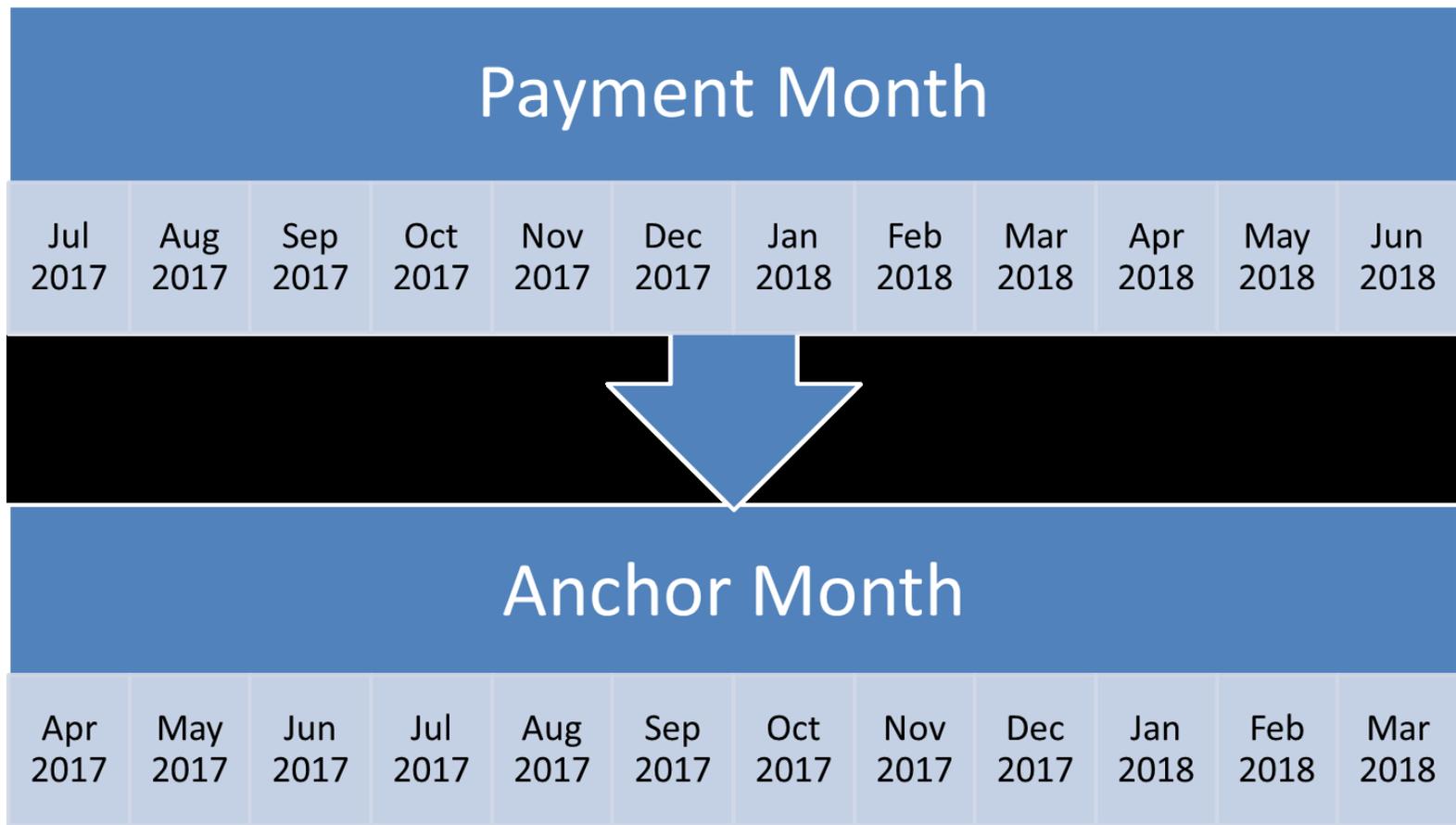
- Medicare Modernization Act (MMA) State files
- Point of Sale data
- Monthly Medicaid file that the Commonwealth of Puerto Rico submits to CMS

# Community “Full Risk” Risk Scores

- Dual status will be determined on a month-by-month basis based on payment year status.
- CMS uses dual status (identified in field 84 in the MMR) to select the risk score each month.
- Anchor months will be used for dual status prior to final reconciliation.
- The actual Medicaid status used during the payment month will be reconciled as part of final reconciliation.

# Rolling Anchor Month Reminder

CMS currently uses a lagged anchor month to determine Medicaid statuses which utilizes the status 3 months prior to the payment month.



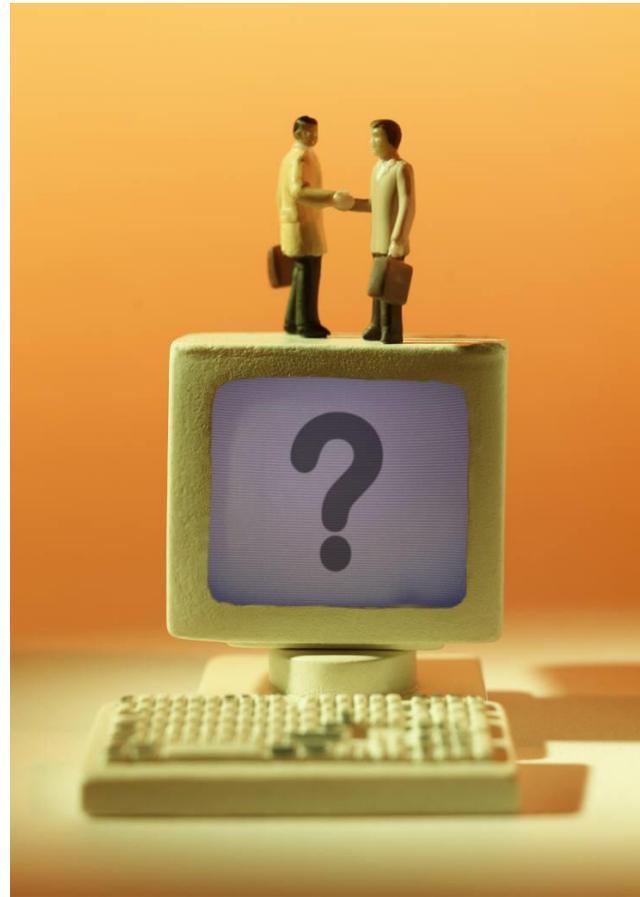
# New Enrollee Risk Scores

- New enrollee risk scores are calculated for beneficiaries with less than 12 months of Part B in the data collection period.
- Medicaid status is assigned if the enrollee had a Medicaid status for at least one month in the payment year.
- Field 46 on the MMR will indicate a risk adjustment factor type code for new enrollee.
- Field 21 on the MMR will indicate whether or not Medicaid status was used in assigning the new enrollee score.

# Part II.

In Part II. of this training we will review example risk score calculations and reports with information used to calculate risk scores based on varying demographic and disease information.

# Questions & Answers



# Frequently Asked Question:

## Overpayment Reporting for Terminated Contracts

### Question:

I have identified an overpayment associated with a contract that is now terminated and been through final settlement, and I have data available to submit to RAPS and/or EDPS. How do I report this overpayment in the HPMS Risk Adjustment Overpayment Reporting (RAOR) module?

### Response:

If a contract has terminated and been through final settlement, follow page 7 of the HPMS Quick Reference Guide for RAOR. You will need to enter the DOS for the overpayment and upload supporting documentation that must include:

- The reason you are not submitting data to RAPS and/or EDPS (e.g., the contract has been final settled);
- The reason for the overpayment; and
- An auditable estimate of the overpayment amount, including how the estimate was derived.

To access the RAOR module, follow this path: HPMS Home Page > Risk Adjustment > Risk Adjustment Overpayment Reporting.

# Frequently Asked Question:

## Submission Deadlines for PY 2018

### Question:

What are the submission deadlines for upcoming initial, mid-year and final risk score runs?

### Response:

CMS annually publishes an HPMS memo announcing submission deadlines for the next 18 months. For the latest risk score run submission deadlines, refer to the 4/25/17 HPMS memo, "Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2017, 2018, and 2019." Please refer to the latest HPMS memo when determining deadlines for risk score runs.

# Frequently Asked Question: Risk Adjustment Allowable CPT/HCPCS Codes

## Question:

What CPT/HCPCS Codes are allowable for determining risk adjustment eligible diagnoses submitted on encounter data records?

## Response:

The list of list of acceptable CPT/HCPCS for risk adjustment is published annually on the CMS website at <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html>.



The screenshot displays the CMS.gov website interface. At the top, the CMS.gov logo is visible, along with navigation links for Home, About CMS, Newsroom, and FAQ. Below the logo, there is a search bar and a navigation menu with categories such as Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, and Regulations & Guidance. The main content area is titled "Risk Adjustment" and includes a sub-heading "Medicare risk adjustment information, including:" followed by a bulleted list of topics: Evaluation of the CMS-HCC Risk Adjustment Model, Model diagnosis codes, Risk Adjustment model software (HCC, RxHCC, ESRD), and Information on customer support for risk adjustment. A search filter is present with a "Show entries: 10" dropdown, a "Filter On:" input field, and a "Year" dropdown. Below the filter, there are links for "Proposed Changes for 2017" and "Other Model-Related Documents". A red box highlights the link "Medicare CPT/HCPCS Codes" under the "Other Model-Related Documents" section.



# Closing Remarks

# Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	<a href="http://www.cms.gov/">http://www.cms.gov/</a>
Customer Support and Service Center (CSSC) Operations	<a href="http://www.csscooperations.com">http://www.csscooperations.com</a> <a href="mailto:csscooperations@palmettogba.com">csscooperations@palmettogba.com</a>
EDS Inbox	<a href="mailto:encounterdata@cms.hhs.gov">encounterdata@cms.hhs.gov</a>
Risk Adjustment Mailbox	<a href="mailto:riskadjustment@cms.hhs.gov">riskadjustment@cms.hhs.gov</a>
Technical Assistance Registration Service Center (TARSC)	<a href="http://www.tarsc.info/">http://www.tarsc.info/</a>
Washington Publishing Company	<a href="http://www.wpc-edi.com/content/view/817/1">http://www.wpc-edi.com/content/view/817/1</a>
Medicare Advantage and Prescription Drug Plans Plan Communications User Guide (PCUG)	<a href="http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html">http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html</a>

# Resources *(continued)*

Resource	Link
RAPS Error Code Listing and RAPS-FERAS Error Code Lookup	<a href="http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&amp;expand=1&amp;navmenu=Risk^Adjustment^Processing^System">http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&amp;expand=1&amp;navmenu=Risk^Adjustment^Processing^System</a>
CMS 5010 Edit Spreadsheet	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/">https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/</a>
EDFES Edit Code Lookup	<a href="https://apps.csscooperations.com/errorcode/EDFS_ErrorCodeLookup">https://apps.csscooperations.com/errorcode/EDFS_ErrorCodeLookup</a>
EDPS Error Code Look-up Tool	<a href="http://www.csscooperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&amp;navmenu=Medicare^Encounter^Data">http://www.csscooperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&amp;navmenu=Medicare^Encounter^Data</a>

# Commonly Used Acronyms

Acronym	Definition
BHT	Beginning Hierarchical Transaction
CEM	Common Edits and Enhancements Module
CFR	Code of Federal Regulations
DOS	Date(s) of Service
EDDPPS	Encounter Data DME Processing and Pricing Sub-System
EDFES	Encounter Data Front-End System
EDIPPS	Encounter Data Institutional Processing and Pricing Sub-System
EDPPPS	Encounter Data Professional Processing and Pricing Sub-System
EDPS	Encounter Data Processing System
EDS	Encounter Data System
EODS	Encounter Operational Data Store
FERAS	Front-End Risk Adjustment System
FFS	Fee-for-Service

# Commonly Used Acronyms *(continued)*

Acronym	Definition
FTP	File Transfer Protocol
HCC	Hierarchical Condition Category
HH	Home Health
HIPPS	Health Insurance Prospective Payment System
ICN	Internal Control Number
MAOs	Medicare Advantage Organizations
MARx	Medicare Advantage Prescription Drug System
MMR	Monthly Membership Report
MOR	Monthly Output Report
PY	Payment Year
RAPS	Risk Adjustment Processing System
RAS	Risk Adjustment System
SNF	Skilled Nursing Facility
TPS	Third Party Submitter

# Evaluation

A formal request for evaluation feedback will display at the conclusion of this session.

We are interested in learning how we can make the User Groups better for you. As part of this evaluation, we solicit Risk Adjustment topic(s) of interest for future User Groups. Topics can be technical or policy-related, related to the models or data submission, updates on various topics or trainings.

Please take a moment to note any feedback you wish to give concerning this session.

**Your Feedback is important.**

**Thank You!**

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