If you have two monitors, we recommend watching opening one and watching it on one screen while viewing the other for the [ Indiscernible ] after completing the training and the evaluation it will not immediately show up on your learning history, however it will in about 15 minutes or more, so you don't have takes evaluation more than once. Thank you. Welcome to the February 2022 compensation service quality call. As usual this is Bonnie Kirby in Nashville, a quality service specialist. And this month I am actually quite excited about our agenda because the topics are very practical and useful in day to day operation. First we will have policy and procedures, we will go over dependency updates and then Abigail Warner will get into the VBA letter 2022-01, regarding male delay procedures. Then two of our [ Indiscernible ] with whom you are already familiar, Kim Brown and Jen Bonneville will go over the particulate matter chelation and its relationship to both diseases of allergic etiology and liberalizing legislation. There's a lot there to be helpful. A couple of topics from quality assurance, we will talk about marketing DBMS documents with relationship to deferrals. And Eric group who has been detailed to quality assurance, will work through the steps of composing a character of discharge decision. That has been a hot topic lately. So first, Angie, what is the latest with the M21 -1.

Okay, thanks Bonnie, I and Angela Mauritz, from the compensation procedures staff and I appreciate just a few minutes to talk about some recent updates made in the part seven of the newly reorganized manual. Particularly those that are in part seven, subpart one, chapter 1, sections A and B. So upon first glance, of the track changes version of this update you are probably going to notice that it looks like the content has been extensively edited, and it certainly has. At all times when you are reviewing the manual change, but especially in extensive once. The Quiché document will be an extremely useful tool in helping to sort out what changed, why it changed, whether that change was substantial. The keychains for these updates will show that much of these revisions were for reorganization of the content. Our intent in M21-1 is always 2% the content in the way that it is most logical and accessible for manual readers. Much of the revision you see in these changes, is for improved organization in each section. So, particularly in section A, that reorganization is primarily aimed at gathering guidance related to compensation and DIC in its own topic. And then, pension content in its own separate topic, we found readers have an easier time finding content when it is grouped in that matter manner. The key changes, is one is a relocation, and a rewording and providing contact in a new location. In section see you will see that some content on general development has been relocated to that section a for broader presented nation. Also contact has been reorganized so that the manual content aligns with the organizational structure of the corresponding regulations. A number of boxes in this section have also been retitled, we call those block labels. And that is really just for improved reader access and clarity. The key changes will also describe when you guidance is added, and I want to highlight a few of those items, as well. So, in section A, we have added content on handling incomplete dependency requests. As well as handling dependency claims received when the veteran has no service-connected disabilities, and no pending claims. In short, we note that those situations are handled as a request for application, and not as denials of those dependent benefits. This update also provides procedural clarification on how to handle situations where we get complete dependency information for some of those dependents, but other dependency information is complete for other dependents. In those cases we are going to add those dependents that we can come and develop, when development is warranted, for that missing information. And finally, some of the revisions in section A, are intended to align the manual content with the current routing and prioritization procedures that we are following. Particularly those associated with our best site processing. And then, in section see, as far as new stuff, we have clarified procedures for promulgating of rewards with dependency claims, and for those scenarios in which decision notice is provided and dependency development is occurring right at the same time, there. Section C, also has new content on effective dates of termination, this includes situations in which effective dates are being assigned more than one year after that life event that established the relationship between the dependent and veteran print as well as when dependents use is established with the promulgation of a rating that first assigns that magical 30% evaluation, or more. These updates do include a number of other non-substantive changes, and again, in that key changes document you want to take a look, we always will have a top table for substantive changes, and if there are changes that are purely nonsubstantive, there will be a bottom table describing those nonsubstantive changes. Again, anything that is substantive all in the top table, and nonsubstantive in the bottom, the only exception is that there is only one entry per block, so if there is substantive and nonsubstantive changes, those will always be in the top table. So nonsubstantive things that we have included in these updates include removing references to development by fax. Of course this took time to move to publication, for a variety of reasons. We have broadly been moving in the manual toward generalized reference to online claims submission platforms. When specificity is irrelevant since those do change now and then. We are also moving toward live references to the systems, when the system used such as share and DBMS is not relevant to the procedure described. Again, in the spirit of good things, always being worth mentioning at least twice, I want to reemphasize, that the use of the key changes document viewed side-by-side with the manual change, is always going to be helpful to help you just sort out what we are actually changing, or presenting as new procedure or other guidance, versus maybe moving or rewording. As well as very often provide you with a Y behind what you are seeing. Please take a look at the key changes link at the bottom of your article in the P.M. And with that, I would like to welcome Abigail Warner, who is the program analyst from our legislative staff.

Thank you, Angie. My name is Abigail Warner, I am a program analyst, with the legislative staff on policies and procedures and today I will go over VBA letter 20-22-01 which is guidance for addressing evidence and notification mail delays impacted correspondence for multiple VBA benefit programs. So, just to start with backer, in August of 2021, VBA was notified of the backlog in the government publishing office in sending certain mail notifications and evidence development letters. The backlog began on July 13, 2021 and is now resolved. All letters that were backlogged or confirmed as sent. As of December 12, 2021, VBA transitioned all mail from GPO to a new vendor. The new vendor is timely with the printing and mailing of all generated correspondence. So, how does this impact claim development? Well, V8 must ensure that claimants have adequate time to submit their time sensitive responses. To accommodate for the delay between the time when the letter was generated in VBMS to when it was mailed out, response periods will be extended by an an additional 90 days for all mail generated July 13, 2021 two December 31, 2021 this 90 days is it in his addition to the 30 or 60 day period afforded in the letter. However, claims officers must review the record and update the suspense in 30 day increments. Following up with the claim every 30 days will help prevent further delays in the claim process. There are exceptions to the extension, an extension would now be required if the requested information was received but the claimant or appointed representative clearly provided a negative response to the request for evidence. If the claimant or appointed representative is contacted and a waiver of their right to respond or similar correspondence is clearly documented or that response. Was extended by the additional 90 day period. Remember, claim development by telephone is highly encouraged. Refer to the manual, in part three, subpart one, chapter 2, section D topic one for more information on requesting evidence from claimants. I have an example here. So, let's say the veteran submits a valid and complete claim for IU on August fifth, 2021. The 8940 indicates the veteran last worked for ABC company in 2020. The evidence of record does not clearly warrant were [ Indiscernible ]. Soliciting completion of the form 4192. The claim is reviewed on August 25th, 2021 and no reply as of record, so a follow-up request is sent to the veteran and ABC company. The claim is reviewed next on September 10, 2021 and there is still no reply. However, due to the mailing delay, the response. Must be extended by an additional 90 days, in three, 30 day increments. The claim processor update the suspense and tracks items by 30 days and enters the appropriate note in VBMS. When the claim is reviewed on October 12, 2021, the 4192 is a record, there are no other pending items so there is no need to further extend the response.. The claim processor should take the next appropriate action to progress the plane. Here reminders. The additional 90 day count should be from the date the letter was generated, not from the date of claim. The extension is based on 90 calendar days, not business days. If a partial grant of benefits is in order, the benefit should be awarded when possible. The extension would then be applied to the pending issue or issues that could not be decided at the time of the partial grant. Correspondence sent through VBS package manager, or centralize printing were impacted, however, the automated [ Indiscernible ] Hines are exempt. If you refer to the appendix in the BBA letter, there is a section on how to identify [ Indiscernible ]. And a list of letters. When consistent with the facts of the case, apply liberal consideration if the claimant indicates the response with a base upon the delayed receipt of the corresponding letter. If the claimant raises the issue of nonreceipt of mailed correspondence, consider the fact pattern on a case-by-case basis to help determine if further extension should be afforded. If a scenario is later identified during a subsequent claim review where adverse action was taken without affording the extension, corrective action should be initiated. And then, lastly, refer to the BBA letter and compensation service for more information about required review of notes and other items. And with that I will turn things over to Kimberely Brown.

Thanks, Abigail. Hi everyone this is Kim Brown, a rating quality review specialist at the Buffalo regional office. Today I would like to assign how we should analyze claims based on the new [ Indiscernible ] particulate matter presumptive , when the diagnosis is described as [ Indiscernible ]. 38 CFR 3.320 it became effective on August fifth, 2021, established three new presumptive diseases based on qualifying exposure to particulate matter, in multiple locations during the Gulf War. As new presumptive disabilities are rhinitis, sinusitis, and asthma. It is very common in claims like these, particularly with claims from rhinitis, to see the diagnosis described as allergic. 38 CFR 34323 does not conspiring [ Indiscernible ]. As allergic. On the other hand, 38 CFR 3.380 does preclude service connection for diseases of allergic ideology in certain circumstances. So, here are a couple of manual references that we should discuss. The first manual reference that you see here, defines qualifying chronic disability under 38 CFR 3.320. This reference includes a note that the disability must not be a seasonal or acute allergic manifestation. However, it is important that we don't read that statement in isolation, we need to consider this in the context of the overall guidance found in 38 CFR 3.30. This statement does not mean that we must deny service connections ugly because the diagnosis was described as allergic. The second manual reference that you see here, is one which discusses important considerations in claims pacifically for allergic rhinitis. It helps us better understand how to interpret and apply the provisions of 38 CFR 3.380. So, let's take a look at what 38 CFR 3.380 says about diseases of allergic ideology. The first and one of the most important principles is that diseases of allergic ideology should not be routinely deny, we have to make a determination based on all of the evidence, and that includes determining whether or not the condition creates a [ Indiscernible ], as well as whether or not the disability is chronic and persistent in replacer [ Indiscernible ] read this type of analysis is also described in the written allergic rhinitis section of the manual noted on the previous slide. It is likely that in many of these cases the veteran with a diagnosis such as allergic rhinitis, now has a chronic disability, even though they are no longer exposed to particulate matter. So let's take a look at a scenario. On September seven, 2020, veteran who served from May 13th 2012, to May 15th, 2015, and service has been confirmed. They listen exam is negative for symptoms of rhinitis. The VA treatment report show that the veteran has been prescribed an nasal spray from and I do sense. 2018, an examination is conducted on October 17, 2021, which provides a diagnosis of allergic rhinitis. In this case the veteran was diagnosed with a qualified disability within the tenure presumptive.. There is no evidence of the condition existing prior to service, and since the veterans rhinitis is now chronic it is not an elder acute allergy, it just scenario, presumptive service connection may be established for allergic rhinitis. I hope you find this information however, when reviewing these claims for the three new Gulf War presumptive disabilities. Now, I would like to turn things over to to Jennifer Mondo, who has more great information about claims for the Sprint The floor is yours, Jen.

Thanks, Kim, for that great reminder about 3.320 how the new regulation relates to diseases of allergic etiology. Hi everyone and welcome again, to the February, 2022, quality call. I am Jennifer Mondo and I am an R QS from the additional regional office. The piggyback on Kim's great presenters I will provide information on applying 38 CFR 3.114 A, two grants of server connection based on the new presumptive regulation, 3.320, or claims based on exposure to particulate matter. Here is a list of the references for today's lesson. The list is all-inclusive, but it does encompass most of our citations. First, here is a quick refresher on 38 CFR 3.1 14A, also known as liberalizing legislation or law. This regulation allows the VA to award retroactive benefits earlier than the date the claim was received, in certain circumstances. If qualifying criteria is met on the date, benefits maybe a one from the date of the regulation, if the claim or intent to is received within one year of the date of the lot or issue. Or, one year prior to the date of the claimant or IDF, if the claim is received more than one year after the effective date of the law or VA issue. Now that we have done a refresher on what liberalizing legislation is, we will go over some of the basic legal theories that will need to be considered in making these decisions. 38 CFR 3.320, claims based on exposure to particulate matter, was published, effective August fifth, 2021. The final regulation is considered liberalizing, so 38 CFR 3.114 a can be applied to both intend to based on new regulation. When calculating entitlement, 3.114 can be applied both to an intent to and claim document such as a 21-526 ED, or [ Indiscernible ], supplemental claim. A grant of benefits based on 38 CFR 3.320 cannot be awarded prior to the date of the final regulation. Or August fifth, 2021. If all qualifying criteria are met on or before August fifth, 2021, then 38 CFR 3.114 applies. If the claimant or ICF with [ Indiscernible ] an effective date of August fifth, 2021, the date of the regulation, will be granted. Remember, if the claim or ITF is received prior to August fifth, 2021, the effective date of benefits granted based on 34320 can be no earlier than August fifth, 2021, the date of the regulation. If the ITF or claim was received after August fifth, 2022, or more than one year from the date of the regulation, then an effective date of one year prior to the date of receipt of the claim or ITF can be granted. Let's talk a little bit about 38 CFR 3.114(a) and supplemental claims. Liberalizing lot is applicable to both initial claims for initiative, and the supplemental claims if the issue has been previously denied. Regardless of the effective date language found in 38 CFR 3.20 500 H, [ Indiscernible ]. If a grant is reported under a supplemental claim, review the evidence to include the date of the supplemental claim, and whether or not the veteran meets all qualifying material on 2021, to determine if the 3.114 a can support an earlier effective date based on the date of the receipt of the supplemental claim. The regulatory guidance that allows us to apply 3.11482 supplemental claims is found within the regulation itself. Please see the last sentence of the first paragraph of 3.114 a, which clearly states the provisions of this paragraph are applicable to to original and supplemental claims as well as claims for increase. This is the regulatory authority that allows us to apply liberalizing legislation to supplemental claims, providing an exception to the 30th CFR 3.20 500 H language. When selecting an effective date, this is always applied to regulatory theory that is most advantageous to the vet. Now let's take a look at scenarios, and apply the regulation using real-time situations. In our first scenario, the veteran filed a claim for maxillary sinusitis due to exposure to particulate matter, under 38 CFR 3.320. The 526 easy was received by VA on November third, 2021. The debtor was discharged from service in May, 2019 which included service in Iraq and first developed chronic sinusitis in May, 2020. A grant is supported. What is the effective date of the grant of maxillary sinusitis, and why? The correct answer, is August fifth, 2021, the date of the regulation. Why? The vet met all enabling criteria on the date of the regulation, and she filed her initial claim within a year of the regulation date. Now let's take a look at scenarios number two. The veteran was discharged from the last period of active duty on December first, 2018. He also served tween September first, 1990, and August 10th, 1991, which included service in Kuwait and Iraq. He filed an I TF on July second, 2021, and a 5 to 6 easy for rhinitis due to particulate matter on September 15th, 2021. The current exam shows a diagnosis of chronic allergic rhinitis. A grant under 38 CFR 3.320 is warranted. Entitlement is not supported under any other legal provision. To include 3.303 direct or 3.317, Gulf war bio hazards. What is the effective date for allergic rhinitis, and why? The correct answer, is August fifth, 2021. Entitlement is granted under 38 CFR 3.320, although the ITF was received on July second, 2021, the regulation allowing the grant , 38 CFR 3.320, was not effective until August fifth, 2021. The I TF cannot be used grant benefits prior to the regulation date supporting the grant, so the date of the regulation, August fifth, 2021, is the earliest possible date. In our last scenario, scenario three, the veteran was previously denied for sinusitis in rating dated June 22nd, 2017. And that decision is final. He a 20 dash 0995 for sinusitis under the new 38 CFR 3.320 provision, which was received on January second, 2022. Records confirm service in Afghanistan during his service from January first, 2010, to August 31st 2014. He was first diagnosed with chronic sinusitis in November, 2016. A grant under 38 CFR 3.320 is supported. What is the proper effective date for sinusitis, and why? The correct answer is August fifth, 2021. Why? Entitlement is granted under 38 CFR 3.320. Although the veteran was previously denied service connection, 38 CFR 3.114(a) is applicable to supplemental claims. Since the veteran filed his supplemental claim within a year of the regulation, and met all enabling criteria on August fifth, 2021, an effective date of the date of the regulation is supported. I hope today's reminders and scenarios help decision-makers correctly apply the provisions of 3.114 when granting an offense under the new 38 CFR 3.320 claims based on particular matter. Remember that liberalizing legislation must be applied to original claims and supplemental claims alike. Now, I will turn it over to Cantriss Hale, who will provide information regarding fiscal year 2022 site visit finding. Take it away, Cantriss.

Thanks Jen, I am Cantriss Hale, operations analyst, program operations for today we will cover book marks on created deferrals in the BMS. Compensation service site as a team has identified a trend with claims processors not associating E folder document bookmarks with generated deferrals, and it is important that claims processors provide relevant marks for claims that have been deferred for additional development, and, or, rating action. Bookmarks to include the tagging of applicable evidence in the eFolder not only save time and reduce rework for claims processes, working deferrals, but it also serves as a useful tool, training tool, to reinforce the continuity of learning and trying to previous processor missed a piece of evidence that is now resulting in a deferral. As a reminder, and 21-4 6.8.E states that using VBMS different functionality is required for any situation in which a claim returns to a previous step in the process. In all relevant details, must be provided, to include number one, a manual reference, number two, most appropriate reasons for the deferral, and lastly, relevant eFolder document bookmarks. Following these procedures, ensure the claim processors receiving the deferrals is able to fully resolve the issue and provide timely and accurate service to veterans and their families. Now, I will turn it over to Eric root on composing COD decisions.

Thank you, Cantriss, hello everyone I am Eric root and I am an authorization quality review specialist at the Lincoln regional office for today I will be covering composing character of discharge, COD, decisions. We will be taking a look at the COD template which is found at and 21-1 X.IV.1.a .1.I. That is all of the possible language that may be used in a COD decision, additional information regarding COD's and administrative decisions are found at and 21-1, 10.IV.1.a character discharge COD and bars to benefits, and and 21-1, X.IV.1.be special topics involving character district, and and 21-1, X.V .1.see administrative decisions for those are critical references when a claims processor is composing or reviewing a COD decision. Please do ensure you are looking at the information contained in this references as you compose the COD decision. The templates found in X.IV .1 .8 .1.L is in the heading, as you go to the site you will notice in the right hand side of the slide we see the actual template, and the section that we are focusing on is outlined in blue, and on the left-hand side of the slide you will see that the required input is going to be discussed there, so as we start at the top of the template, the first section is the heading section. The required input is populated with the information from the office completing the decision and information developed. Will be down in the template, the next arrival is the issue section. The issue section is population-based on applicable bars. [ Indiscernible ] for a decision for the first option will be statutory bar determination, we would use this issue, it would be if a bar exists under the 3.went to see. The next option is character of discharge determination. And that would be appropriate if the bar is found under 3.1 2D. The third option is statutory bar under 38 USC 5303 a and we use that option if we determined that a bar exists under 3.12 C6 which is the bar for 180 days consecutive AWOL. And additional information can be found in X.IV.one.2B. Moving down the template we will arrive at that evidence section, the evidence section provides a summary of the evidence considered, the required input is going to be a bullet list of documents and information reviewed in making the decision. We are going to follow the evidentiary labeling conventions in and 21-1, V.IV .1.eight .4.see. The template gives us a good example there. Another example could be VA form 20-0 986 eligibility determination for character of discharge, COD, request form, received October 14, 2021. You want to follow that format, so items that are not required to be listed in evidence section would be items of no evidentiary value that were not considered. And a prime example would be PIE S follow-up email, and of course records from PIE S will be personal records and STS, the actual follow-up emails that are sent, in the CME folder are really not part of the basis of the decision. So those do not need to be listed in the evidence section. Next, we arrive at the decision section. And the decision section states that the decision, if a bar benefit exists to healthcare under chapter 17, for any disability connected to service for active service during the periods of service. And are required input here is going to be clearly showing the decision, only the decision needs to be provided, no expedition. We will get to that in a while. So an example, here, and this is very important, this example is for a non-conditional discharge. So conditional discharge does not apply. An example would be your Marine Corps service from January third, 2021, through May third, 2002 is under dishonorable conditions and is a bar to benefits, to VA benefits, under the provisions of 38 CFR 3.12 the four. Under that we have a second sentence which is related healthcare decision, the chapter 17 decision. And that would be you were entitled to healthcare benefits under chapter 17, title 38, USC. 38 CFR 3.3608. For any disability determined to be service-connected for active service from January third, 2001, to May third, 2002. It is important we get both of those decisions, thirst one is against the bar to benefits, is a bar to benefits and the second is the chapter 17 decision. It is important to know at this time, that if the former service member is the claimant then that would include requests from VHA, for an eligibility determination, we do want to use the second person pronouns here. And you can see that, we want to write the decision in the second person point of view. Staying in the decision section, if conditional discharges apply, we have additional language, alternate language we need to include in the decision about a son in and 21-1 X.IV .1.B .2.I. It is for periods of obligations that were on early completion, and addressed the issue of healthcare eligibility. And you can see on the right-hand side of the site, that the reference provides us a very good example of how we can format that information. Again, if there is no character, or excuse me, if there is not a conditional discharge or any use of language straight out of the template but there is a conditional discharge and that applies, you need to jump over to X.IV .1.8.2.I and use language that meets the requirements and captures required information. Staying in the decision section we are going to include a statement about bad conduct discharge three different options, the first one is going to be the discharge was a result of bad conduct issued by a sentence of a general court-martial. The discharge was a bad conduct discharge issued by a sentence of a special court-martial, and the third option is this discharge was not the result of a general or special court-martial's findings of conduct one of those three statements needs to be in the decision, and one of those three, of course, is going to apply based on the facts of the circumstances. We want to make sure that we are copying that language straight out of the template, and including that in our decision. Next, we come to the reasons and base reasons for the decision and the first paragraph shows that the first paragraph must be concluded in all decisions, so claims processors when you are composing a decision you want to copy and paste this language straight out of the template right into your decision. No editing is needed, verbatim that language needs to be right out of the template. After that we are going to quote the relevant passages from 38 CFR [ Indiscernible ], or 3.2 1D and our 3.three see if there is conditional discharge. Relevant passages must be quoted directly, not paraphrased, so whatever the applicable bar to the decision is, we want to copy that language directly from 38 CFR and included in our decision. In addition to either the language from 3.two one seat or the, if conditional discharge applies, we need to copy the information from 3.3 1C. Quoting the language directly made in each. Continuing in the reasons and bases section, the decision-maker will compose the reasons and bases in accordance with guidance in and 21-1 X .3.one points seat .3.the we will not take a look at that in the interest of time but when you are composing decisions who want to make sure that we are doing that reference in making sure that we have met all the criteria that is explained in that reference. We need to include a statement that sanity is or is not an issue, that must be included in the decision and we don't need to add additional language, we want to stick to the language right at is is shown, sanity is not an issue, whatever applies. For additional information this portion of the decision will vary depending on the unique circumstances of each case. The level of discussion will vary depending on the evidence of the case. Generally, there may be more discussion required if the claimant divided a response. And then, just a note about favorable findings, generally, most unfavorable COD decisions will not involve any findings favorable to the claimant. Again, we have some additional language, an alternate language that we are going to include in the reasons and bases if conditional discharge applies, if conditional discharge applies, the reason or basis must include an expedition as to how the dates of service were determined, an example was found in X.iv.1.V.2.i. And you can see, this is relating all the information about how we came to that determination of the separate periods of service for the conditional discharge. So, we want to make sure that is included. This slide shows us two examples of the same case, both of these are correct, I want to make that very clear, that both of these examples are correct but I have included these to illustrate the difference in how much detail maybe we decide we want to go to. So let's start by looking at the example on the right-hand side. This is a very well-written example, from a real case from the field. And the claims processor who composed this did an extending outstanding job of capturing all the details, the fines and reductions and so on and so forth. If we compare that to the image on the left, that really just relates the offenses, sometimes that is all that is needed. We don't necessarily need to capture all of the details of the amount of the reduction, and what the determination was come what the punishment was, by the service department. Just something we wanted to keep in our mind, in consideration have how much time is spent composing that decision. Again we want to make sure our reasons and bases are accurate but we don't need to include details that are not necessarily to support the decision. And then, in summary, in reasons and bases, we will compose a summary of the decision is shown in the template. If the claimant responded, and explained why they failed to show or did not show sufficient reason to set aside a bar to benefits imposed under 38 CFR 3.12, and then the final sentence of the decision is going to discuss the state once again, the chapter 70 decision, so we will include the final sentence about eligibility for chapter 17 healthcare benefits. I appreciate your time, and I'm going to turn it back over to Bonnie Kirby. An.

Thanks so much, Eric, and thank you to all of our presenters, these were great topics presented this morning. Since we have reached the end of the presentation let's talk about how to suggest topics or be a presenter on future calls, as well as when the next one will be recorded. If you have a topic you would like to preside on a future quality call please run it by a coach and said that the email on our internal QS or box here, as you see we have at least three from the field this month, and they're going to be the most pertinent topics, usually, since you all know what you are saying. So please don't hesitate to do that. If you have a suggestion for a topic, please send an email to the same mailbox. With the information shown and cc your coach. Almost every call includes suggestions from the field whether it is presented by someone from the field or not. If you know or notice a trend, these get back to us on that. And [ Indiscernible ] the full training with audio and recordings and power points are in TMS and in the learning catalog and we appreciate your patience, we are publishing the last few months as we go with [ Indiscernible ] come and should be fully caught up soon. Thank you for joining us, today, the next call will be recorded the second week of March. And we will see you next time.