



A N O V E R V I E W O F

QPP 2024

Table of Contents:

3	Participation Eligibility
5	Reporting Frameworks
7	Collection Types
9	Traditional MIPS Requirements
17	MVP Framework Requirements
27	APP Framework Requirements
34	Score Threshold
37	Important Dates

ELIGIBILITY

Participation Eligibility

CMS puts Eligible Clinicians into one or more categories.

To find out your participation framework you must [check your eligibility](#) on the QPP website. You will see your participation categorization. The categories are:

Not Eligible

Clear enough.

MIPS Eligible Clinician Individual

As an individual clinician you are required to report to MIPS.

MIPS Eligible Clinician Group

As an eligible clinician you are required to report to MIPS, and you are able to report as part of a group. Groups are made up of clinicians who all bill with the same Tax ID (TIN).

MIPS Eligible Clinician Virtual Group

As an eligible clinician you are required to report, and you are able to report as part of a virtual group. Virtual groups must be comprised of 10 or fewer clinicians and exceed the low-volume threshold.

Qualifying APM Participant (QP)

This clinician is a part of an Advanced APM Entity and therefore does not have to report to MIPS and automatically receives a +5% payment.

MIPS APM Participant

This clinician is part of an APM Entity, but it is not an Advanced APM, therefore they still must submit data for MIPS.

APM Entities will be referenced throughout.

The CMS participation statuses apply to the NPI associated with the provider. This eBook also references APM Entities. An APM Entity is responsible for reporting to this program on behalf of their participants.



Advanced APM Entity

An organization that takes on some form of financial risk. These organizations do not have to report to MIPS.



Other APM Entity

Those organizations not designated as advanced. ACOs make up a good portion of these types of organizations.

REPORTING FRAMEWORKS

Understanding the Frameworks

Once you know your participation status, you will understand which framework you can use for submission. There are three QPP frameworks in 2024:

Traditional MIPS

This is the usual MIPS framework made up of four categories and a composite score.

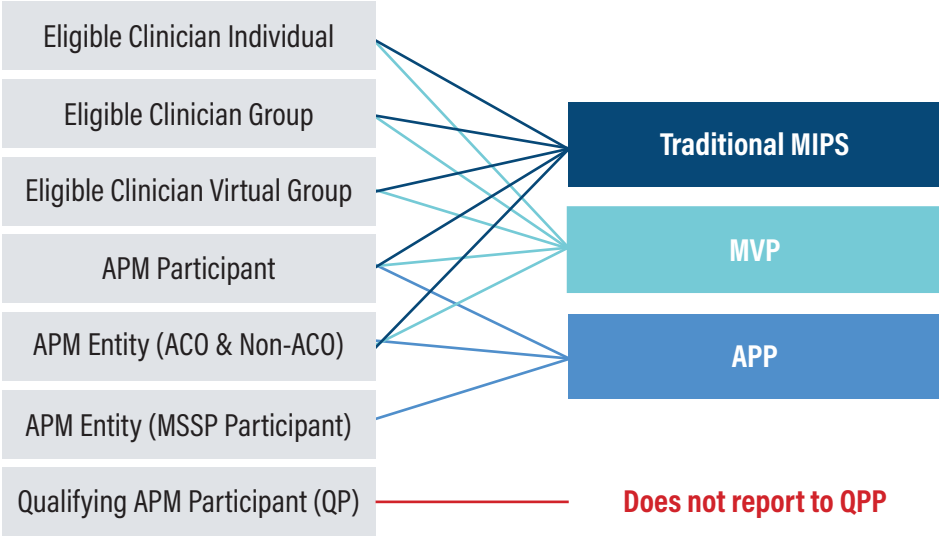
APM Performance Pathway (APP)

The APP Framework is available to APM Entities and required for ACOs if they are part of MSSP.

MVP Framework

The MVP framework focuses on sub-group reporting by specialty type – applicable specialty measures designed for specialists. This reporting framework will eventually replace Traditional MIPS.

Framework Matrix



Now before we move on to the category requirements, we need to clarify one more definition, collection types.

COLLECTIONS TYPES

Defining MIPS Collection Types

Collection types are the way you report the data to CMS. You can think of them like measures. There are six collection types in 2024.

1. eCQMs (Electronic Clinical Quality Measures)

2. MIPS CQMs

3. QCDR measures (Qualified Clinical Data Registry)

4. Medicare Part B Claims measures

5. CAHPS for MIPS survey

6. CMS Web Interface measures (available for MSSP ACOs only)

CMS Web Interface is going away in 2025 so if this is the primary way you submitted your data before, you need to figure out a new collection type soon.

Which collection type you can submit depends upon your participation status.

Now, let's dive into the requirements for each of the reporting frameworks.

Choose a Framework:

+ **Traditional MIPS Requirements**
Page 9

+ **MVP Framework Requirements**
Page 17

+ **APP Framework Requirements**
Page 27

TRADITIONAL MIPS

MIPS Categories

Each category of MIPS has a different set of requirements that you must complete in order to achieve a high MIPS score and earn incentive money.



Quality



Cost



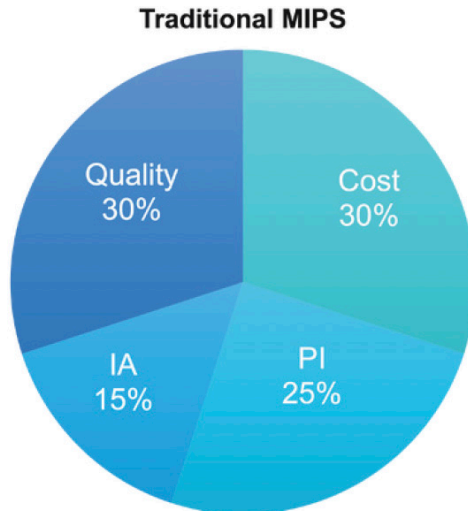
**Promoting
Interoperability**



**Improvement
Activities**

MIPS Category Weights

Each of these categories carries a different weight. Your score in each category will be totaled into one final MIPS score.



Quality Category Requirements

Category Weight

30% total MIPS score

Performance Period

365 days

Requirements

- Submit 6 measures one of which is an outcome measure or high priority measure
- Report data for at least 75% of patients who qualify for a measure
- You may use a combo of collection types (listed below)
- Four administrative quality claims measures are calculated automatically

Measure List

Quality Measures

- The 2024 measure list can be [found here](#).

Claims Measures

- Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Groups
- Risk-standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) for MIPS
- Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
- Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System

Quality Category Requirements

Available Collection Types

1.	eQCMs (Electronic Clinical Quality Measures)
2.	MIPS CQMs
3.	QCDR measures (Qualified Clinical Data Registry)
4.	Administrative claims quality measures*
5.	CAHPS for MIPS survey
6.	Medicare CQMs**

**Only small practices may submit quality measures using claims*

***Available for MSSP ACOs*

Other Considerations

Submitting the CAHPS for MIPS Survey will count as reporting one high priority measure. Select five other Quality measures to report, including an outcome measure if available.

There are no bonus points awarded for reporting additional outcome and high priority measures beyond the required one.

If you submit a new quality measure, there is 7-point minimum score awarded for submission in the measure's first year and a 5-point minimum score awarded in its second year.

There is no floor for any measures submitted (with a benchmark). There used to be a minimum of 3-points, but that was removed in 2023.

Data Completeness Requirements

If a measure doesn't meet the 75% data completeness threshold, the measure will earn 0 points in 2024.

Case Minimum

If a measure doesn't meet case minimum requirements, the measure will earn 0 points in 2024.

Promoting Interoperability Requirements

Category Weight

25% total MIPS score

Performance Period

180 days

Requirements

- Submit the required measures (measure list below)
- Attest to these two measures: Prevention of Information Blocking and ONC Direct Review
- Collect your data in EHR technology certified to the 2015 Edition or 2015 Cures Edition Update, or a combination of both
- Provide your EHR's CMS Identification code from the Certified Health IT Product List (CHPL)
- Conduct or review a security risk analysis on your CEHRT functionality on an annual basis
- Attest to conducting an annual assessment of the Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)

Measure List

Promoting Interoperability Measures

Objective	Measure	Maximum Pts	Required/Optional
Electronic Prescribing	E-Prescribing	10	Required
	Query PDMP	10	Required
Health Information Exchange	Sending Health Information AND	15	Required to choose 1 of 3 options
	Receiving and Reconciling Health Information OR	15	
	HIE Bi-Directional Exchange OR	30	
	Enable Exchange Under TEFCA	30	
Provider to Patient Exchange	Provide Patients Electronic Access to Health Information	25	Required
Public Health and Clinical Data Exchange	Electronic Case Reporting	25	Electronic Case Reporting and Immunization Registry Required
	Immunization Registry		
	Public Health Registry	5 Bonus Points for 1	Optional
	Syndromic Surveillance		
	Clinical Data Registry		

Promoting Interoperability Requirements

Reweighting

Public Health and Clinical Data Exchange Objective has two Active Engagement options that must be completed for each associated measure:

- Option 1: Pre-production and Validation
- Option 2: Validated Data Production

Clinicians are required to report level of engagement for EACH measure and beginning in 2024 must transition from option 1 to option 2 after one year.

CMS is discontinuing automatic re-weighting for the following clinician types:

- Physical therapist
- Occupational therapist
- Qualified speech – language pathologist
- Clinical psychologist
- Registered dietitians or nutrition professionals

CMS will continue to automatically assign a weight of zero to this category for:

- Clinical social workers

CMS will continue to automatically reweight:

- Small practices
- Hospital-based and ambulatory surgical center-based clinicians

APM Entity

This year an APM Entity may submit Promoting Interoperability on behalf of the individual clinicians and groups they cover.

Improvement Activities Requirements

Category Weight

15% total MIPS score

Performance Period

90 days

Requirements

- Submit one of the following combinations of activities
 - 2 high-weighted activities
 - 1 high-weighted activity and 2 medium-weighted activities
 - 4 medium-weighted activities

Measure List

Improvement Activity Measures

- The 2024 measure list can be [found here](#).

Other Considerations

If you are submitting as a group at least 50% of your group's clinicians must attest to completing the same improvement activity for 90 consecutive days. The activity may be completed anytime within the calendar year so long as each clinician attesting completes the activity for 90 consecutive days.

Patient-Centered Medical Homes

If you are a Patient-Centered Medical Home and more than 50% of your practices are recognized as a PCMH, you automatically receive full credit for this category.

Cost Category Requirements

Category Weight

30% total MIPS score

Performance Period

365 days

Requirements

- CMS will evaluate your performance on 29 claims measures.

Measure List

Cost Measures

- The 2024 measure list can be [found here](#).

Other Considerations

If you don't meet the established case minimum for any of the 29 measures to be scored, the cost performance category will receive zero weight when calculating your final score and the 30% will be distributed to another performance category (or categories).

MIPS Bonus Points

There are many opportunities to get bonus points within the MIPS program.



Improvement Bonus: Up to 10 Points

Clinicians will be rewarded if they demonstrate any improvement to their 2024 Quality score over the prior year (pending there is enough data for comparison). Clinicians will be rewarded up to 1 additional point for improvement to their Cost performance scores.



Complex Patient Bonus: 5 Points

For clinicians who work with patients that have more complex cases, CMS will award up to 5 points to account for the additional complexity of treating their patient population.



Small Practice Bonus: 6 Points

An additional 6 bonus points will be added to the numerator of the Quality category for anyone qualifying as a small practice.

MVP FRAMEWORK

MVP Categories

MIPS Value Pathways (MVPs) is a reporting option that offers measures across all categories which are specific to a specialty or medical condition. There are technically 5 categories in MVPs but Quality and Population Health are rolled into one score.



**Quality &
Population Health**



Cost



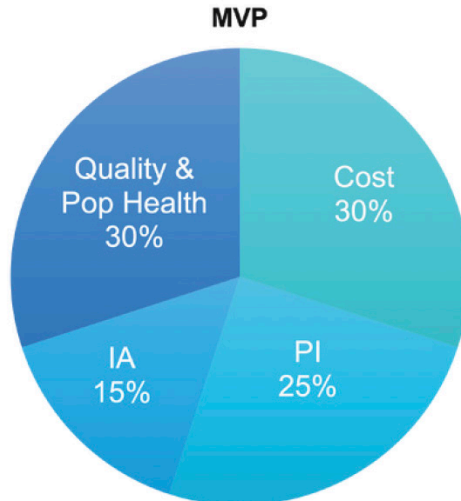
**Promoting
Interoperability**



**Improvement
Activities**

MVP Category Weights

Each of these categories carries a different weight. Your score in each category will be totaled into one final MIPS composite score.



Available MVPs

There are 16 available MVPs for 2024 reporting. This includes 5 new MVPs and 11 MVPs that were previously finalized.

New MVPs

1. Focusing on Women's Health
2. Quality Care for the Treatment of Ear, Nose and Throat Disorders
3. Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
4. Quality Care in Mental Health and Substance Use Disorders
5. Rehabilitative Support for Musculoskeletal Care

Previously Established MVPs

1. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
2. Advancing Cancer Care
3. Advancing Care for Heart Disease
4. Advancing Care for Rheumatology Patient Care
5. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
6. Improving Care for Lower Extremity Joint Repair
7. Optimal Care for Kidney Health
8. Optimal Care for Patients with Episodic Neurological Conditions
9. Patient Safety and the Support of Positive Experience with Anesthesia
10. Value in Primary Care
11. Supportive Care for Neurodegenerative Conditions

Quality Category Requirements

Category Weight

30% total MIPS score

Performance Period

365 days

Requirements

- Register for one or more of the 16 available MVPs between April 1-November 30, 2024
- Submit 4 quality measures within the specific MVP (for each MVP) one must be an outcome measure or high priority measure
- Report data for at least 75% of patients who qualify for a measure
- You may use a combo of collection types

Measure List

Each measure list is specific to the particular MVP. [Download specific measure lists here.](#)

Quality Category Requirements

Available Collection Types

1. eQMs (Electronic Clinical Quality Measures)
2. MIPS CQMs
3. QCDR measures (Qualified Clinical Data Registry)
4. Administrative claims quality measures*
5. CAHPS for MIPS survey measures
6. Medicare CQMs**

**Only small practices may submit quality measures using claims*

***Available for MSSP ACOs*

Other Considerations

- There are no bonus points awarded for reporting additional outcome and high priority measures beyond the required one.
- If you submit a new quality measure, there is 7-point minimum score awarded for submission in the measure's first year and a 5-point minimum score awarded in its second year.
- There is no floor for any measures submitted (with a benchmark). There used to be a minimum of 3-points.

Case Minimum

If a measure does not meet case minimum requirements, the measure will earn 0 points in 2024.

Population Health Requirements

Category Weight

Combined with Quality score

Performance Period

365 days

Requirements

- Select 1 of the 2 population health measures available at the time of MVP registration
 - Q479: Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
 - Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

Other Considerations

- CMS calculates performance based on administrative claims data.
- Score is calculated and included in the Quality performance category.

Promoting Interoperability Requirements

Category Weight

25% total score

Performance Period

180 days

Requirements

- Submit the required measures (measure list below)
- Attest to these two measures: Prevention of Information Blocking and ONC Direct Review
- Collect your data using an EHR technology certified by ONC to meet the 2015 Cures Update Certification
- Provide your EHR's CMS Identification code from the Certified Health IT Product List (CHPL)
- Conduct or review a security risk analysis on your CEHRT functionality on an annual basis
- Attest to conducting an annual assessment of the Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)

Measure List

Promoting Interoperability Measures

Objective	Measure	Maximum Pts	Required/Optional
Electronic Prescribing	E-Prescribing	10	Required
	Query PDMP	10	Required
Health Information Exchange	Sending Health Information AND	15	Required to choose 1 of 3 options
	Receiving and Reconciling Health Information OR	15	
	HIE Bi-Directional Exchange OR	30	
	Enable Exchange Under TEFCA	30	
Provider to Patient Exchange	Provide Patients Electronic Access to Health Information	25	Required
Public Health and Clinical Data Exchange	Electronic Case Reporting	25	Electronic Case Reporting and Immunization Registry Required
	Immunization Registry		
	Public Health Registry	5 Bonus Points for 1	Optional
	Syndromic Surveillance		
	Clinical Data Registry		

Promoting Interoperability Requirements

Reweighting

Public Health and Clinical Data Exchange Objective has two Active Engagement options that must be completed for each associated measure:

- Option 1: Pre-production and Validation
- Option 2: Validated Data Production

Clinicians are required to report level of engagement for EACH measure and beginning in 2024 must transition from option 1 to option 2 after one year.

CMS is discontinuing automatic re-weighting for the following clinician types:

- Physical therapist
- Occupational therapist
- Qualified speech – language pathologist
- Clinical psychologist
- Registered dietitians or nutrition professionals

CMS will continue to automatically assign a weight of zero to this category for:

- Clinical social workers

Promoting Interoperability Measures

Query of Prescription Drug Monitoring Program (PDMP)

- Exclusion modified to the following: “Does not electronically prescribe any Schedule II opioids or Schedule III or IV drugs during the performance period”

Safety Assurance Factors for EHR Resilience (SAFER) Guides

- Requires a “yes” attestation response beginning with 2024

Improvement Activities Requirements

Category Weight

15% total score

Performance Period

90 days

Requirements

- Submit one of the following combinations of activities
 - 1 high-weighted activity
 - 2 medium-weighted activities

Measure List

Improvement Activity Measures

- The 2024 measure list can be [found here](#).

Patient-Centered Medical Homes

If you are a Patient-Centered Medical Home and more than 50% of your practices are recognized as a PCMH, you automatically receive full credit for this category.

Cost Category Requirements

Category Weight

30% total score

Performance Period

365 days

Requirements

- CMS will evaluate your performance on cost measures via claims data.
- You will only be scored on the Cost measure relevant to your specific MVP.

Measure List

Each measure list is specific to the particular MVP. [Download specific measure lists here.](#)

APP FRAMEWORK

Alternative Payment Model (APM) Performance Pathway (APP) Categories

This framework is for clinicians participating in a MIPS APM. There are only 3 categories in APP since Cost is calculated differently for APMs.



Quality



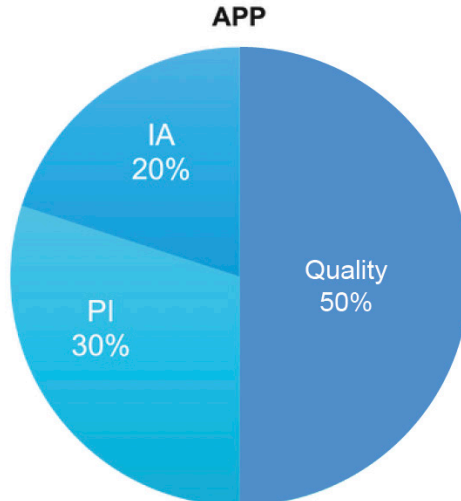
**Promoting
Interoperability**



**Improvement
Activities**

APP Category Weights

Each of these categories carries a different weight. Your score in each category will be totaled into one final MIPS score.



How will CMS calculate an ACO's Medicare beneficiaries with Medicare CQMs?

A Medicare fee-for-service beneficiary is a patient who either:

- Meets the criteria for a beneficiary to be assigned to an ACO

AND

- Had at least one claim with a date of service during the measurement period from an ACO professional who is an Eligible Clinician that you are responsible for reporting for under QPP.

OR

- A patient who meets the criteria for a beneficiary to be assigned to an ACO because the beneficiary designated an ACO professional participating in an ACO as responsible for coordinating their overall care.
- CMS will provide a list of eligible beneficiaries to your ACO quarterly, but they indicated it may not be the full list of beneficiaries, and; therefore, you are responsible for getting and reporting on the full list of eligible beneficiaries.

Quality Category Requirements

Category Weight

50% total score

Performance Period

365 days

Requirements

OPTION 1:

- Submit 3 eQMs/CQMs or Medicare CQMs
- Meet data completeness requirements
 - You may use a combo of collection types (eQMs, CQMs, or Medicare CQMs)
- Two administrative quality claims measures are calculated automatically
- CAHPS for MIPS survey

OPTION 2:

- Submit 10 CMS Web Interface Measures
- Report data for 100% of assigned Medicare beneficiaries identified by CMS (248 cases)
- Two administrative quality claims measures are calculated automatically
- CAHPS for MIPS survey

ACOs may do both.

Highest score will be assigned to the ACO when multiple scores are available.

Measure List

Quality Measures (Option 1)

- eQMs/CQMs
 1. Quality ID: 001 Diabetes: Hemoglobin A1c (HbA1c) Poor Control
 2. Quality ID: 134 Preventive Care and Screening
 3. Quality ID: 236 Controlling High Blood Pressure

Quality Category Requirements

Measure List

Quality Measures (Option 2)

- CMS Web Interface
 1. Quality ID: 001 Diabetes: Hemoglobin A1c (HbA1c) Poor Control
 2. Quality ID: 134 Preventive Care and Screening
 3. Quality ID: 236 Controlling High Blood Pressure
 4. Quality ID: 318 Falls: Screening for Future Fall Risk
 5. Quality ID: 110 Preventive Care and Screening: Influenza Immunization
 6. Quality ID: 226 Preventive Care and Screening: Tobacco Use
 7. Quality ID: 113 Colorectal Cancer Screening
 8. Quality ID: 112 Breast Cancer Screening
 9. Quality ID: 438 Statin Therapy for Prevention & Treatment of Cardiovascular Disease
 10. Quality ID: 370 Depression Remission at Twelve Months

Claims Measures

1. Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Groups.
2. Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

CAHPS for MIPS Survey measure

Other Considerations

- CMS will still retire CMS Web Interface measures in 2025.
- To help ACOs who are struggling with the transition, CMS finalized a new collection type called Medicare CQMs.
- ACOs may now choose to submit eCQMs, CQMs, and/or Medicare CQMs.
- You may choose to submit different collection types for one submission.

Data Completeness

If an eCQM or CQM does not meet the 75% data completeness threshold, the measure will earn 0 points in 2024.

Promoting Interoperability Requirements

Category Weight

30% total score

Performance Period

180 days

Requirements

- Submit the required measures (measure list below)
- Attest to these two measures: Prevention of Information Blocking and ONC Direct Review
- Collect your data in EHR technology certified to the 2015 Edition or 2015 Cures Edition Update, or a combination of both
- Provide your EHR's CMS Identification code from the Certified Health IT Product List (CHPL)
- Conduct or review a security risk analysis on your CEHRT functionality on an annual basis
- Attest to conducting an annual assessment of the Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)

Measure List

Promoting Interoperability Measures

Objective	Measure	Maximum Pts	Required/Optional
Electronic Prescribing	E-Prescribing	10	Required
	Query PDMP	10	Required
Health Information Exchange	Sending Health Information AND	15	Required to choose 1 of 3 options
	Receiving and Reconciling Health Information OR	15	
	HIE Bi-Directional Exchange OR	30	
	Enable Exchange Under TEFCA	30	
Provider to Patient Exchange	Provide Patients Electronic Access to Health Information	25	Required
Public Health and Clinical Data Exchange	Electronic Case Reporting	25	Electronic Case Reporting and Immunization Registry Required
	Immunization Registry		
	Public Health Registry	5 Bonus Points for 1	Optional
	Syndromic Surveillance		
	Clinical Data Registry		

Promoting Interoperability Requirements

Other Considerations

You must submit the PI Category:

- At an aggregate level on behalf of 100% of your Eligible Clinicians
- OR**
- 100% of your Eligible Clinicians may submit as an individual or part of a group submission separately.

By 2025 ACOs must have all their practices off of paper and on Certified EHR Technology (CEHRT).

Improvement Activities Requirements

Category Weight

20% total score

Requirements

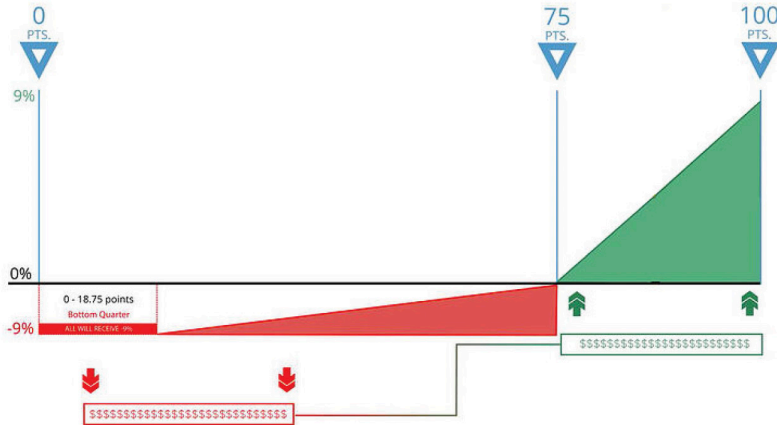
- All APM Entities reporting through the APP Framework will be automatically assigned a score of 100% which is applied to all Eligible Clinicians reporting through their APM Entity.

SCORE THRESHOLD

Reimbursements

Applicable to MIPS and MVP Reporting Frameworks

To avoid a -9% penalty, you must score at least 75 points.



0-18.75 Points

If your score is between 0 and 18.75 points in 2024, you will lose -9% from your 2026 Medicare fee schedule (in red above).

18.76-74.99 Points

If your score is between 18.76 and 74.99 points you will receive a reduction to your 2026 Medicare fee schedule between -8.99% and 0%

75-100 Points

75 points is the performance threshold. CMS will take the funds of those who did not meet the threshold (in red) and distribute them among those who did (in green). Anyone whose MIPS score is between 75 and 100 points will receive a portion of those funds – up to a 9% increase to their 2026 Medicare fee schedule.

SCORE THRESHOLD

APP Reporting Framework - MSSP ACOs

Shared Savings

To get the maximum shared savings for your ACO you must:

Report ALL measures in the APP measure set

AND

Achieve the Quality Performance Standard

CMS has implemented a sliding scale to give ACOs some percentage of the Shared Savings (not max) if they don't meet the quality performance standards but do achieve a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least one of the four outcome measures.

Maximizing Your Shared Savings

Quality Performance Standard

1. Report eCQMs/CQMs
2. Achieve a score = > 10th percentile on 1 outcome measure
3. Achieve a score = > 40th percentile on at least 1 of the remaining measure

OR

Health Equity-Adjusted score of => 40th percentile across **ALL** quality performance scores

Medicare CQMs

CMS will calculate 2024 and 2025 benchmarks for the Medicare CQMs based on performance period benchmarks. They will transition to historical benchmarks in 2026 and subsequent years.

This means that ACOs will not know the Medicare CQM benchmarks during the performance period.

CMS is **NOT** including the eCQM/MIPS CQM reporting incentive to Medicare CQMs.

CMS finalized the use historical data to establish the 40th percentile MIPS Quality performance category score used for the quality performance standard.

That means you would know what the Quality Performance Standard percentile is BEFORE the performance year starts.

40th Percentile MIPS Quality Performance Category Scores Used in the Calculation of the PY 2024 Historical MIPS Quality Performance Category Score

Performance Year	40th Percentile of the MIPS Quality Performance Category Score
2020	75.59 [^]
2021	77.83 [^]
2022	77.73 [^]
2023	Skipped due to 1-year lag
2024	77.05

[^] PY 2020 through PY 2022 40th percentile scores are based on performance period data

IMPORTANT DATES

Dates to Remember



January 1, 2024

The start date to track 365 days of Quality and Cost category measures.



April 1 - June 30, 2024

Registration opens for CMS Web Interface, CAHPS for MIPS Survey, and MVP selection.



July 4, 2024

The last day to start measures in the Promoting Interoperability category to meet the minimum of 180 continuous days.



October 2, 2024

The last day to start Improvement Activities to meet the minimum requirement of 90 continuous days.



November 30, 2024

Last day to register for an MVP.



March 31, 2025

The last day to submit all of your performance data.



M E D I S O L V CAN HELP

Medisolv QPP Package

Medisolv's quality reporting software, ENCOR, is designed to meet your QPP reporting needs. We consistently hear from our clients that the biggest differentiator between Medisolv and other vendors is the level of one-on-one support. Especially if you use an EHR vendor right now, you'll notice a huge difference.

- We help troubleshoot technical and clinical issues to improve your measures.
- We keep you on track for your submission deadlines and ensure you don't miss critical dates
- We help you select and set up measures that make sense based on your hospital's situation.
- You receive one consultant that you can call anytime with questions or concerns.

[CONTACT US](#)