How to Use Your Care Management Fees

The Care Management Fee (CMF) is intended to help your practice deliver comprehensive primary care, providing support for "wrap around" services. The CMF can also be used for services that were non-billable prior to the 2015 introduction of the Chronic Care Management codes. CMF spending is restricted to the following broad categories:

Patients and Visits	**Consultants, Contractors, and Vendors**
Labor Costs	**Training and travel for CPC+ Activities**
Care delivery Tools/Products	**Other**

Patients and Visits

- Not restricted to Medicare FFS beneficiaries
- Costs related to increasing access through longer face-to-face visits*
- Increasing access through non face-to-face visits such as telemedicine, e-visits, text messages, groups visits*

Examples:

- Longer office visits that are more extensive or time-consuming than the billable code covers
- Walk-in or expanded hours
- Increases in availability of same day visits
- Having a care manager in your practice making home visits or visits to other facilities

* **Track 2 practices can use CPCP for activities that are directly related to Medicare FFS beneficiaries**

Consultants, Contractors, and Vendors

Services need to be contracted with oversight by the practitioner and integrated into the care team. Service are related to Care Delivery Requirements noted in Appendix A of your participation agreement or wrap-around services noted below. Indirect costs (travel, equipment, computers, etc.) should be included in the contract price.

Examples:

- Hire consultant to train practice on how to engagement patients for PFAC
- Hire consultant to train staff on developing a self-management program for diabetes
- Hire consultant to train staff on conducting behavioral health assessments

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Labor Costs

- Salary and benefits for <u>new</u> staff to perform care delivery requirements (care manager, pre-visit preparation, quality data analyst, and other wrap-around services)
- Salary and benefits for <u>existing</u> staff performing care delivery requirements
- Indirect costs for staff engaging in only non-billable activities or in wrap-around activities to support CPC+ Care Delivery Requirements (furniture, computer, supplies, and additional office space in proportion to the time the employee is performing CPC+ care delivery duties

Examples:

Allowable Expenses	Prohibited Expenses
MP/Practitioner time developing quality improvement projects using payer data feedback reports, identifying high-volume and/or high-cost specialist in your neighborhood, or negotiating care agreements with specialists	MD/Practitioner time for work that is billable
Salary and benefits related to wrap-around services that are included in the CPC+ Care Delivery requirements (psychologist who provides non-visit based behavioral health	Non-CPC+ practitioners (ophthalmologist reading retinal scan)
Hiring care manager with clinical training to identify patients with chronic conditions that have not had an office visit in the past 12 months	Services in a practice that does not participate in CPC+
Costs related to support your teams efforts to improve the timeliness of notification and information transfer from EDs visited frequently by your patient.	Payments made to practitioners and staff for bonuses
Shared services (resources shared by a group of CPC+ practices) but must be used for care delivery redesign and the practice must have input into how services are rendered.	Payments made to specialists (may bill CMS for services)

Training and Travel for CPC+ Activities

Training must focus on improving care coordination, improving data-driven quality, and providing enhanced, targeted support for high risk patients

Examples:

- Send RN to behavioral health assessment training
- Send Data Reporting Analyst to vendor training on data capture and reporting
- Have Care Coordinator attend National webinar on self-management programs
- Attend a CPC+ Learning Session

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Care Delivery Tools/Products

There is no single "right" health care decision platform because treatment, medical tests, and health issues come with pros and cons. Shared decision-making helps practitioners and patients agree on a plan. There are many models for shared decision making that often use patient decision aids, which are tools - such as pamphlets, videos, podcasts, or a combination of media - that help patients become involved in health care decisions. They present unbiased information to help your patients understand their health conditions, available treatment/screening options, and the possible outcomes of those aims. Decision aids go beyond patient education materials to draw out the patients' health preferences and values and help them visualize how their decision may affect their daily lives.

Examples:

- Put Prevention into Practice (PPIP) - tools that enable health care providers to determine which services their patients should receive and provide guidance on setting up a system to facilitate their delivery. PPIP patient materials make it easier for patients to understand and keep track of their preventive care
- InterQual Behavioral Health Decision Support Tool
- Instruments used for patient self-assessment (cannot be part of your Health IT platform)
- Self-management support tools

Other

Allowable	Prohibited
Purchase food or rental space for PFAC	Fees for accreditation
Mailers, flyers for PFAC	DME – this is a billable service
Charges from IHMS (confirmed with CMS)	Diagnostic and imaging – this is a billable service
Non-billable tools to provide patients for self-management support	Health IT upgrades, updates, and purchases
Training - CME directly related to CPC+	Maintenance and one-time fees to purchase health technology (includes HHIE)
	Income tax payments
	Medications
	Training - CME - not directly related to CPC+
	Office supplies
	Payments to CPC+ providers for activity outside CPC+
	Payment made to a Care Management Company

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Click on the link below for more details on CMF usage.
[CPC+ Attribution and Payment Methodologies: Part 2 - Care Management Fee]

Note: ***There is no requirement to spend all of the CMF funds each quarter or in the first program year. CMS believes your CMF payment is necessary to support the care delivery transformation CPC+ intends to achieve. In general, your CMF payment will not be recouped, unless you withdrawal from CPC+, at which time recoupment will depend on the effective date of the withdrawal.***

List of "wrap around" services include but are not necessary limited to:

1. **Care Management such as hiring/paying staff, empanelment, risk stratification, tracking of patients, hospital and ED follow-up, medication reconciliation, proactive monitoring, creation/updating care plans**
2. **Assessing patients' psychosocial needs and identifying community-based and social services that could meet those needs**
3. **Planned care for chronic conditions and preventative care (e.g., pre-visit planning, identifying gaps in care via data analysis)**
4. **Care coordination (e.g., developing communication flows with hospitals and emergency departments, establishing collaborative care agreements with outside practices)**
5. **Enhanced Access (e.g., 24/7 access and alternative visits), measuring , and scheduling management to improve, continuity with practitioner and /or care team**
6. **Otherwise non-billable visits (such as home or in the hospital or skilled nursing facility) for care management activities**
7. **Patient and caregiver engagement (PFAC, patient survey)**
8. **Wages for staff to perform CPC+ care delivery requirements such as a care manager, care coordinator, pre-visit planner, quality/data analyst, community health worker, EHR scribe, pharmacist, or behavioral health specialist, and over head associated with new staff**
9. **Wages for existing staff to support care delivery reporting or other CPC+ operational activities**
10. **Care delivery tools related to care delivery requirements, such as instruments used for patient assessments or self-management support**
11. **Training and travel related to the implementation of care delivery requirements, such as attending CPC+ learning meetings.**

Please contact your State Practice Facilitator for specific questions or comments regarding the CPC+ program requirements.

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