Proposed Q&A – re: Use of CPCP Funds

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The following Q&A are from CMS/CMMI to address inconsistencies that may have been found in previously written materials. These Q&A will be added to the Payment FAQ as soon as feasible.

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Q: What sort of care can the CPCP be used for?

- **A:** Medical care provided either inside or outside of an office visit. The CPCP is primarily intended to support comprehensiveness and alternatives to the traditional office visit.
- **Background:**
    - The 2017 PA limited the CPCP to covered services exclusively OUTSIDE the office.
    - The forthcoming restated/amended PA expands on this by saying CPCP services are "including but not limited to" alternatives to the office visit.
    - The CPCP is primarily intended to be spent on increasing comprehensiveness and alternatives to the traditional visits.
    - Our goals include:
        - Increasing comprehensiveness (i.e., increased breadth and depth) of care.
        - Increasing flexibility. The clinician can treat patients' needs with more flexibility than they could under normal FFS. For example, if a patient complains of symptoms that clearly indicate a UTI, a face-to-face office visit could be avoided, but the clinician could still prescribe medicine after a phone call with the patient. The CPCP revenue is intended to supports the clinician's time on this call.
    - While a practitioner could theoretically use the CPCP to fund in-office evaluation and management visits (i.e., change nothing about how they deliver care), that is technically permissible, but not consistent with our goal. We also note that if clinicians do not change how they deliver services, then CPC+ is not likely to see the reduced costs and increased quality that we need to see for the model to be successful.

Q: Which patients can get services funded by the CPCP?

- **A:** Only Medicare beneficiaries.
- **Background:**
    - The 2017 PA limited the recipients to CPC+ beneficiaries but since the attribution list changes quarterly so that is hard to operationalize, the restated/amended PA limits CPCP to be spend on eligible beneficiaries, which translates into all Medicare FFS beneficiaries.

Q: Are there restrictions on the use of the CPCP?

- **A:** It should be used for the same medical care (agnostic of modality or place of service) for which Medicare FFS reimburses.

- **Background:**
    - The inclusion of the CPCP in the Phase 1 IG list of restrictions on what the CMF can pay for was in error. The CPCP is not subject to same restrictions as the CMF.

Q: Who on the care team can provide CPCP services?

- **A:** Care paid for by the Medicare CPCP can be provided in a team-based approach by physicians, non-physician practitioners (NPPs), and other staff under the order and medical management of the beneficiary's treating physician.
- **Background:**
    - From the Participation Agreement: "The Track 2 CPC+ Practice shall use the CPCPs exclusively to fund the provision of Covered Services by Participating CPC+ Practitioners to Eligible Beneficiaries…"

Q: If practices purchase health IT with the CPCP and the CPCP can be used for only Medicare FFS beneficiaries, does the proportionality principle apply?

- **A:** Yes, the proportionality principle applies. It may be easier to think of the CPCP as a population payment across Medicare FFS, rather than for a specific patient.