

Vendor Letter of Support for CPC+ (SAMPLE)

Date:

Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Center for Medicare and Medicaid Services:

<<INSERT VENDOR NAME>> is writing to express our commitment to partnering with <<INSERT PRACTICE NAME>>, which is applying to participate as a Track 2 practice in the Comprehensive Primary Care Plus (CPC+) Model.

This letter affirms our intention to support the practice partner noted above, if selected, to meet one or more of the health information technology (health IT) capabilities identified for Track 2 practices in the Request for Application by January 1, 2019.

We further affirm our intention to participate in the following activities over the course of the Model:

- Partner with the CPC+ practice named above to support the practice in meeting the care delivery objectives for using the specific health IT to deliver comprehensive primary care.
- Provide CMS with 1) a contact focused on CPC+ practice needs and 2) an executive contact to manage the relationship with CMS.
- Participate alongside practices, payers, and other stakeholders in a wide range of CPC+ national learning activities facilitated by CMS’s Center for Medicare and Medicaid Innovation (CMS Innovation Center).
- Participate in virtual meetings at least quarterly with representatives of CMS, other CPC+ stakeholders (including other health IT vendors, practice representatives, and payers), and/or representatives of ONC, to discuss CPC+ requirements and other related topics.

If the practice partner named above is selected to participate in Track 2 and signs the CPC+ Participation Agreement, we intend to sign a Memorandum of Understanding with CMS that will serve as an agreement to pursue the activities described above.

Sincerely,

Vendor Name: _____

Vendor Representative: _____

Signature: _____