



Update for the Virginia Joint Commission on Health Care

July 23, 2025

Beth Bortz, President & CEO

Lauryn Walker, Chief Strategy Officer and Executive Director, Research Consortium





- Founded in 2012 as a 501(c)(3) in response to a recommendation from the Virginia Health Reform Initiative
- Public-private partnership with annual funding from the Commonwealth of Virginia. Contracts with both DMAS and VDH.
- Governed by a diverse, multi-stakeholder board with support from an advisory leadership council ~ 55 organizations represented
- Secured more than \$23M in grants for Virginia
- Serves as trusted convener for Virginia health policy

VCHI Board of Directors

- **Jeff Ricketts, *Chair*** | Retired, Virginia President, Anthem
- **Meredith Touchstone, *Vice Chair*** | Director, Benefits, CarMax
- **L. Gordon Moore, *Vice Chair*** | Chief Medical Officer, Goodside Health
- **Colin Drozdowski | *Treasurer*** | CEO Sentara Health Plans and EVP Sentara Healthcare
- **Aneesh Chopra, *Secretary*** | Chief Strategy Officer, Arcadia
- **Sweeny Bansal** | Molina
- **Jeff Dobro** | CEO Eudaimonia
- **Sheryl Garland** | Chief Health Impact Officer, VCU Health System
- **Linda Hines** | Vice President and Regional Medicaid Plan President, Humana
- **Aryana Khalid** | Partner, Finsbury Glover Hering
- **John Littel** | Chief of Staff, Governor Youngkin, Commonwealth of VA
- **Michele Nedelka, MD** | Radiation Oncologist, Bon Secours Mercy
- **Andrey Ostrovsky, MD** | Managing Partner, Social Innovation Ventures
- **Amit Vashist, MD** | Senior Vice President and Chief Clinical Officer, Ballad Health

VCHI Advisory Leadership Council

Carilion

Merck

Virginia Hospital and Healthcare
Association

Virginia Health Catalyst

Privia Health

Aetna

Virginia Council of Nurse Practitioners

Fortify Children's Health

Medical Society of Virginia Foundation

Ballad Health

Indivior

Aledade

Bon Secours Mercy Health

Johnson & Johnson

Virginia Health Workforce Development
Authority

Anthem

Walgreens

Sentara Health Plans

Virginia Academy of Family Physicians

HCA (Virginia Care Partners)

UnitedHealthcare

Sanofi

Inova Health System

GlaxoSmithKline

Virginia Association of Health Plans

Humana

Cigna

Health Management Associates

Epic

Equality Health

Mercer

Family Insight

VCU Health System

Patient First

Novo Nordisk

Virginia Health Care Foundation

Labcorp

Sentara Quality Care Network

Riverside Health System

UVA Health System

AON

Virginia Bio

Milliman MedInsight

PhRMA

Virginia Health Information

Veeva

Pfizer

Synergy Center @ UVA

Bay Aging/ VAAACares

Updates on State-Funded Work





1. SFY'25 Key Accomplishments and Pilot Updates
2. SFY'26 Recommendations and New Initiatives
3. Virginia Primary Care Summit
4. Virginia Primary Care Investment Report
5. Virginia Primary Care Scorecard

Accomplishments: Pilot Updates

Implemented 4 Primary Care Pilots

1. Person-Centered Primary Care Measure (PCPCM)

- Recruited 1,072 clinicians from Carilion Clinic (226), Fortify Children's (452) and VCU Health System (394).
- Received 16,775 completed survey responses as of 6/4/25.
- Secured funding from Healing Works Foundation for an evaluation. Preliminary results expected in early 2026.

2. Immutrack

- Completed report design, data use agreements, and digital platform for panel immunization reports
- Tools ready for beta testing if CDC re-prioritizes state funding needed to support sustainability and expansion

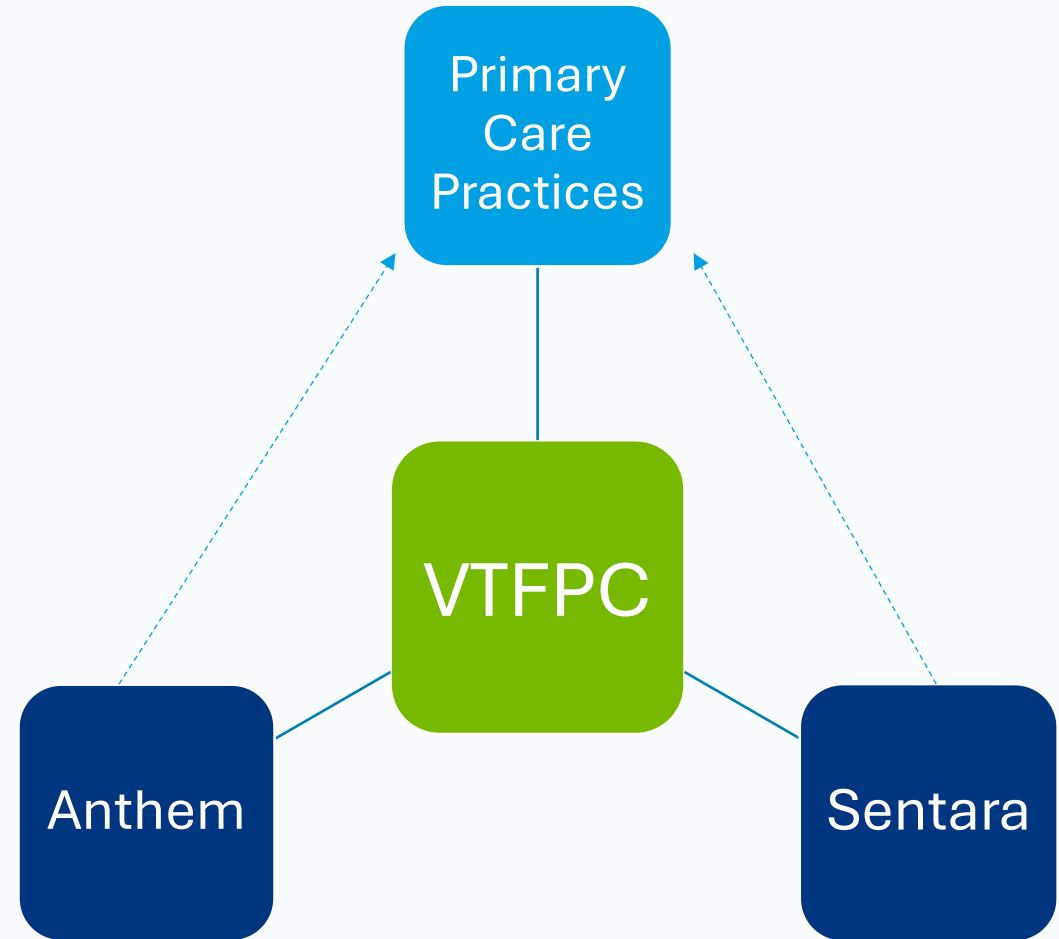
3. Virginia Joy in Healthcare

- Launched with 5 organizations (Ballad Health, Bon Secours, Carilion Clinic, CHKD, Trusted Doctors).
- Completed organizational biopsies with the AMA and shared their data with VCHI. This data is being analyzed for a statewide primary care clinician retention report (to be released in August 2025).
- Three participants (Ballad Health, Bon Secours, and Carilion Clinic) submitted applications to be recognized by the AMA's Health System Recognition Program. Winners will be announced in September of 2025.

Accomplishments: Pilot Updates



- Payment model to promote integrated behavioral health and primary care for children and adolescents
- Launched with 2 Medicaid Managed Care Organizations: Sentara and Anthem HealthKeepers +



Current participants (July 2025)

33

Pediatric primary care sites

202

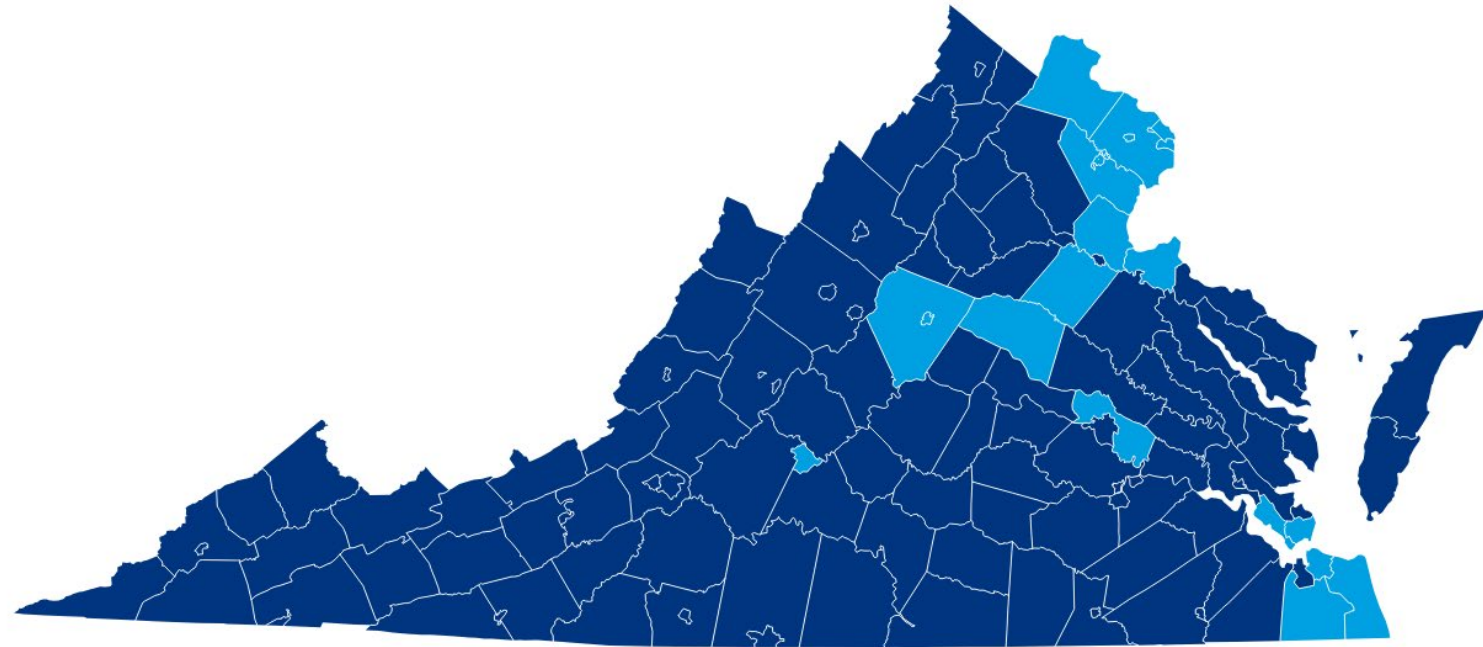
Primary care providers

16

Behavioral health providers

16,000

Medicaid children and adolescents

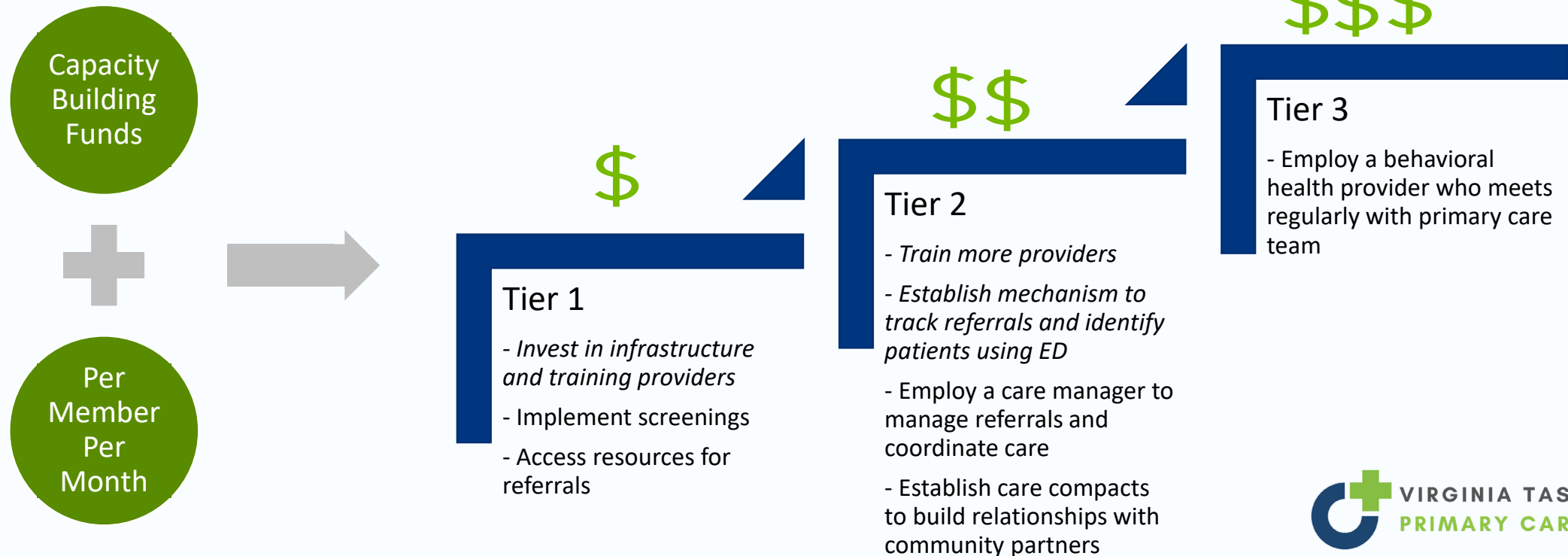


Source: Virginia Center for Health Innovation • Created with Datawrapper

Pay for Care Differently

Primary Pathways

1. Increase training for primary care providers in behavioral health
2. Provide sustainable funding for practices integrating behavioral health into their care
3. Promote increased levels of integration of behavioral health into primary care practices
4. Reduce burnout among primary care providers and behavioral health providers
5. Improve care for children and adolescents with behavioral health needs



First 6 Months

July 2025



- 4% increase in PCPs
- 12 PCPs trained in behavioral health
- 5 behavioral health providers newly hired into primary care clinic
- 1 CIN and 4 practice sites newly hiring a care manager for behavioral health
- 37 new care compacts executed to build relationships with community behavioral health providers
- 12 new population health management systems established
- 2 CINs and 3 practice sites connected to new health information exchange data to track patients in the Emergency Department

VTFPC Accomplishments: Committees & Partnerships

- Launched 3 new committees:
 - (1) **AI and Primary Care** - Created an AI for Primary Care Learning Stream through the Virginia Primary Care Innovation Hub
 - (2) **Integrated Behavioral Health** – Co-led the submission of a \$24M grant proposal to AHRQ with 37 partners to establish state-based health extension services for primary care and behavioral health. (Sadly, this grant appears to be stuck in perpetual limbo with changes to AHRQ and the elimination of its grant-making capabilities).
 - (3) **Primary Care Spend Target** - Conducted landscape reviews of state primary care spend and cost growth targets
- Established consensus policy recommendations and SFY 2026 workplan
- Published 2025 Primary Care Investment Report and 2025 Virginia Primary Care Scorecard



VIRGINIA TASK FORCE ON
PRIMARY CARE

SFY'26 Recommendations

Recommendations Requiring Legislative Action

1. **Non-Claims Data Submission.** Ensure future assessments of primary care spend incorporate infrastructure and value-based payments by pursuing statutory language directing Virginia's health plans to submit non-claims-based payment information to Virginia Health Information utilizing the NAHDO Non-Claims Payment Data layout, beginning with data for CY'2025.
2. **Primary Care Research.** Request that the Virginia General Assembly direct DMAS to apply for federal match for all eligible VCHI state contract dollars (~\$400K) and then direct those funds to the Research Consortium at VCHI to complete: 1) a marketplace assessment of primary care practice ownership in the Commonwealth of Virginia, identifying potential policy levers to ensure more dollars go directly to primary care providers and front-line staff; and 2) a review of primary care payment models that could be deployed in Virginia to better ensure primary care sustainability and enhanced access for patients. These reports should be submitted upon completion to the Joint Commission on Health Care.
3. **Medicaid Parity Spend.** Pursue parity spend with Medicare for Virginia Medicaid primary care services. (Fiscal impact to be determined by the Department of Planning and Budget).

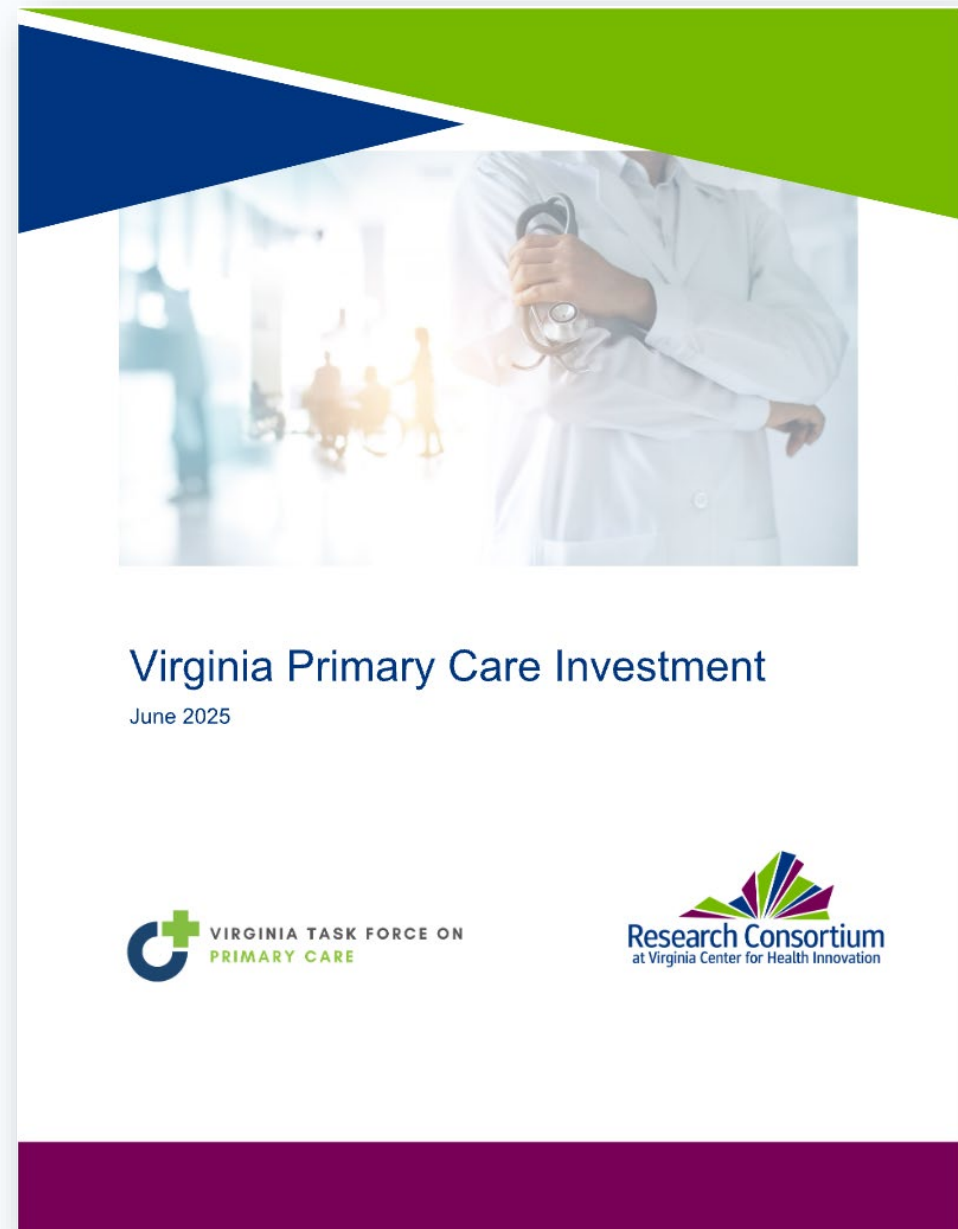
Primary Care Summit

October 8th, 2025, 8:30am - 5:00pm
at the Westin in Richmond



In October, cross-sector stakeholders from across Virginia will convene to examine challenges in primary care and collaborate on actionable strategies to advance primary care statewide.

Virginia Primary Care Investment Report

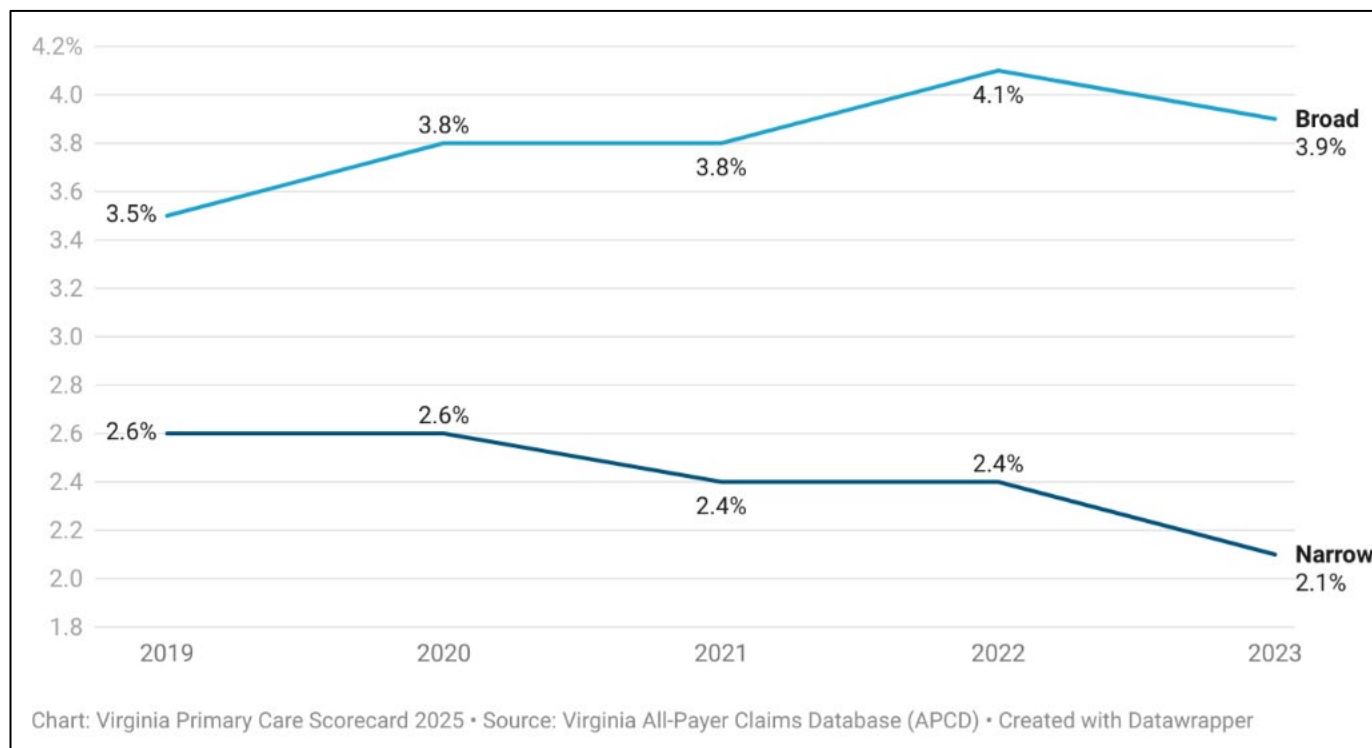


All analyses are based on Virginia APCD 2019-2023
No assumptions on populations or services that do not result in claims are included.
Payments are adjusted for inflation using CPI Medical Component

Virginia is not investing in primary care

- Virginia spends about **\$0.02 - \$0.04** of every healthcare dollar on primary care,
 - Yet, per CDC, 50% of all physician office visits are with a primary care physician¹
- Spend for physician-led preventive services is becoming an increasingly smaller portion of healthcare spend every year

Primary Care as a Percentage of Total Healthcare Spend



¹ Center for Disease Control and Prevention: <https://www.cdc.gov/nchs/fastats/physician-visits.htm>



Total healthcare costs continue to rise

Total healthcare spend (\$ billions)

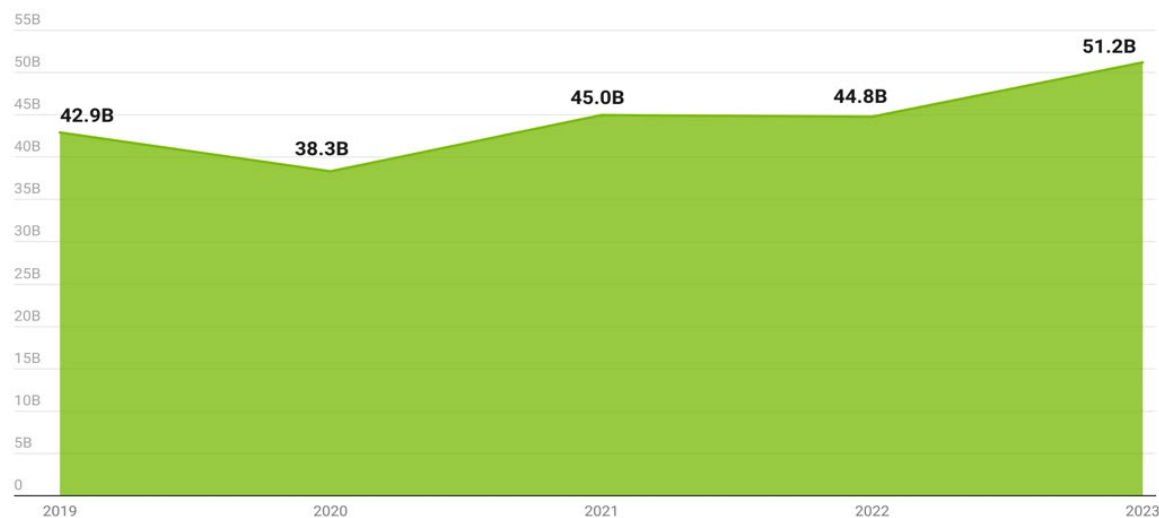
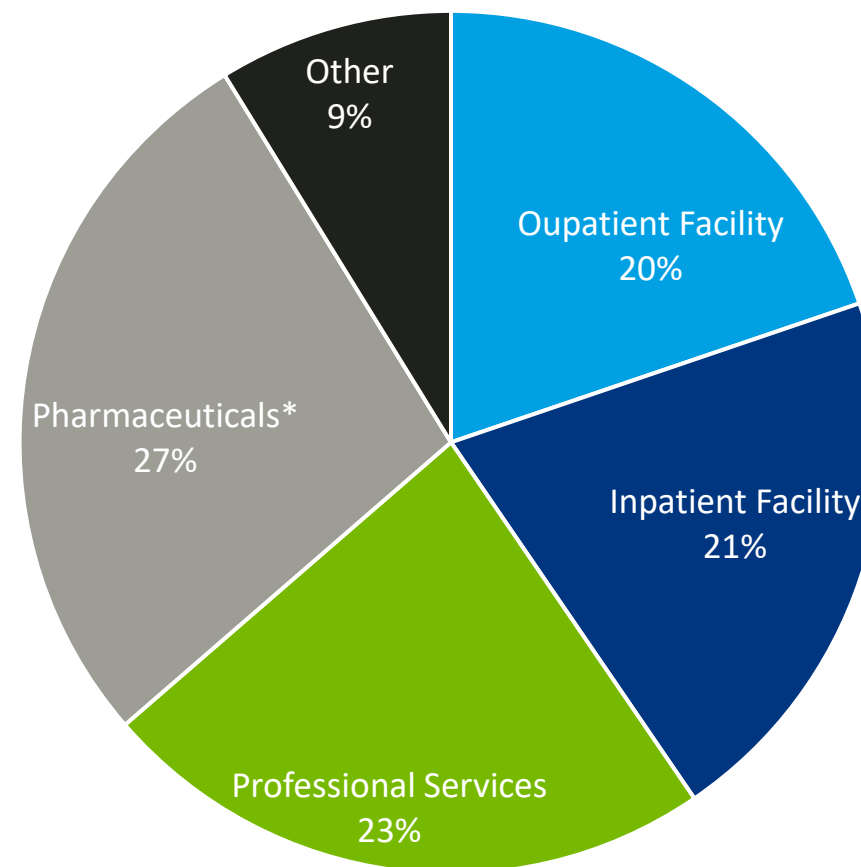


Chart: Virginia Primary Care Scorecard 2025 • Source: Virginia All-Payer Claims Database (APCD) • Created with Datawrapper

Total Cost of Care, 2023



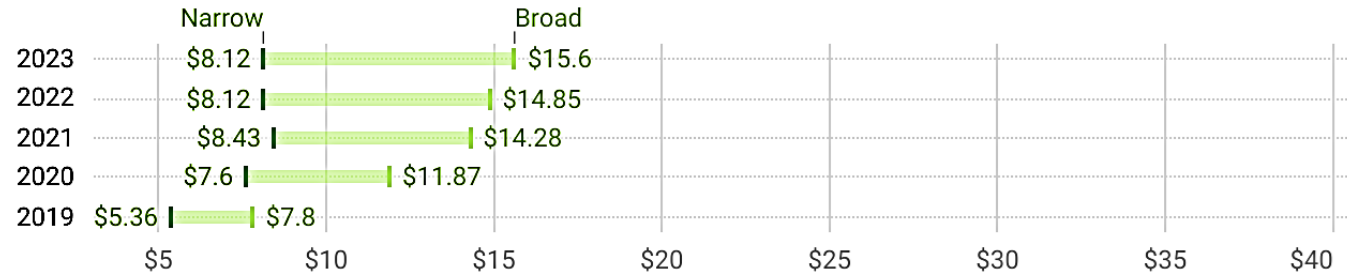
*Pharmacy rebate information is not available



Per Person Per Month Spend

- Per member per month spending has **remained stagnant or decreasing** across payers except for commercial
 - Spend for physician-led preventive services **has decreased** over the last 5 years
- The “right” PMPM?
 - Direct primary care
 - Research on commercial and Medicare Advantage
 - State policy investment goals

Commercial



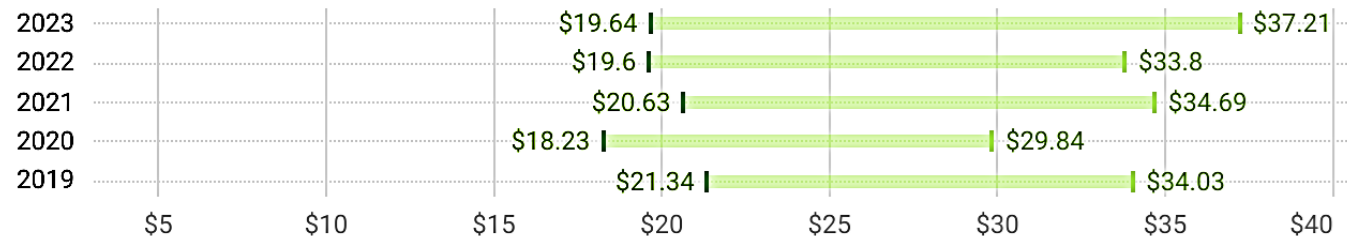
Medicaid



Medicare



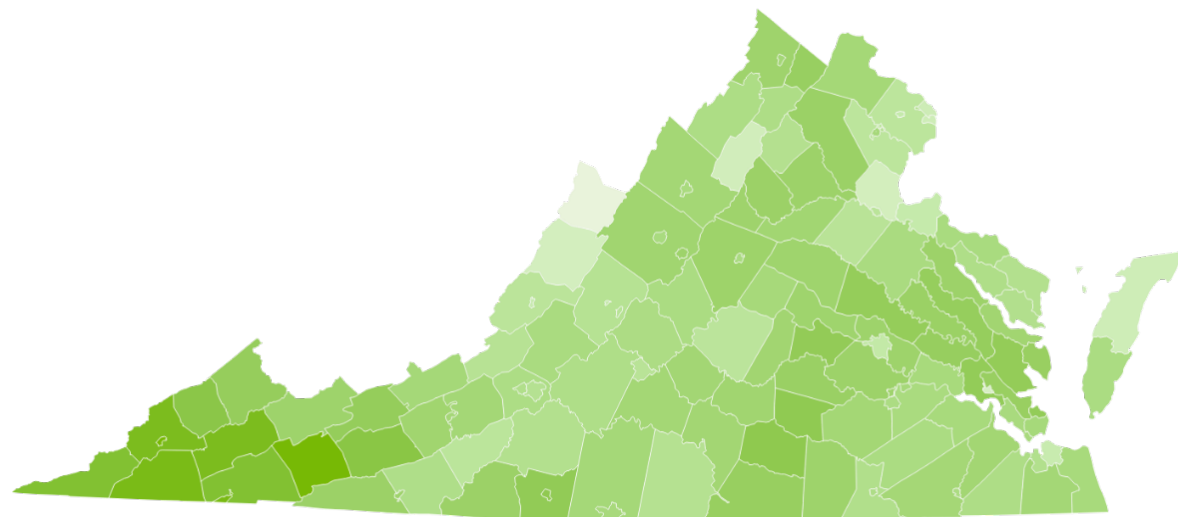
Medicare Advantage



PMPM Spend Varies by Locality

Broad Primary Care

\$9.76 \$17.21 \$28.96

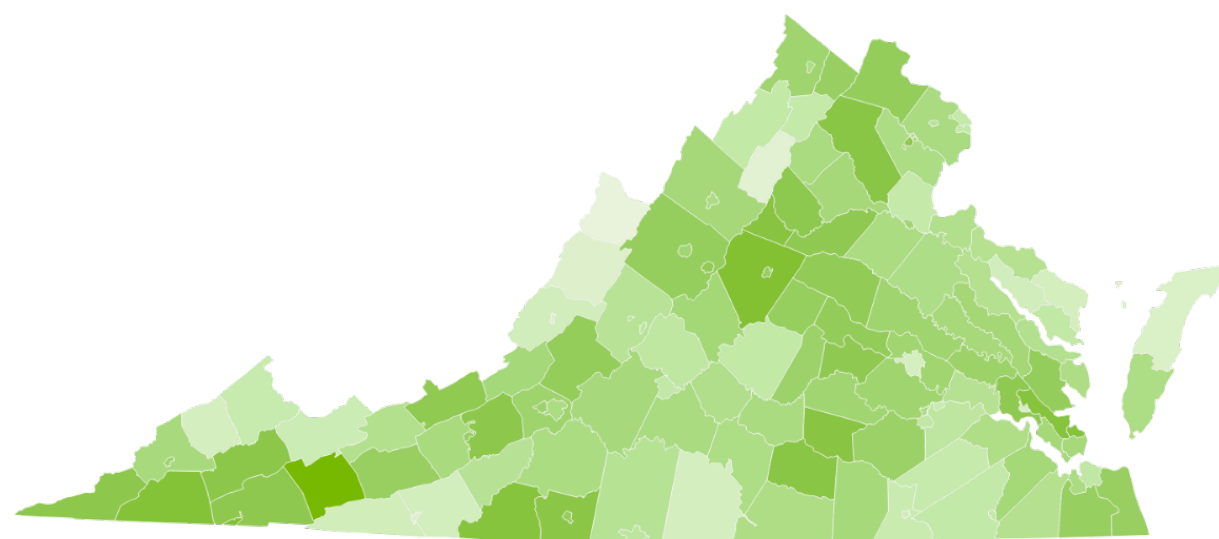


The broad definition of primary care includes all services provided by primary care physicians and advanced practice practitioners.

Map: Virginia Primary Care Scorecard 2025 • Source: Virginia All-Payer Claims Database (APCD) • Created with Datawrapper

Narrow Primary Care

\$4.35 \$9.20 \$14.11



The narrow definition of primary care spend encompasses preventive physician services only.

Map: Virginia Primary Care Scorecard 2025 • Source: Virginia All-Payer Claims Database (APCD) • Created with Datawrapper



Drivers of Primary Care Spend

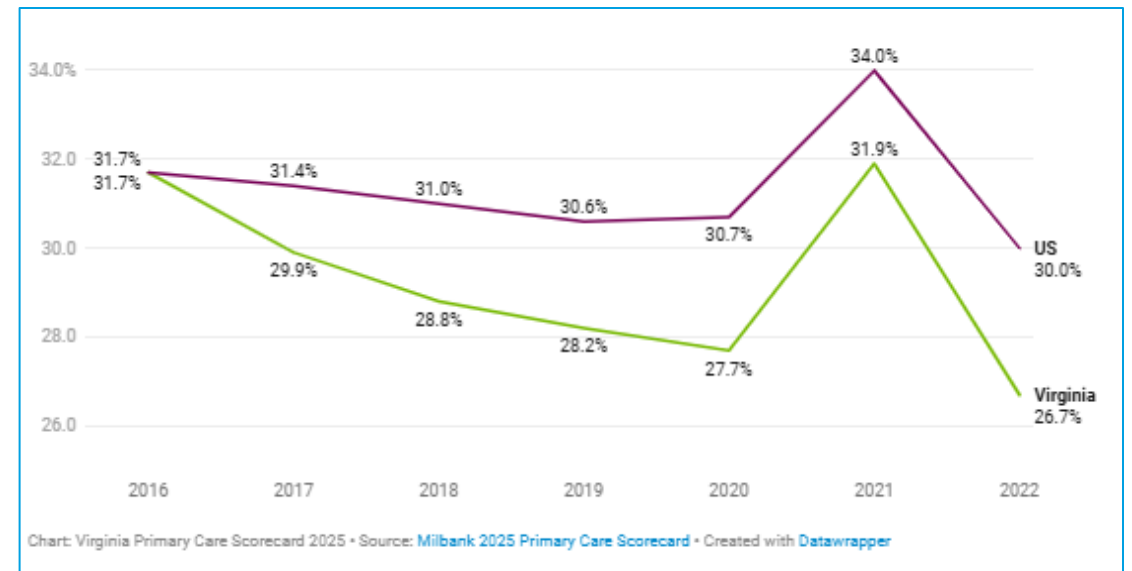
- Greatest growth in primary care spend has been for Advanced Practice Practitioners (e.g. nurse practitioners, physician assistants) and facility-based services

APPs as a Percent of Primary Care Spend

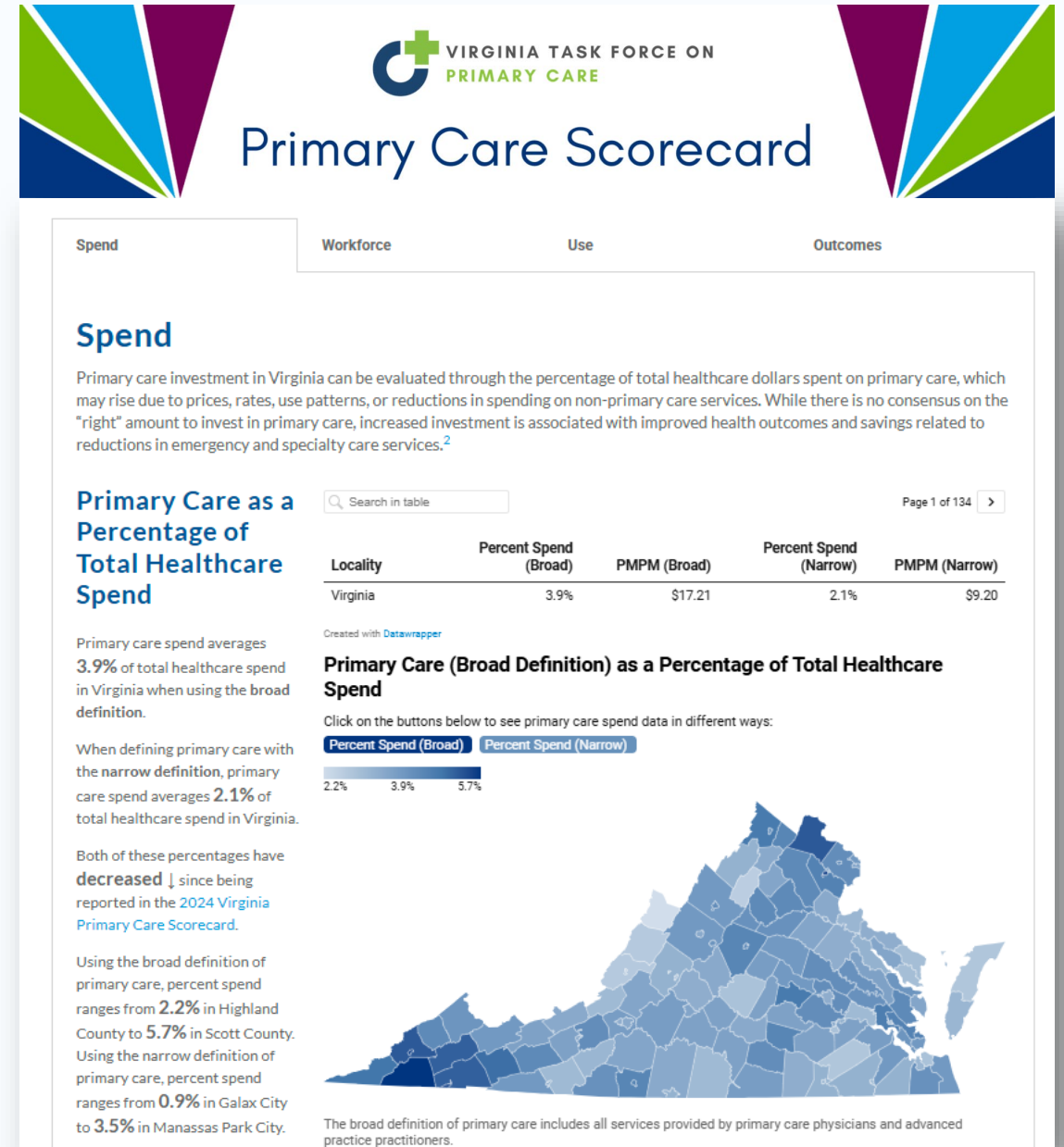


Note: Spend estimates includes ***all*** nurse practitioner services regardless of setting of care

Percentage of Nurse Practitioners Practicing Primary Care

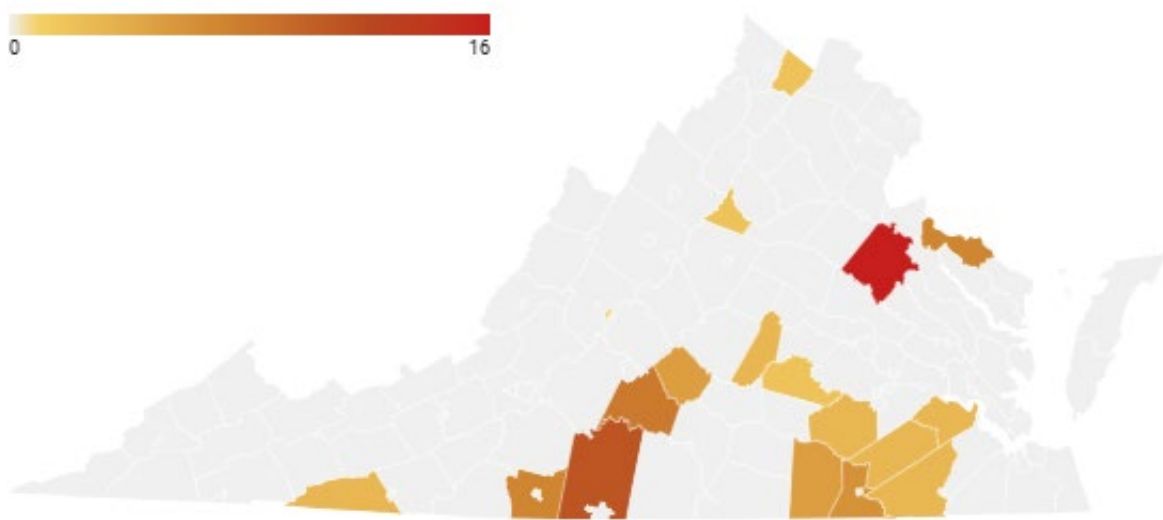


Virginia Primary Care Scorecard



Primary Care Workforce

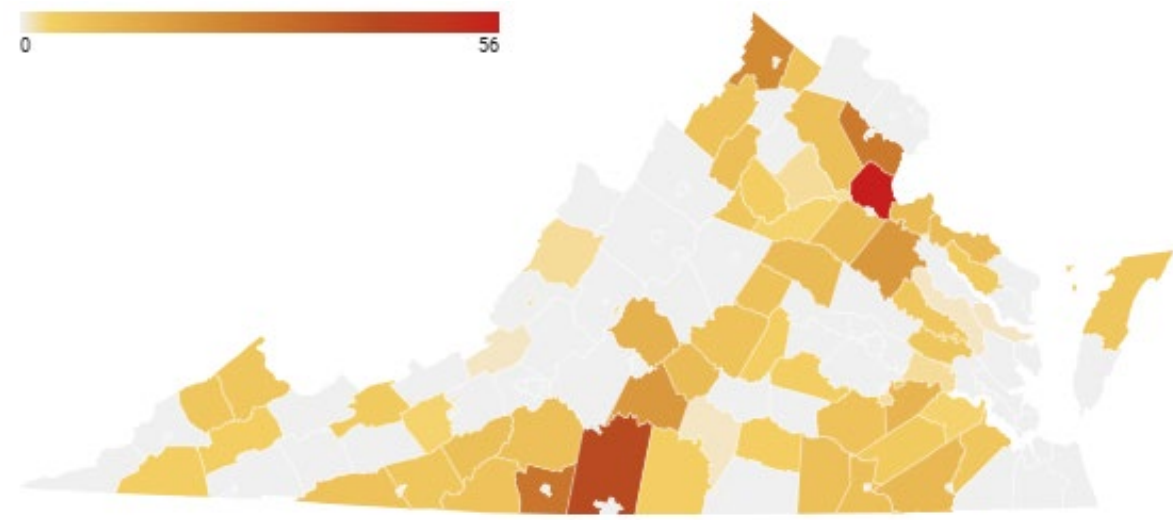
Primary Care Provider Shortage Areas (Broad)



A locality's primary care workforce is defined as sufficient if it has at least 1 primary care provider per 1,368 residents.⁶

Map: Virginia Primary Care Scorecard 2025 • Source: [AMA Health Workforce Mapper](#) • Created with [Datawrapper](#)

Primary Care Provider Shortage Areas (Narrow)



A locality's primary care workforce is defined as sufficient if it has at least 1 primary care provider per 1,368 residents.⁶

Map: Virginia Primary Care Scorecard 2025 • Source: [AMA Health Workforce Mapper](#) • Created with [Datawrapper](#)



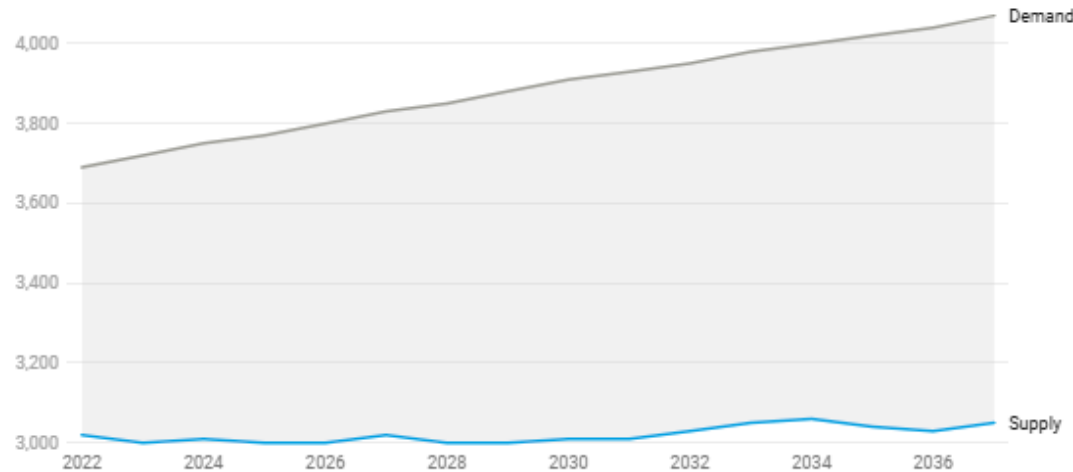
Primary Care Workforce

Demand is outpacing supply

Family Medicine Physicians

Click on the buttons below to see data for different primary care provider types:

[Family Medicine Physicians](#) [Pediatricians](#) [Nurse Practitioners](#) [Physician Assistants](#)



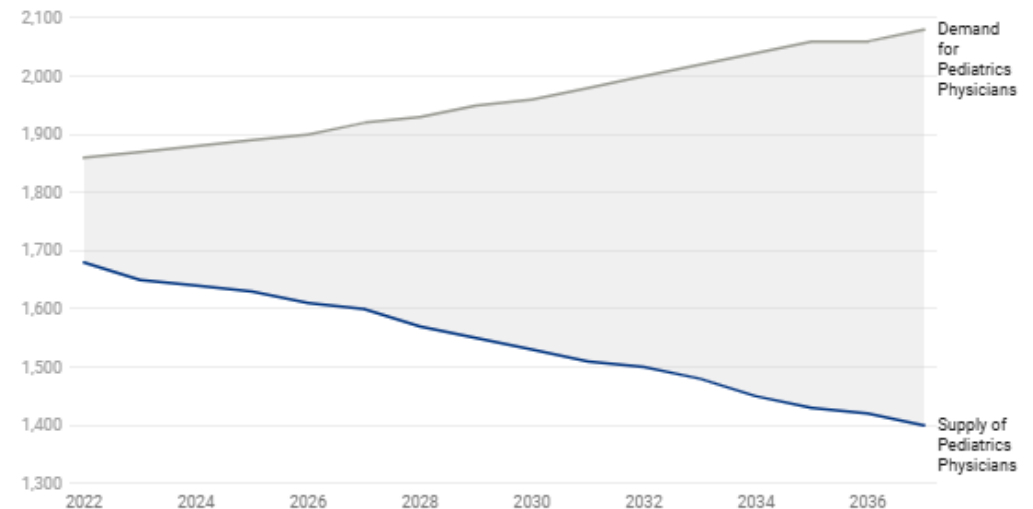
Family medicine physicians diagnose, treat, and provide preventive care to individuals and families across the lifespan. May refer patients to specialists when needed for further diagnosis or treatment.

Chart: Virginia Primary Care Scorecard 2025 • Source: [Health Resources & Services Administration \(HRSA\)](#) • Created with [Datawrapper](#)

Pediatricians

Click on the buttons below to see data for different primary care provider types:

[Family Medicine Physicians](#) [Pediatricians](#) [Nurse Practitioners](#) [Physician Assistants](#)



Pediatricians diagnose, treat, and help prevent diseases and injuries in children. May refer patients to specialists for further diagnosis or treatment, as needed.

Chart: Virginia Primary Care Scorecard 2025 • Source: [Health Resources & Services Administration \(HRSA\)](#) • Created with [Datawrapper](#)



Primary Care Use

Fewer Medicaid members are seeing a primary care provider now than during the pandemic

Medicaid members with at least 1 Primary Care Visit Percent of Virginian's with at least 1 Primary Care Visit

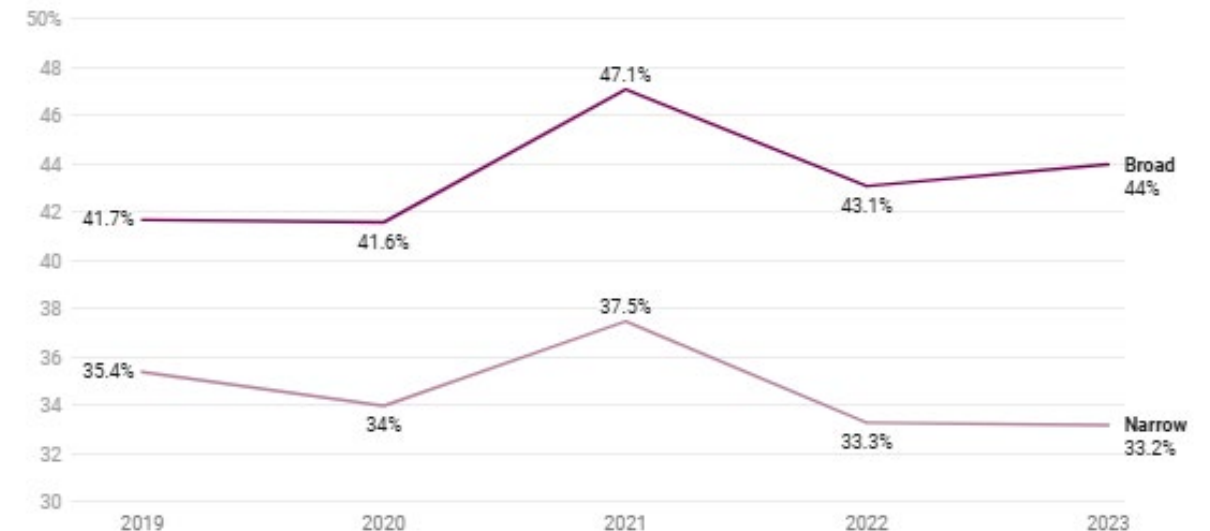
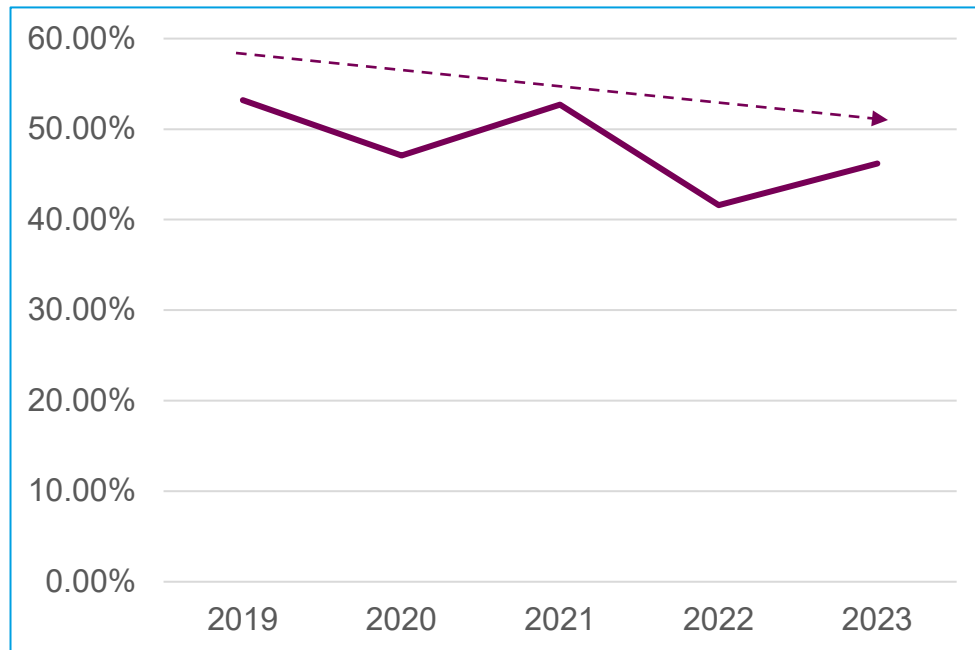


Chart: Virginia Primary Care Scorecard 2025 • Source: [Virginia All-Payer Claims Database \(APCD\)](#) • Created with [Datawrapper](#)



Primary Care Sensitive Outcomes

Life Expectancy

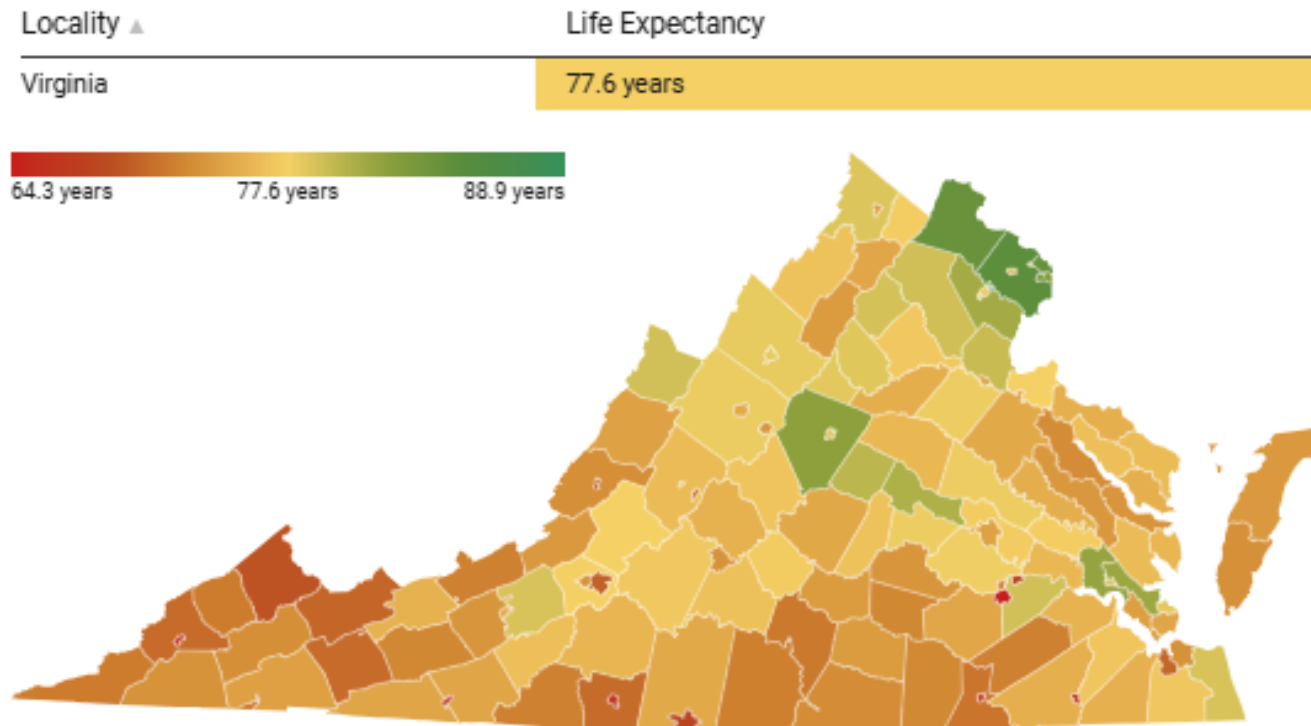
Life expectancy for a Virginian is **77.6**.

Virginia's average life expectancy is **slightly below the national average¹¹** of 78.4.

Virginia's life expectancy **decreased** ↓ in 2022, while the national average increased.

Life expectancy varies greatly, from **64.3** in Petersburg City to **88.9** in Manassas Park City.

This **variation grew** from 2021 when Petersburg City had the statewide low of 64.3 and Manassas Park City the statewide high of 85.3.¹⁰



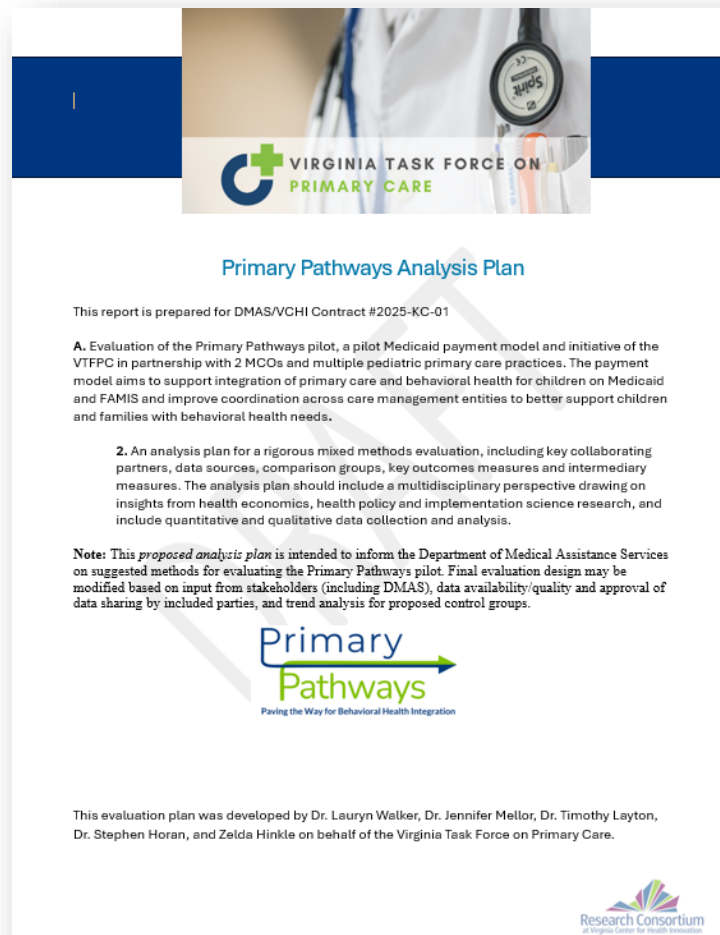
Map: Virginia Primary Care Scorecard 2025 • Source: [County Health Rankings](#) • Created with [Datawrapper](#)



Research Consortium

Highlights and Updates

Primary Pathways Evaluation and Update



Evaluation to be conducted in partnership with



- University of Virginia (Batten School of Public Policy, Department of Family Medicaid, School of Nursing)
- College of William & Mary
- Community Health Solutions

Within 6 months, ALL participating pediatric primary care practices had moved into Tier 3 (integrated care)

- Employed behavioral health provider
- Employed a care manager
- Invested in data systems
- Established relationships with community behavioral health providers

MCOs have committed to at least one more year and currently looking to expand to more rural practices

Medicare and Medicaid Comparison

Primary Care State-Federal Alignment Tool				
 VIRGINIA TASK FORCE ON PRIMARY CARE		 VIRGINIA CENTER FOR HEALTH INNOVATION		
Category	Federal Policy ¹	Virginia Status	Description	State Action Needed
Medicare Fee Schedule	Medicare primary care covered services: 1. <i>Advanced Primary Care Management</i> (G0556, G0557, G0558) - encompasses A-C below: A. <i>Principal Care Management</i> (PCM) B. <i>Transitional Care Management</i> (TCM) (99495, 99496) C. <i>Chronic Care Management</i> (CCM) (99437, 99439, 99487, 99489) 2. <i>Complexity Add-on</i> (G2211) 3. Payment for <i>auxiliary personnel</i> (community health workers [CHWs], peers, care navigators) 4. <i>Social Determinants of Health (SDOH) Screen</i> (G0136) 5. <i>Community Health Integration and Principal Illness Navigation</i> (G0511) 5. <i>Collaborative Care Model</i> (CoCM) (99492, 99493, 99494, G2214, G0512)	Virginia Medicaid primary care covered services: 1. Does not cover <i>Advanced Primary Care Management</i> (G0556 - G0558) A. Does not cover PCM B. Does not cover TCM C. Does not cover CCM 2. Does not cover <i>Complexity Add-on</i> 3. Does not cover CHWs or care navigators Does cover peers 4. Does not cover SDOH screening (G0136) 5. Does not cover Community Health Integration/Principal Illness Navigation for FQHCs/RHCs (G0511) - can be used for PCM or TCM 6. Does cover CoCM for some providers (99492-99494) Does not cover CoCM for FQHCs/RHCs (G0512) Does not cover initial CoCM behavioral health care management (G2214)	Aligning Medicare and Medicaid billing policy would significantly reduce administrative barriers for providers (even if payment rate differed). Selected Medicare billing codes are intended to more broadly support whole-person care in primary care settings through incentivizing more effective care management.	Requires legislative action to open covered services to align with Medicare covered services.
Medicare Fee Schedule	Medicare adjusts payments based on: 1. Site of care (outpatient facility vs clinic) 2. Geographic practice cost index (based on CBSA)	1. Virginia has some services where rate varies by site of care. 2. Rates are generally not adjusted by a geographic practice cost index.	Medicare adjusts rates for services based on the site of care and geography to account to actual costs of care from the provider perspective. Significant federal policy changes have been recommended by a variety of stakeholders for these adjustments.	
Telehealth	Telehealth covered services (policies currently expire December 2025 unless extended): 1. <i>Provider-to-provider consultations/e-consults</i> (99451-99452, 99446-99449) 2. <i>Video telehealth</i> services paid at parity with in-person visits 3. Audio-only services are not paid at parity	Virginia Medicaid has authority to allow reimbursement, but implementation remains unclear and inconsistent. 1. Virginia does cover e-consults (uptake and implementation is unclear) 2. Virginia does cover video telehealth services at parity 3. Virginia does cover primary care and behavioral health audio-only services at parity with in-person. This is more	Reimbursing primary care providers for time spent consulting with specialists enables the primary care providers to offer more evidence-based, comprehensive care. Telehealth and e-consult lines has enabled greater coordination across specialties.	No action needed.

PRELIMINARY Medicaid FFS vs Managed Care Rates

Annual Wellness Visits

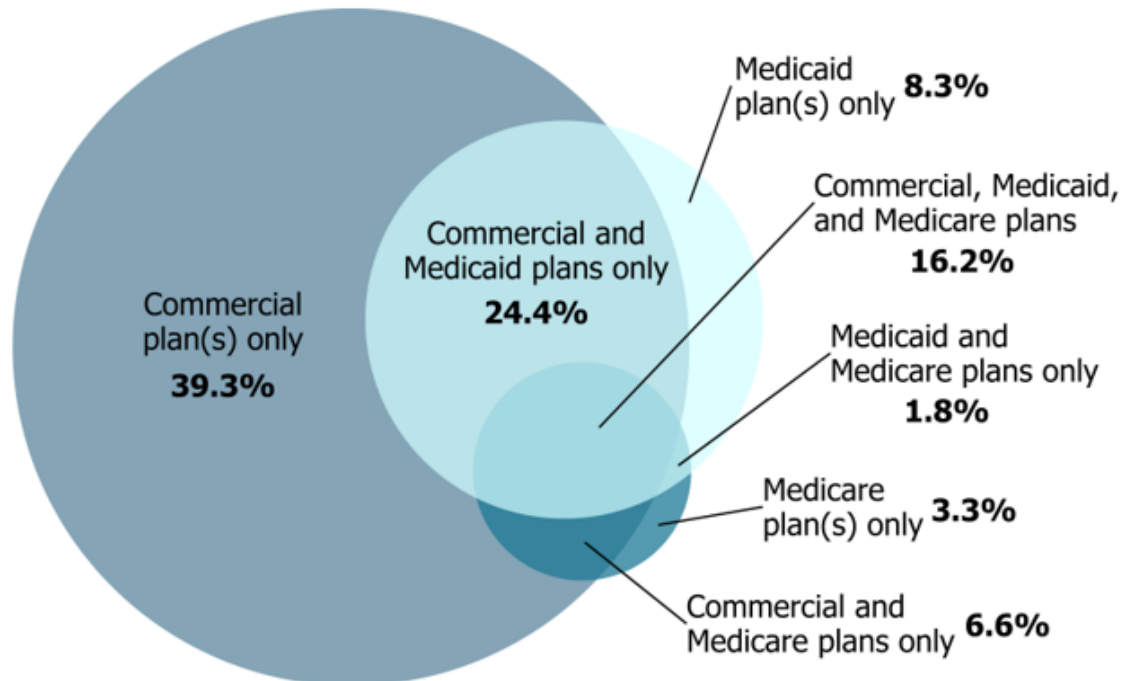
	G0438		G0439	
	Min paid	Max paid	Min paid	Max paid
Medicaid FFS	\$ 32.92	\$ 49.38	\$ 25.12	\$ 51.52
Managed Care	\$ 59.43	\$658.40	\$ 4.35	\$549.58

Preventive Medicine (Counseling)

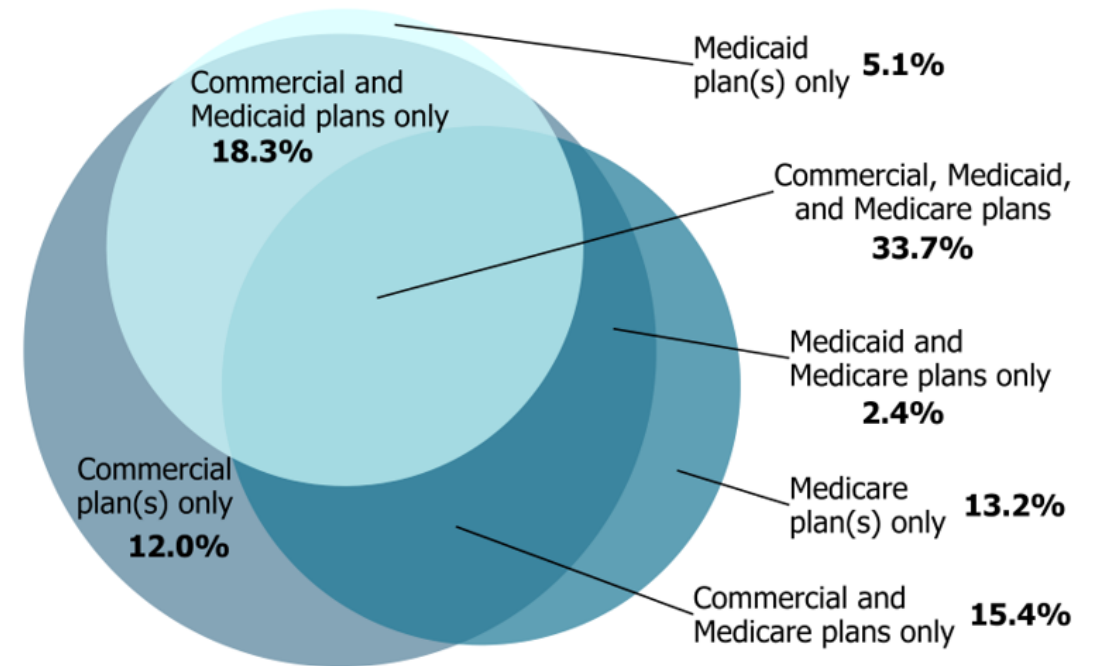
	99402		99406		99407	
	Min paid	Max paid	Min paid	Max paid	Min paid	Max paid
Medicaid FFS	N/A	N/A	\$ 0.01	\$ 178.39	\$ 20.34	\$ 21.01
Managed Care	\$ 7.50	\$145.99	\$ 0.01	\$ 54.55	\$ 0.01	\$ 63.45

Provider Networks

Behavioral Health



Primary Care



Medicaid Policy Levers to Drive High Quality Care

- Reviews **flexibilities and limitations**, and provides **state examples** for key policy levers in Medicaid:
 - Section 1115 Waivers
 - State Directed Payments
 - Health Home State Plan Amendments
 - Managed Care Contracts
 - Children's Health Insurance Program (CHIP) Health Services Initiatives (HSI)

State Medicaid Policy Levers for Primary Care

This report is prepared for DMAS/VCHI Contract #2025-KC-01

C. Landscape review of primary care policies and state Medicaid options, including assessment of primary care and behavioral health integration models and associated billing guidance.

2. Review of state Medicaid options to support high quality primary care, including differences in Medicaid authorities, highlighting key comparison states.

June 2025

Drafted by Lauryn Walker on behalf of the Virginia Task Force on Primary Care





Upcoming Initiatives

- Conduct local-level analyses on expected impacts of major federal policies and review Virginia assets for implementation
- Identify drivers of rate variation in primary care, behavioral health and select specialty care
- Partner with Medicaid managed care organizations on social supports through the Medicaid Innovation Collaborative
- Inform state policy solutions through rigorous, responsive, research

Launch Update

Launch Steps



Full launch includes the following steps:

- Receive initial grant funding
- Receive state funding
- Hire senior researcher
- Identify and contract with research partners
- Secure data enclave
- Secure private data partners
- Secure private funders
- Set up advisory committees
- Host launch event

- Secured state funding and initial foundation grants
- In process of hiring senior researcher
- In process of executing data enclave contracts and initial set of contracts with partner researchers
- Executed contract to receive access to Epic in partnership with VCU



**October 7th, 2025, 5:30-7:30p.m. at the Branch Museum in
Richmond, VA**

Hope you all can join us for our celebration in October!