



Short-Term Actions and Recommendations November 2020

Actions:

- One-time distribution of 750,000 pieces of PPE to Virginia's primary care clinicians, free clinics, and FQHCs (Complete).
- Dissemination of educational information on PPE utilization strategies and a recommended PPE vendor list to all Virginia primary care clinicians (In progress).

Recommendations:

The Task Force recommended:

1. Virginia's health plans voluntarily implement one or more of the following options for their commercially fully-insured and willing self-insured customers:
 - a. extend the telehealth provisions of HB 5046 (Adams) and the identical SB 5080 (Barker); and/or
 - b. reimburse CPT 99072 at a rate not below \$6.57 for the later of the duration of the Public Health Emergency or December 31, 2021; and/or
 - c. pay each PCP \$2 PMPM for patients attributed to them by current methodologies, starting as soon as feasible and for one year or the duration of the Public Health Emergency, whichever is longer, **IF** the PCP agrees to a contract wherein, within one year of the end of the Public Health Emergency, the PMPM amount or other non-FFS payment will depend upon performance on quality, patient experience, and total cost of care metrics; and/or
 - d. implement an enhanced FFS payment plan that would apply to all PCPs and pay all FFS evaluation and management CPT codes at 110% of current rates, starting as soon as possible and continuing for one year or the duration of the Public Health Emergency, whichever is longer.
2. Virginia's health plans, with assistance from the Virginia Association of Health Plans, submit a report to the Governor's Task Force on Primary Care no later than February 1, 2021 detailing the specific financial support each provided to Virginia primary care clinicians to address pandemic issues from March 1, 2020 through December 31, 2020. This data will be utilized to better inform long-term task-force recommendations. This report would include, but is not limited to data pertaining to increases in FFS rates, PMPM, PPE CPT code reimbursement, and expansions in telehealth coverage.
3. DMAS submit a report to the Governor's Task Force on Primary Care no later than March 1, 2021 detailing the anticipated impacts (financial, logistical, access) of a) paying for Medicaid primary care services at parity with Medicare and b) of implementing a PMPM model for Virginia Medicaid.