Methodology

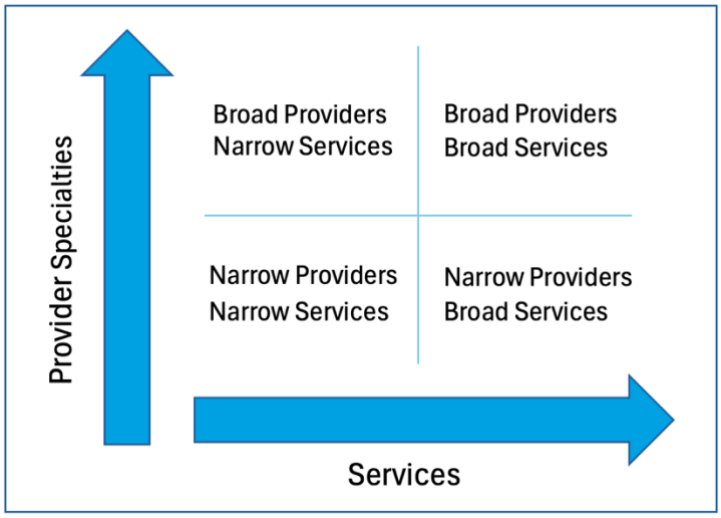
The findings in this report are based on data from the Virginia All-Payer Claims Database (APCD) 2019-2023. Data in the APCD include claims submitted by non-ERISA commercial insurers, Medicaid (fee-for-service and managed care, and Medicare (Part A and B, and C). The APCD **does not** include claims from self-insured plans governed by ERISA, federal employee health benefits, military/Tricare plans, or ininsured/self-pay. Additionally, the APCD does not capture non-claims-based payments such as capitation, performance incentives, episodic payments, salary arrangements, or care management fees, nor does it capture pharmacy rebates. This report does not make adjustments to spend estimates to account for missing population unless otherwise state nor does it make assumptions about pharmacy rebates or non-claims-based payments due to lack of validated information on which to build assumptions. All reported dollars are based on claims-based spend for individuals covered by plans reporting to the APCD, with per member per month spend calculated using membership as reported by health plans. Total spend is calculated using paid claims, regardless of amount allowed under negotiated contracts. All reported spending estimates are adjusted for inflation to 2023 dollars using the Bureau of Labor Statistics (BLS) Medical Consumer Price Index (CPI) to enable greater year-to-year comparability.

Definition of Primary Care

The Virginia Task Force on Primary Care established a 4-quadrant approach to defining primary care based on a narrow and broad set of services and provider types. For the purposes of this report, only the broadest and most narrow definitions are reported to provide the full range.

Broad Definition

This definition includes expenditures for all professional and outpatient services provided by the following specialties:



- Family medicine
- Pediatrics
- Geriatrics
- Adolescent medicine
- Palliative care
- Internal medicine (if provider had > = 10 wellness visits per year)
- All nurse practitioners and physician assistants (regardless of practice area)
- OB/GYNs (if provider had > = 10 wellness visits per year)
- Community Health Centers (e.g. Federally Qualified Health Centers and Rural Health Centers)
- School Health Clinics
- Urgent care clinics (if service is provided by one of the specialties listed above)

Narrow Definition

The *narrow definition* includes professional and outpatient expenditures *only* for primary care office visits, immunizations, physical exams, well visits, and preventive services provided by *physicians* with the following specialties:

- Family medicine
- Pediatrics
- Geriatrics
- Adolescent medicine
- Palliative care
- Internal medicine (if provider had > = 10 wellness visits per year)