COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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October 6, 2025

MEMORANDUM

TO: The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable L. Louise Lucas
Chair, Senate Finance and Appropriations Committee

Michael Maul
Director, Department of Planning and Budget

FROM: Cheryl J. Roberts
Director, Virginia Department of Medical Assistance Services

SUBJECT: Virginia Task Force on Primary Care Update on Research Activities

This report is submitted in compliance with Item 292.JJ. of the 2025 Appropriations Act, which states:

Out of this appropriation, $250,000 the first year from the general fund and $250,000 the first year from federal funds shall be provided to contract with the Virginia Task Force on Primary Care (VTFPC) to conduct research dedicated to guiding Medicaid policy as it relates to primary health care. By October 1, 2025, VTFPC shall provide an update to the Department of Medical Assistance Services (DMAS) on its research activities. DMAS shall provide this update to the Director, Department of Planning and Budget and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees upon receipt.

Should you have any questions or need additional information, please feel free to contact me at (804) 664-2660.

CJR/wrf

Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

Virginia Task Force on Primary Care Update on Research Activities

Report to Department of Medical Assistance Services

October 2025

Research Consortium
at Virginia Center for Health Innovation

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Research Consortium
at Virginia Center for Health Innovation

Legislative Language

This report is submitted in accordance with the requirements outlined in the Virginia State Budget (FY 2025), Item 292 JJ:

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This report serves as the required update from the Virginia Task Force on Primary Care regarding its research activities supported by the above appropriation.

Executive Summary

Per the 2024 recommendation of the Virginia Task Force on Primary Care (Task Force), the Virginia Center for Health Innovation (VCHI) launched the Research Consortium at VCHI. This Consortium was established to enable the Task Force and VCHI to produce timely, rigorous, and actionable research for the Department of Medical Assistance Services (DMAS) and other state partners to guide primary care and health policy.

Following the appropriation of funds and execution of contracts with DMAS in May 2025, the Research Consortium, on behalf of the Task Force, has provided eight individual research products to the Department to support Medicaid policy in primary care. As of July 1, 2025, these include:

1. A status report on a Medicaid managed care organization (MCO) alternative payment model aimed at integrating behavioral health and primary care for children and adolescents (Primary Pathways)
2. A detailed analysis plan for an evaluation of the Primary Pathways alternative payment model, including implementation barriers and facilitators as well as patient and cost outcomes
3. An analysis of types of insurance accepted for behavioral health and by primary care providers in Virginia who accept any insurance
4. An analysis of variation in payment rates across MCOs for key primary care and behavioral health services
5. A comparison of covered primary care services for Medicare and Virginia Medicaid
6. A landscape review of key Medicaid authorities and policies used by other state Medicaid programs to promote sustainable, high-quality primary care
7. Analyses of primary care expenditures in Virginia, comparing Medicaid to other payers
8. A landscape review and high-level proposal for a primary care spend target policy

In addition to producing these eight reports, the Research Consortium has made strategic investments to ensure ongoing, long-term ability to conduct primary care research to guide Medicaid policy. These investments include:

- Establishing a new data enclave to provide access to rich, timely data,
- Contracting with new data suppliers,
- Hiring a full-time staff member,
- Establishing a Research Executive Board,
- Securing nine Consortium sponsors,
- Establishing formal partnerships with four Virginia research entities
- Disseminating findings to state and national audiences to guide Medicaid primary care initiatives

These efforts collectively strengthen Virginia's ability to develop evidence-based Medicaid policies that support high-quality primary care.

Primary Care Research

On behalf of the Virginia Task Force on Primary Care (Task Force), the Virginia Center for Health Innovation (VCHI) has produced numerous reports for the state to support the development of primary care policy, such as options for targeted investments, areas of challenges, and state policies implemented by other state Medicaid agencies. The sections below outline the materials provided directly to the Department of Medical Assistance Services (DMAS) and published by the Task Force.

Medicaid-Specific Research

As of July 1, 2025, the Research Consortium provided eight research products to DMAS describing various primary care policies and the health of the primary care ecosystem in Virginia. These research products include:

1. Status report on a Medicaid managed care organization (MCO) alternative payment model aimed at integrating behavioral health and primary care for children and adolescents
2. Detailed analysis plan for an evaluation of the alternative payment model, including implementation barriers and facilitators as well as patient and cost outcomes
3. An analysis of types of insurance accepted for behavioral health and primary care providers in Virginia who accept any insurance
4. An analysis of variation in payment rates across MCOs for key primary care and behavioral health services
5. Comparison of covered primary care services for Medicare and Virginia Medicaid
6. Landscape review of key Medicaid authorities and policies used by other state Medicaid programs to promote sustainable, high quality primary care
7. Analyses of primary care expenditures in Virginia, comparing Medicaid to other payers
8. Landscape review and high-level proposal for a primary care spend target policy

The analyses described above are considered preliminary. Full information on the DMAS research products is available from the Department of Medical Assistance Services. An example of these research products can be found in **Appendix A: "State Medicaid Policy Options for Primary**

Care." Additional research products and preliminary research findings were presented to the Joint Commission on Health Care in July 2025.

Primary Pathways Evaluation

Primary Pathways is a Medicaid MCO alternative payment model aimed at promoting integration between behavioral health and primary care for children and adolescents. Launched in January 2025, this model is an initiative of the Task Force and led by VCHI.

In alignment with the evaluation plan described above (Medicaid research product #2), the Research Consortium has initiated the evaluation process, beginning with the implementation evaluation. This goal of this evaluation is to better understand the experiences of the practices and health plans to identify gaps in supports, barriers to effective implementation, and facilitating factors. These findings will be used to generate new resources for practices and support modifications to implementation plans.

The implementation evaluation team consists of partners from:

- University of Virginia, Department of Family Medicine – Psychologist with expertise in integrated care
- University of Virginia, School of Nursing – DNP students and faculty with expertise in care management
- Fellow, Robert Graham Center – Psychiatrist and Family Medicine Physician with expertise in integrated care
- Community Health Solutions – Expertise in primary care quality improvement initiatives, implementation science

The implementation evaluation team has designed a practice survey, which is currently under review by practice representatives prior to fielding. The survey will inform the development of toolkits on integrated care models, billing guidance and workflows, and care management best practices.

Regarding patient and practice outcomes, the evaluation team is currently designing methodologies to draw causal inferences based on updated information of data availability. The evaluation team is collaborating with the participating MCOs to ensure research design accurately reflects operations. Because the Primary Pathways model launched in January 2025, there is not yet sufficient data on patient outcomes to begin data analysis.

All-Payer Primary Care Research

Virginia Task Force on Primary Care Annual Reports

Effective Medicaid policy requires more than an understanding of Medicaid-specific programs and provider networks. It must also consider the context in which Medicaid policy and payments exists in comparison to other payers and programs. To that end, the Task Force published two research products that provide statewide, local level, and payer stratifications for primary care use and expenditures (see **Appendix B "Highlights from Virginia Task Force on Primary Care Reports"**).

- The Virginia Primary Care Investment Report highlights that while Medicaid spends less of its total dollars on primary care, its *per member per month* (PMPM) spend is in line with other payers, with the exception of Medicare Advantage.
- The Virginia Primary Care Scorecard includes additional information on the health of primary care in Virginia, such as workforce capacity, service utilization, and patient outcomes. Due to missing data, patient experience information was removed from this year's scorecard.

Together, these reports support a more comprehensive understanding of Virginia's primary care landscape and provide critical context for Medicaid policy development and evaluation.

Rate Variation in Primary Care and Behavioral Health

With support from a grant awarded by AcademyHealth and the Robert Wood Johnson Foundation, the Research Consortium at VCHI has partnered with George Mason University and William & Mary to conduct research on drivers of variation in rates in primary care and behavioral health.

Specifically, the research looks at variation in rates within and across payers (i.e. comparing across MCOs and comparing MCOs to commercial rates), across provider types, and across geographies within Virginia. Preliminary findings were presented at the AcademyHealth Annual Research Meeting.

Initial analyses on primary care rate variation across payer types have been completed and a research letter is in progress. The grant is scheduled to be completed December 2026.

Upcoming Research Agenda for 2026

The Research Consortium at VCHI has received input from a variety of stakeholders, including the Virginia Task Force on Primary Care, DMAS and members of the General Assembly on research focus areas that may be useful. Actual implementation of research is dependent on availability of funding and research capacity. If fully funded, the anticipated research agenda is outlined below.

Research Recommended by the Virginia Task Force on Primary Care

As part of the 2025 Virginia Task Force on Primary Care recommendations, the Task Force outlined a priority research agenda for the Research Consortium at VCHI. This work builds on current initiatives and aims to inform future Task Force program investments and recommendations.

1. **Continue to monitor and report** primary care investment, utilization, workforce, and patient outcomes through a Virginia Primary Care Investment report and Virginia Primary Care Scorecard
2. Conduct a **marketplace assessment** of primary care ownership arrangements in Virginia to better inform structure of payment incentives
3. Identify **potential policy levers** to ensure funds from alternative payment models and increased rates flow directly to primary care practices
4. Review **primary care payment models** that could be deployed in Virginia to better ensure primary care sustainability and enhanced access for patients.
5. Finalize and disseminate findings from the Person-Centered Primary Care Measure evaluation aimed at identifying measures that better capture the patient experience
6. Evaluate the Primary Pathways integrated care payment model

In addition to the research items listed above, the Task Force recommends collaborating with VHI to incorporate non-claims-based payments submitted by health plans into all reports. The Research Consortium at VCHI has also submitted proposals for additional patient experience questions to the Virginia Department of Health for inclusion in the state's Behavioral Risk Factor Surveillance System, per a 2024 Task Force recommendation. The inclusion of these additional data points will enable a more comprehensive assessment of primary care in Virginia.

Clinician Burnout and Retention Research

In addition to research recommended by the Task Force, the Research Consortium at VCHI has novel data that enables greater insights into causes of clinician burnout and retention efforts that can support workforce investment policy.

- **"Joy in Healthcare" survey** – In collaboration with the American Medical Association (AMA), the Task Force supported four health systems and one independent pediatric physician association through a clinician retention learning collaborative and recognition program. As the first state in the country to establish a state-based cohort for the AMA's Health System Recognition program and an agreement by all learning collaborative participants to use a standard set of questions as part of their organizational biopsy survey, the Research Consortium at VCHI has all survey data from participating systems and is able to compare Virginia responses to national averages. This data helps identify levels of burnout among various clinician groups, potential drivers of burnout and reasons for reducing hours, and opportunities for system improvements to ensure Virginia becomes the best place to practice medicine.
- **Epic electronic health record analyses** – As the first state in the country to partner with Epic to conduct analyses on de-identified, aggregated electronic health information to inform state policy, the Research Consortium is reviewing potential analyses that may be of highest priority. Such analyses could include more detailed information on what activities actually occur during a visit compared to what is billed and paid.

Rural Health Transformation Program

The Research Consortium at VCHI has submitted a proposal to serve as the evaluation hub for the Rural Health Transformation program. By having one coordinated hub with partners across the Commonwealth, the Consortium could ensure alignment across all initiative evaluations and standardize reporting for key measures. The proposal has been submitted to the Secretary of Health and Human Resources.

To ensure the successful execution of this research agenda, continued funding is essential. In particular, several projects require state authority to draw down available Medicaid federal funds and support data access, staffing, and long-term infrastructure for Medicaid-related primary care research.

Research Dissemination

The Research Consortium at VCHI has prioritized broad and strategic dissemination of its research findings to ensure that insights inform Medicaid policy, practice, and further inquiry—both within

Virginia and nationally. In 2025, research supported by the Virginia Task Force on Primary Care was presented across a range of key forums, including:

- **AcademyHealth Annual Research Meeting (ARM) (June 7-10, 2025)**
  Research Consortium staff presented as part of a panel on novel Transparency in Coverage data, describing research on primary care and behavioral health rate variation and representing an innovative approach to how states can leverage new data. Preliminary findings were also presented separately at the conference. Additionally, Research Consortium staff chaired the State Health Policy session, bringing together voices across the country to discuss how research can be better translated into action.
- **Joint Commission on Health Care (JCHC) Meeting (July 23, 2025)**
  VCHI and Research Consortium staff presented preliminary findings and policy implications from ongoing research, including Medicaid primary care spending, payment reform models, and cross-payer rate variation.
- **Health Datapalooza (September 4-5, 2025)**
  Research Consortium staff presented as part of a panel representing state innovations of building collaborative partnerships and leveraging transparency data and federal datasets.
- **Virginia Task Force on Primary Care Meeting (September 5, 2025)**
  Research updates were shared with Task Force members and discussed in the presence of DMAS leadership, fostering direct alignment between research findings and Medicaid policy development.
- **VHHA ALL IN Caring for Virginia Caregivers' Quarterly Meeting (September 8, 2025)**
  Shared preliminary survey data and recommended next steps from the Joy in Healthcare learning collaborative to address clinician retention.
- **Virginia Primary Care Summit (October 8, 2025)**
  The Consortium hosted dedicated sessions at the annual Summit to share emerging data and engage stakeholders, including policymakers, providers, health systems, and payers, in dialogue around actionable recommendations.
- **National Association of Health Data Organizations (NAHDO) (November 4-6, 2025)**
  Research staff will be presenting alongside research and policy experts to discuss the novel uses of the Transparency in Coverage data and potential uses for state research and policy.

These dissemination efforts are critical to ensuring that research not only informs Virginia's Medicaid policy but also contributes to the broader body of evidence supporting primary care transformation nationwide.

Establishing the Research Consortium at Virginia Center for Health Innovation

Health policy research in Virginia has historically been siloed across universities, departments, and industries. As a public-private partnership, the Research Consortium aims to spur collaboration by serving as a hub for health policy researchers to promote timely evidence-based healthcare policy and connect decision-makers with information. By establishing the Research Consortium, the Virginia Task Force on Primary Care enhances its capacity to produce ongoing primary care research to guide state policy. In addition, as a nimble non-profit, the Research Consortium can

promote cost-effective research while minimizing administrative barriers to data. Importantly, the Virginia Center for Health Innovation (VCHI), which houses the Consortium, is not financially tied to any single industry. This independence supports the Consortium's ability to produce objective, rigorous research aligned with VCHI's mission to drive value in healthcare for all Virginians. Finally, VCHI developed a comprehensive branding kit to ensure consistent and professional visual identity across all Research Consortium communications and materials.

Additional details on the goals and governance structure of the Research Consortium are available in **Appendix C: "Research Consortium Overview"**.

Mission

Connect researchers, novel data sources, industry and policymakers to drive timely and actionable research to inform health policy decisionmakers and promote evidence-based policy.

The Research Consortium at VCHI aims to:

1. **Maximize use of existing data** infrastructure through collaboration with public and private data contributors.
2. **Match the right data sources with the right experts** to effectively and efficiently leverage the expertise across the Commonwealth.
3. **Build collaborations across universities and research partners** to reduce silos and improve the expertise on research teams supporting the state.
4. **Create a data hub to reduce administrative burden** associated with contracting and data sharing with state entities.
5. **Reduce cost of state-directed research** through cost-efficient contracts with research and academic partners.
6. **Improve data transparency** by promoting access to datasets for research partners and publishing information through an array of mediums.
7. **Disseminate research funds across research institutions and state universities** to support the capacity of Virginia's institutions.
8. **Improve Virginia's competitive advantage for grant funds** by establishing a collaborative application leveraging experts across disciplines and entities.
9. **Tell a cohesive story of healthcare in Virginia** that reflects innovations occurring across the Commonwealth, informing both state and national policy.
10. **Train the next generation** of health policy researchers.

Research Consortium Structure

While the Research Consortium staff will conduct some research independently, the Consortium aims to bring researchers together to ensure researchers are focused on relevant questions and that decision-makers are aware of compelling research. The Research Consortium is made up of (1) a Research Executive Committee, (2) an Advisory Council, (3) Research Experts and Academic Partners, and (4) a staff team.

Research Executive Committee

The Research Consortium has established its initial Research Executive Committee, tasked with guiding the research agenda to ensure ongoing research meets the needs of Medicaid and other

state partners. This Committee is also responsible for monitoring potential conflicts of interest to ensure research produced is objective and rigorous. The majority of members of the Research Executive Committee will VCHI board members, with additional positions for a legislative representative, an executive branch representative, and a research representative.

As of October 1, 2025, the Research Executive Committee members include:

- **Jeff Ricketts, Co-Chair** - Jeff Ricketts had a nearly 40-year tenure with Anthem and served as the Virginia Plan President for the last five years until he retired in September 2022. Mr. Ricketts has been involved in many professional, community and charitable activities. He currently serves as Chair of the Virginia Center for Health Innovation Board of Directors and was previously co-chair of the Virginia Task Force on Primary Care. He also serves on the Board of the Virginia Healthcare Foundation and Virginia Learns. He has previously served on the boards of the Virginia Chamber of Commerce, Chamber RVA, Venture Richmond, and the Virginia Association of Health Plans. He was a member of the Governor's Advisory Council on Revenue Estimates, Virginia Chamber Blueprint VA 2030 Committee, the Virginia Business Council, and the Management Roundtable. He is also past chair of the Virginia March of Dimes State Board and was chair for the 2015 March for Babies. Mr. Ricketts is a native of Richmond and graduate of James Madison University.
- **Delegate Rodney Willett, Co-Chair** – Delegate Rodney Willett is the Vice President of Community Engagement for Merakata, Inc., a consulting company focused on helping clients develop enterprise data strategies and implementing flexible, trusted data ecosystems to support critical needs such as executive decision making, employee efficiency, and enabling sophisticated solutions such as artificial intelligence, predictive analytics, machine learning and other data dependent solutions. He leads the company's support of nonprofits through financial contributions and pro bono consulting services. Rodney also serves in the Virginia House of Delegates, 73rd District in Henrico County and is a member of the House Health, Welfare and Institutions Committee and Agriculture, Chesapeake and Natural Resources Committee. He is an entrepreneur, attorney, and technology consultant. Throughout his professional career – over 30 years - he has worked extensively with state and local governments to address their management, technology, and legal needs. As an entrepreneur, Delegate Willett has pursued innovative business models, including with his most recent company Impact Makers, a technology consulting firm that contributes all profits to local charities. In addition to serving others in his professional career, Delegate Willett also volunteers on numerous boards and commissions, including the Virginia Foundation for Healthy Youth, New College Institute, Virginia Health Workforce Development Authority, Virginia Small Business Commission, Virginia Advisory Commission on Juvenile Justice, and the Richmond Performing Arts Alliance. Throughout his work and volunteer activities, Delegate Willett has dedicated his life to making a difference for others.
- **Aneesh Chopra, MPP** - Aneesh Chopra is the Chief Strategy Officer at Arcadia, a healthcare data platform that in 2024 acquired CareJourney, the company Chopra co-founded a decade prior. In his role at Arcadia, Chopra advocates for interoperability and data-driven approaches that help providers, payers, and employers make smarter decisions to succeed in the shift to value-based care. Chopra helps the industry better

manage costs and improve care quality with a winning combination of precise insights derived from more than 300 million beneficiaries and over 2 million providers nationwide and a fast, scalable, and interoperable platform with operational tools to act on opportunities. Chopra's influence and leadership in technology includes extensive experience in the public sector. He served as the first U.S. Chief Technology Officer under the Obama Administration, where he spearheaded initiatives to modernize the nation's healthcare system using electronic health records and health information exchanges. These efforts strengthened the data infrastructure used in healthcare delivery reform, ultimately helping the industry progress toward a more connected and efficient healthcare ecosystem. Chopra also served as Virginia's Secretary of Technology under Governor Tim Kaine, where he championed the growth of the state's technology sector, enhanced educational opportunities through technology, and drove innovation in government operations. As a public servant, Aneesh fostered better public-private collaboration, a theme central to his 2014 book, "Innovative State: How New Technologies Can Transform Government."

- **Jeff Dobro, MD** - Dr. Jeff Dobro has had leadership roles in some of the most innovative and impactful organizations in health care. He is currently the CEO of Eudaimonia Concepts, dedicated to bringing creative solutions to organizations empowering them to flourish and thrive. He has recently served as Chief Innovation Officer at Transcarent, leading the organizations' efforts to create the One Place to Go for all of a consumer's health and care needs, developing novel products and partnerships that drive value for consumers, fiduciaries and providers. Prior to joining Transcarent, Dr. Dobro was a Partner and the Health Strategy and Innovation Leader at Mercer Consulting. He was the Chief Medical Officer at One Medical Group, Chief Medical Officer at RedBrick Health and a Partner at Willis Towers Watson. He has operated a national group of 58 primary care medical practices, was Chief Medical Officer of an early ACO management firm and was an analyst at a hedge fund. Dr. Dobro is a board-certified internist and rheumatologist and was an Assistant Professor at NYU School of Medicine. He is passionate about transforming the US health care system and achieving the quadruple aim of bringing accessible, high quality, positive experience health care to all Americans and clinicians at an affordable cost.
- **Christopher Koller, MPPM, MAR** - Christopher Koller is president of the Milbank Memorial Fund, a 120-year-old operating foundation that improves population health and health equity by connecting leaders with evidence and sound experience. Before joining the Fund, he served the State of Rhode Island as the country's first health insurance commissioner, an appointment he held between 2005 and 2013. Under Mr. Koller's leadership, the Rhode Island Office of the Health Insurance Commissioner was nationally recognized for its rate review process and its efforts to use insurance regulation to promote payment reform, primary care revitalization, and delivery system transformation. The office was also one of the lead agencies in implementing the Affordable Care Act in Rhode Island. Prior to serving as health insurance commissioner, Mr. Koller was the CEO of Neighborhood Health Plan of Rhode Island for nine years. In this role, he was the founding chair of the Association of Community Affiliated Plans. Mr. Koller has a bachelor's degree *summa cum laude* from Dartmouth College and master's degrees in social ethics and public/private management from Yale University. He is a member of the National Academy of Medicine. He has also

served in numerous national and state health policy advisory capacities and was the recipient of the Primary Care Collaborative's Starfield Award in 2019. Mr. Koller is a professor of the practice in the department of health services, policy and practice in the School of Public Health at Brown University.

- **Shelly Smith, DNP, PhD** - Dr. Shelly Smith is a distinguished Professor of Nursing and Public Policy at the University of Virginia. With a robust academic background, Dr. Smith holds a PhD in Public Policy from Virginia Commonwealth University, a Doctor of Nursing Practice degree from the University of Virginia, an MS with a concentration in Adult Primary Care from VCU, and a BSN in Nursing from the UVA. Dr. Smith's professional journey is marked by significant leadership roles and contributions to nursing education and public policy. Currently, she serves as the Associate Dean for Graduate Nursing Programs at the University of Virginia. She also co- directs the newly formed Synergy Center, which addresses Virginia's nursing workforce challenges by aligning individual goals with organizational needs through purposeful interaction. Her academic career also includes roles as a Clinical Associate Professor and Program Director at Virginia Commonwealth University, where she directed Graduate Practice Programs. Dr. Smith continues to maintain an active clinical practice in addition to her academic roles. Dr. Smith is actively involved in public health and policy. She is an appointed member of the Virginia Board of Nursing and the Joint Board of Nursing and Medicine, where she serves as the APRN representative. Prior to her board of nursing appointment, Dr. Smith was appointed to the Virginia Healthcare Workforce Development Authority. She is an active member of the Region 9's Virginia Partnerships for Health Science Careers workgroup. Her work focuses on creating sustainable collaborations across public education, industry, and policy. Her contributions to nursing and public policy are further evidenced by her numerous publications and presentations at national and international conferences. She is a Fellow of the American Academy of Nursing and the National Academy of Practice and has received several awards, including the NP State Excellence Award from the American Academy of Nurse Practitioners.

Research Members of the Consortium

VCHI is in the process of developing membership materials and resources for research partners. Consortium members would have access to an array of resources to support collaboration, including:

- Access to a data enclave to enable direct, shareable right to use appropriate data sources, following training and security validations
- An online portal with Virginia research resources, such as shared definitions, data coding supports, and a data asset inventory
- Access to data sets at lower costs through leveraging collaborative purchasing power
- A membership directory with areas of expertise to enable external collaborations and to match the right experts to the right questions as they arise

To date, the Research Consortium has finalized contracts with William & Mary and Community Health Solutions (CHS) to support primary care evaluation research. An additional contract with William & Mary and George Mason University has been executed to research drivers of variations in

negotiated rates for primary care and behavioral health across payers, provider types, and geography. Contracts are in process with the University of Virginia Department of Family Medicine, School of Public Policy, and School of Nursing.

Advisory Council

VCHI intends to establish an Advisory Council comprising industry experts, data partners, and research specialists to foster collaboration, provide strategic guidance, and enhance the impact of the Research Consortium's work.

Staff

The Research Consortium at VCHI is led by Lauryn Walker, Executive Director, and Meredith Young, Senior Researcher, with support from VCHI staff as needed. Key staff have completed trainings on data security, ethical research conduct and data enclave training.

In addition to staff, the Research Consortium at VCHI is currently hosting two fellows to support ongoing research initiatives: (1) Joshua Smith, MD, MPH, a board-certified psychiatrist and family medicine physician completing a fellowship with the Robert Graham Center, and (2) Jacqueline Britz, MD, MSPH, a family medicine physician and co-director of the VCU Ambulatory Care Outcomes Research Network. The Research Consortium is committed to partnering with institutions to train the next generation of health policy researchers and ensure that Virginia has high-quality health policy research for decision-making well into the future.

Novel Data Sources and Enclave

Data Partners

Epic

Due to the partnerships generated by the Research Consortium at VCHI, Virginia is the first state in the country to partner with Epic to use electronic health record data to drive state policy. In partnership with Virginia Commonwealth University, the Research Consortium at VCHI has executed contracts to enable the use of Epic Cosmos data to better understand what happens in a primary care visit, and how primary care fits into health system ecosystems. Initial research activities include researching the types of services primary care providers are offering during annual well visits and the types of providers seeing patients based on their care needs. This research is intended to better understand resource use in primary care to better match payment with activities performed and needed.

Mathematica Transparency in Coverage Data

Mathematic Transparency in Coverage data is data collected from health plans describing their negotiated rates with all contracted providers. Through a grant provided by AcademyHealth and the Robert Wood Johnson Foundation, the Research Consortium at VCHI has partnered with Mathematica to identify contracts from all major Virginia payers for behavioral health, primary care, and select specialty services. Similar to Epic, Virginia has been highlighted nationally as the first state to use Transparency in Coverage data to drive state policy. Research on these data is conducted in partnership with George Mason University and William & Mary. Research is intended to support future Task Force recommendations and drive Medicaid primary care policy.

Virginia Health Information

Virginia Health Information (VHI) has provided the Research Consortium at VCHI with All-Payer Claims Database (APCD) and hospital and nursing facility detail reports. The 2025 Virginia Task Force on Primary Care research products and reports and all research products delivered the DMAS were conducted using the APCD.

Data Enclave

The Research Consortium at VCHI has established a data enclave in collaboration with VHI. This data enclave contains all Consortium data assets maintained by VHI, and the Consortium intends to include Mathematica's Transparency in Coverage data. The Research Consortium staff have access to all datasets, with additional access permitted to Consortium members and research collaborators as needed.

The Research Consortium is currently finalizing standard policies for required trainings, contracts, and Institutional Review Board (IRB) considerations. To date, one partner has been granted access. This partner is the only research partner that has required direct access to data based on currently funded research. However, the Consortium is prepared to grant additional access to partners as needed for upcoming research.

Research Consortium Launch Partners

VCHI has been fostering collaborative partnerships for over a decade. This history has allowed the Research Consortium to successfully launch with nine sponsors ranging from universities, a data supplier, a health plan, a state partner, and a health system – demonstrating the true collaborative, cross-health sector nature of the Consortium. The sponsors of the launch event (scheduled for October 7, 2025) include:

- Ballad Health
- Carilion Clinic
- George Mason University College of Public Health
- United Healthcare
- University of Virginia School of Nursing
- Virginia Commonwealth University Department of Health Policy
- Virginia Health Information
- Virginia Health Workforce Development Authority
- William & Mary Schroeder Center

The launch event will be led by Jeff Ricketts, chair of the Research Executive Committee. Remarks will be made by Chief of Staff John Little and Delegate Rodney Willett.

Conclusion

The Research Consortium at VCHI, on behalf of the Virginia Task Force on Primary Care, has made significant progress in establishing a strong foundation for evidence-based Medicaid and primary care policy in the Commonwealth. In just a few short months, the Consortium has delivered actionable research, built enduring infrastructure for ongoing analysis, and forged collaborative partnerships across academia, health systems, and data partners. These efforts not only provide

DMAS and the General Assembly with timely insights to guide policy but also position Virginia as a national leader in leveraging research and data to strengthen primary care. Sustained investment and continued collaboration will be essential to carry forward this momentum, expand the research agenda, and ensure that Virginia's Medicaid program remains responsive to the needs of patients, providers, and policymakers alike.

Appendices

Appendix A

State Medicaid Policy Options 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

Research Consortium
at Virginia Center for Health Innovation

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Overview

Medicaid has several policy levers to support high quality primary care, ranging greatly in complexity and cost. This brief landscape review is aimed at describing key policy options and the various benefits or challenges associated with each. This review is not intended to describe all possible policy levers used by every state, but instead major strategies that could be leveraged. This report should not be seen as an endorsement of any specific policy option on behalf of the Virginia Task Force on Primary Care.

Authorities described in this report are generally ordered from ***most complex*** *to* ***least complex*** to execute from the perspective of the state Medicaid agency. Complexity also may be paired with additional flexibility to use federal funds for novel purposes.

Section 1115 Waivers

Multiple states have aimed to address critical primary care access and quality concerns through dedicated Section 1115 Waivers. Section 1115 Waivers are one of the main policy levers states can use to waive certain restrictions on the state program and establish creative eligibility, service, or payments structures. Section 1115 Waivers are also among the most complex authorities a state can use to design a new program.

New York[1]

In January 2024, New York received approval for "Medicaid Redesign Team" – the state's 1115 waiver, which includes a multitude of provisions, but many of which were directed at supporting primary care. The primary care policies include:

- Increase primary care, OB/GYN, and behavioral health payment rates to 80% of Medicare rates (was at 43%) or at least $199 million in rate increases. While a waiver is not required to increase rates, this increase is a condition of CMS approval for waivers that include coverage of health-related social needs, which the NY waiver does include.
- Receive $2.2 billion, from CMS, to support safety nets hospitals in transitioning to global budgets as a part of the CMMI AHEAD model. Hospital global budgets incentivize safety net health systems to prioritize investment in primary care, a lower cost setting of care.
- Participation in the CMMI AHEAD model, which in addition to hospital global budgets, includes a primary care spend target for all participating payers (i.e. commercial, Medicare and Medicaid). Medicare provides infrastructure funding to states that can also be used to support primary care.
- Authorizes Medicaid funding for two workforce development programs: (1) student loan repayment for primary care physicians and nurse practitioners who commit to 4 years in state with at least a 30% Medicaid/uninsured payer mix, with an emphasis on prioritizes providers that care for children; (2) Career Pathways training program for allied health to support career advancement for non-physician health professionals.
- Participation and alignment with CMMI Making Care Primary model. This model was eliminated by the Trump Administration but would have provided hybrid payments and

[1] New York State's Approved Health Equity 1115 Waiver Amendment: Summary of Key Provisions

infrastructure funds through Medicare to participating primary care providers that met certain comprehensiveness of care and quality standards.

Massachusetts

Approved in November 2022, Massachusetts' 1115 waiver restructures how primary care providers are paid in an effort to allow them to spend more time with patients and focus on supporting patients in navigating their care. Through the waiver, the Commonwealth leverages Primary Care Accountable Care Organizations (PC-ACOs) to serve as hubs for care coordination and general service support – including integrated behavioral health services and health-related social needs.

The model sets a per member per month (PMPM) payment for PC-ACOs, which increases based on the comprehensiveness of quality of care. The waiver is required because in addition to setting a PMPM, the model removes utilization incentives by replacing service-based payments with the PMPM. In addition to the PMPM, PC-ACOs receive an enhanced case management fee intended to directly support the care management and care coordination activities of the practice.

Summary of Section 1115 Benefits and Challenges

Key Benefits	Key Challenges
Enables greatest flexibility in terms of design and operations, including creating new payment models, leveraging non-Medicaid payers, and funding workforce development programs	Requires significant negotiations with CMS and multiple comment periods, which commonly take a year or more
Includes program evaluation to ensure policy effectiveness is assessed	Must be renewed every 5 years
	Policy must be determined to be budget neutral
	Federal administrations may vary on policy approvals
	Likely requires General Assembly approval

State Directed Payments (SDPs)

State directed payments (authorized via 42 CFR § 438.6(c)) allow the state to direct managed care organizations (MCOs) to pay a specific amount to providers under specific conditions. States have used this authority to direct MCOs to pass through payments to providers for many purposes. Key examples of SDPs used to support primary care are described below.

New York[2]

Most recently approved in April 2025, NY uses SDPs to direct MCOs to pay an enhanced monthly capitation payment to providers that are recognized as Patient Centered Medical Homes (PCMHs).

[2] NY State Directed Payment Approval Letter

Through this mechanism, an additional $237 million ($147 million federal share, $90 million state share) is invested into the state's PCMHs.

Massachusetts[3]

Massachusetts' "Primary Care Sub-Capitation Program" uses both a Section 1115 waiver and a state directed payment. The SDP is used to directly pay the PC-ACOs their tiered prospective PMPM. The MassHealth team determines the specific dollar amounts and then directs MCOs to pass through those amounts to the providers. Tiered payments range from $5.20- $13.52 for pediatric patients and $4.16-$10.40 for adult patients. The MA SDP also includes provisions that funds be distributed based on adherence to certain quality measures. The most recent SDP preprint was approved in March 2025.

Summary of State Directed Payments Benefits and Challenges

Key Benefits	Key Challenges
Does not require full section 1115 Waiver	Requires renewal annually
Does require some tying to quality metrics, but is generally flexible on how quality is measured	Recent executive order (June 6) suggests that future approval of state directed payments may be more limited, specifically limited to payments no higher than Medicare
Allows state to control some specific MCO payments for critical providers without impinging on managed care flexibility more broadly	

Health Home State Plan Amendment (SPA)

In general, state plan amendments are among the least administratively burdensome of the various approaches to modifying a state's Medicaid program. The Health Home state plan option (authorized via Section 2703/1945 SSA) allows states to create unique delivery systems and funding structures for the purposes of providing comprehensive care and care coordination for Medicaid members. Additionally, states that implement a Health Home SPA will receive an enhanced federal match rate of 90/10 for the first 2 years of implementation.

There are a few key requirements of the Health Home SPA, limiting its flexibility.

- To be eligible for a health home, a Medicaid member must have 2 or more chronic conditions OR have 1 chronic condition and be at risk for a second OR have a serious and persistent mental health condition – this may result in limited usefulness for children who are less likely to have chronic conditions. As a result payments per person may need to be higher to be sustainable for certain provider types.

[3] Massachusetts' Primary Care Sub-Capitation Model: Implementing Primary Care Population-Based Payment in Medicaid

- Health Home must provide: (1) comprehensive care management and coordination, health promotion activities, follow-up care, patient and family support, and referrals for community and social supports
- Health Home providers must report some quality measures to the state. The state must track utilization and spend as well as conduct an independent evaluation

The state has flexibility on defining providers that are eligible to be Health Home providers as well as payment mechanism and quality and utilization measures.

North Carolina[4]

The North Carolina Tailored Care Management program was implemented as a Health Home in 2023 for members with behavioral health needs or developmental disabilities. Providers could become certified as Health Homes for specific populations or certified to care for any qualifying patient. Both a primary care practice that directly collaborates with behavioral health or a behavioral health provider that directly collaborates with primary care could be eligible to be a Health Home provider. Health Home providers are eligible for an enhanced PMPM based on members assigned to them as their Health Home, so long as contact was made with the patient in that given month, whether via care management or other contact.

The current base PMPM rate is $343.97 with a high acuity add-on of $79.73 for particularly complex patients. As of July 1, 2025, the base PMPM rate will decrease to $294.86.

Summary of Health Home Benefits and Challenges

Key Benefits	Key Challenges
Relatively simple to execute and negotiate with CMS	Limitations on eligible patients
Receive 90/10 enhanced federal match for 2 years	
Allows for flexible payment models to create hybrid payments	

Managed Care Contract Language

While CMS has multiple authorities that can be used to request additional flexibility, a significant amount of support to primary care can be accomplished through contract language between the state and MCOs using the managed care authority.

North Carolina[5,6]

Advanced Medical Homes

Advanced Medical Homes (AMHs) are primary care providers that are certified as meeting specific state-determined criteria for comprehensive, coordination care. There are three tiers of

[4] Updated details on the Underlying Assumptions Behind Tailored Care Management Payment Rates
[5] Advanced Medical Homes
[6] Tailored Care Management Capacity Building Program

AMHs/AMH+, each receiving an enhanced PMPM that varies by tier. Through their contracts, NC requires that MCOs pay the AMHs a PMPM and sets the floor rate; however, MCOs are free to negotiate above the floor. Because the specific rate can be negotiated this payment can be established through the managed care authority and included in state contracts.

	Base Rate (Non-ABD)	Base Rate (ABD)	Care Management Fee	Performance Incentive	Health Home Add-on
Tier 1- 3	$2.50	$5.00	Not eligible	Not eligible	$20
Tier 3/AMH+	$2.50	$5.00	Required, Rate Negotiated	Required, Rate Negotiated	$20

Capacity Building Funds for Health Home

In addition to including PMPMs for Advanced Medical Homes, North Carolina also included one-time capacity building funds for providers that became certified as for Tailored Care Management (Health Homes) through contract arrangements, using just the managed care authority. In their contracts with LME-MCOs (regional entities that managed the care of members with behavioral health or disability-related needs), North Carolina Medicaid required the payers to set aside $90 million for one-time infrastructure investments for these providers. While the state issued recommended guidance on how funds may be administered or used, the state could not direct specific amounts, processes or uses for funds. Instead, the state focused on issuing guidance, addressing provider complaints, and garnering LME-MCO support for collaborative processes. Directly designating amounts/details would have required SDP approval from CMS.

Summary of Managed Care Contract Language Benefits and Challenges

Key Benefits	Key Challenges
Does not require CMS approval for specific items	Limited oversight and enforcement mechanisms
Does not require state legislature action (VA Medicaid may have more limited authority due to state-specific restrictions)	Cannot standardize approaches or amounts across MCOs
Can set floors or ceilings for payments while allowing for additional negotiations	
Allows for great flexibility in design and payment models.	

Children's Health Insurance Program Health Services Initiatives (CHIP HSIs)

Unlike Medicaid, CHIP is administered as a block grant program to states. For states whose expenditures are below their allowed allotment, states may select to establish HSIs with remaining CHIP funds. An HSI is a public health program that aims to support the health and well-being for low-income children and allows for significant flexibility in how states choose to use these funds. States must submit programs through a CHIP state plan amendment to receive CMS approval. If approved, states will receive the higher administrative CHIP federal match rate for costs

associated with the program (currently ~65/35 in Virginia compared to ~50/50 for general Medicaid).

Virginia currently has 2 CHIP HSI and continues to fall well below program allotment:

(1) FAMIS prenatal coverage for 60 says postpartum, and
(2) poison control centers.

Conceptually, CHIP HSIs could be used to support VMAP and fund some infrastructure investments for primary care, if the purpose is pre-specified and all clinics had clear criteria on the use of the funds. While unaware of states currently using funds for these purposes, programs could likely be designed to meet federal requirements.

More common state examples of HSIs include:

- Lead assessments and abatements
- Maternal health home visiting programs
- School-based vision and hearing exams and glasses
- School nursing
- Education campaigns
- Breast feeding hotlines

Summary of CHIP HSI Benefits and Challenges

Key Benefits	Key Challenges
Draw down enhanced federal match	Limited to programs aimed at child health
Covers public health initiatives not otherwise covered by Medicaid	Must remain below CHIP allotment
Can support children outside of the Medicaid program so long as there are key benefits for low-income children	Not intended to fund ongoing payments models, but could support some infrastructure development, training, and consult lines
Requires state plan amendment which is significantly less administratively burdensome than waivers	

Appendix B

Highlights from Virginia Task Force on Primary Care Reports

Research Consortium
at Virginia Center for Health Innovation

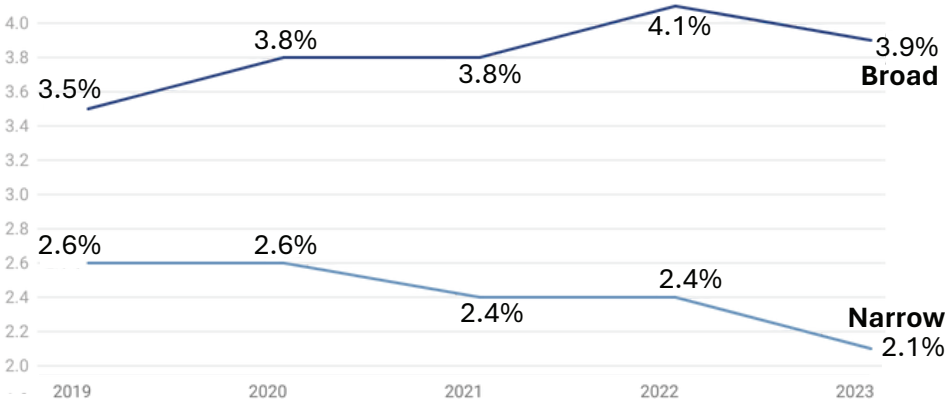
The Virginia Task Force on Primary Care
Recent Reports

VIRGINIA TASK FORCE ON PRIMARY CARE

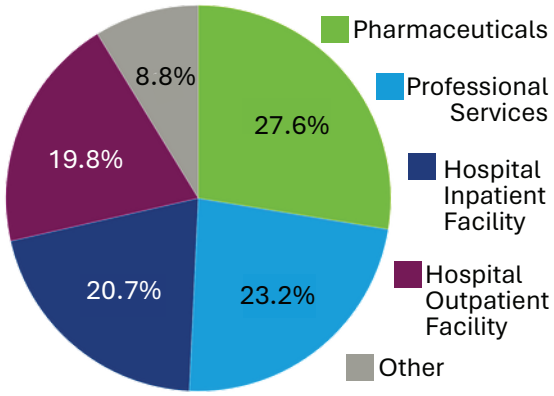
The Virginia Primary Care Investment Report reflects information about primary care spend and utilization, including telehealth and behavioral health in primary care. The Virginia Primary Care Scorecard provides interactive graphs and maps of Virginia's spend, workforce, use, and outcomes. Together, these reports offer a comprehensive view of the health of Virginia's primary care system. Read the full reports at: **https://www.vahealthinnovation.org/virginia-task-force-on-primary-care-reports/**

Primary Care Spend

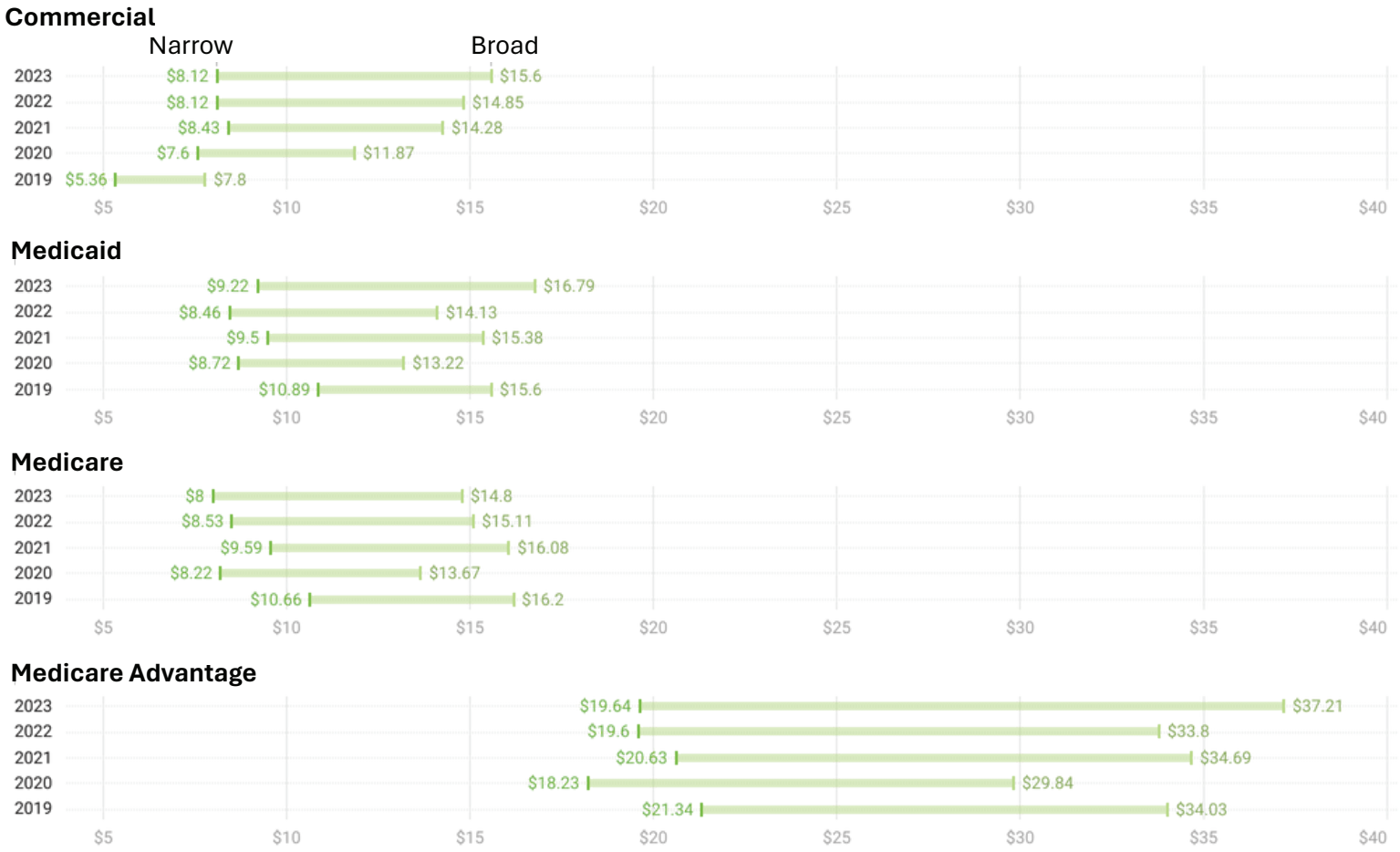
Primary Care as a Percent of Total Healthcare Spend, 2019-2023



Total Healthcare Costs by Sector



Per Member Per Month Payments by Payer Type (Narrow to Broad), 2019-2023

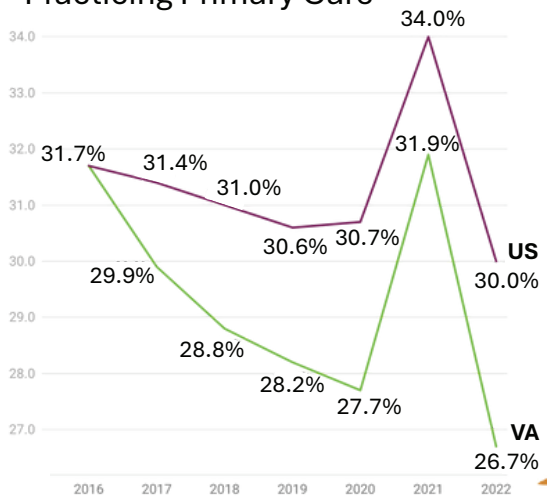


VIRGINIA CENTER FOR HEALTH INNOVATION

Research Consortium at Virginia Center for Health Innovation

Primary Care Workforce

Percent of Nurse Practitioners Practicing Primary Care

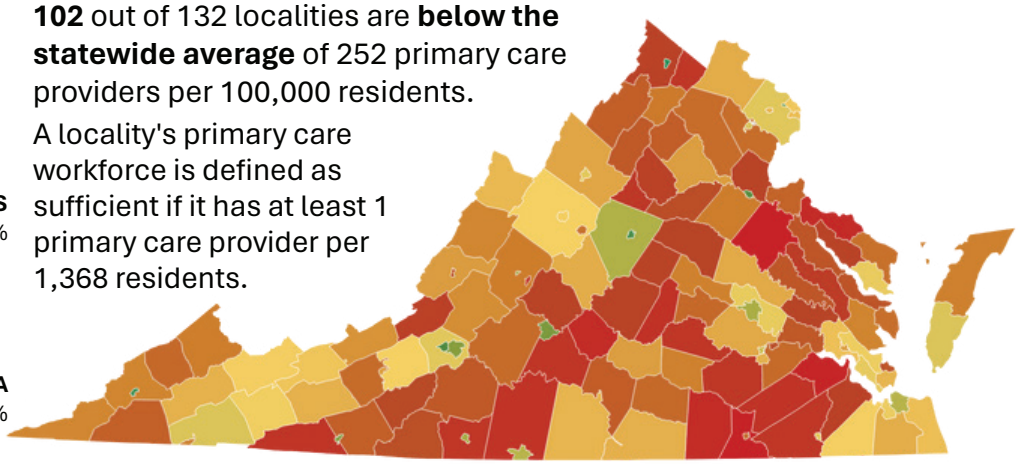


Source: Milbank Primary Care Scorecard

Primary Care Providers per 100,000 Residents (Broad Definition)

102 out of 132 localities are **below the statewide average** of 252 primary care providers per 100,000 residents.

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

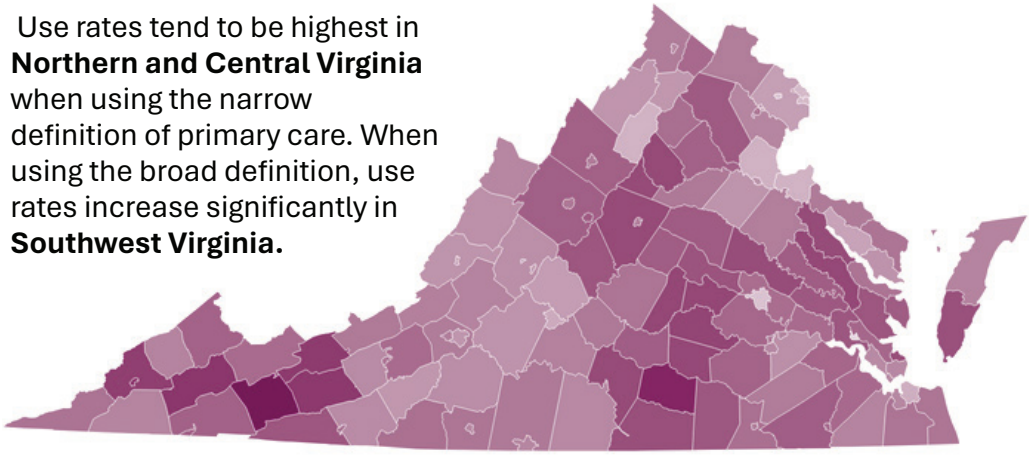


Source: AMA Health Workforce Mapper

Primary Care Use

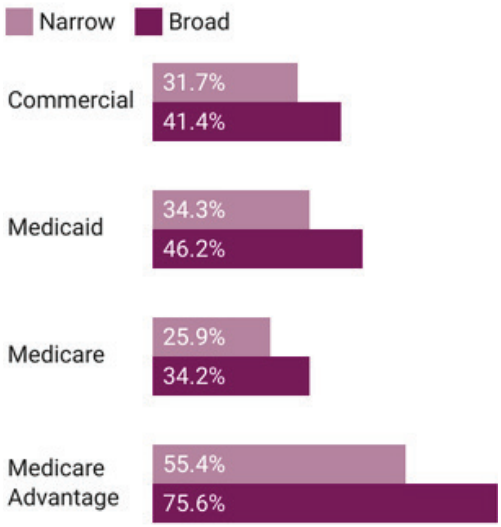
Percentage of Residents Using Primary Care (Broad Definition)

Use rates tend to be highest in **Northern and Central Virginia** when using the narrow definition of primary care. When using the broad definition, use rates increase significantly in **Southwest Virginia.**



Source: Virginia All-Payer Claims Database

Primary Care Use by Payer Type, 2023



The broad definition of primary care includes all services provided by primary care physicians and advanced practice practitioners. The narrow definition of primary care encompasses preventive physician services only. For more information, read our full Virginia Primary Care Investment Report and Scorecard on our website vahealthinnovation.org

Outcome

Life Expectancy

Virginia's average life expectancy is **slightly below the national average** of 78.4. Virginia's life expectancy **decreased** in 2022, while the national average increased.

Source: County Health Rankings

Virginia Center for Health Innovation

Research Consortium at Virginia Center for Health Innovation

Appendix C

Research Consortium Overview

Research Consortium
at Virginia Center for Health Innovation

The Research Consortium at VCHI

A public-private partnership to drive timely and actionable research to inform state decision-makers and promote evidence-based health policy

The **Research Consortium** was established by the Virginia Center for Health Innovation (VCHI) in 2025 based on the consensus recommendation of the Virginia Task Force on Primary Care. It is intended to *inform state health policy through timely, actionable research,* leveraging numerous existing partnerships and building new connections across the Commonwealth.

As a public-private partnership driving value in healthcare for nearly 15 years, VCHI has built collaborative relationships with entities across health sectors, academic partners, and data providers.

Why a Research Consortium

When decision-makers and policy experts need to make decisions on healthcare investments, too often there is little information to make evidence-based decisions. While Virginia has a multitude of experts in the field of health policy, research has been siloed and may not reach the people making decisions. As a nimble public-private partnership driving value in healthcare for nearly 15 years, VCHI has built collaborative relationships across health sectors, academic partners, and data providers. These partnerships enable VCHI to serve as a hub for a Research Consortium, matching the **right expert, to the right data, for the right policy question.**

Our Goals

1. **Maximize use of existing data infrastructure** through collaboration with public and private data contributors.
2. **Match the right data sources with the right experts** to effectively and efficiently leverage the expertise across the Commonwealth.
3. **Build collaborations across universities and research partners** to reduce siloes and improve the expertise on research teams supporting the state.
4. **Create a data hub to reduce administrative burden** associated with contracting and data sharing with state entities.
5. **Reduce cost of state-directed research** through cost-efficient contracts with research and academic partners.
6. **Improve data transparency** by promoting access to datasets for research partners and publishing information through an array of mediums.
7. **Disseminate research funds** across research institutions and state universities to support the capacity of Virginia's institutions.
8. **Improve Virginia's competitive advantage for grant funds** by establishing a collaborative application leveraging experts across disciplines and entities.
9. **Tell a cohesive story of healthcare in Virginia** that reflects innovations occurring across the Commonwealth, informing both state and national policy.
10. **Train the next generation** of health policy researchers.

Research Consortium
at Virginia Center for Health Innovation

Governance

The Research Consortium is led by an **Executive Board** consisting of VCHI board members, a Legislative co-chair, an Executive Branch representative, and a research representative. An **Advisory Council** of industry, data partners, and academic leadership will generate insights into key research priorities, share novel data, and review preliminary findings. **Research experts and academic partners** will also provide advice and identify opportunities for collaboration.

Research Executive Board

Jeff Ricketts | Co-Chair

Delegate Rodney Willett | Co-Chair

Members include: Aneesh Chopra, Arcadia | Jeff Dobro, Eudaimonia Concepts | Shelly Smith, University of Virginia | Christopher Koller, Milbank Memorial Fund

Data Partners

The Research Consortium has partnered with Virginia Health Information and Milliman MedInsight to develop a data enclave to streamline data access for researchers; with Epic to become the first state in the country to use *Epic Cosmos* data to develop statewide reports; and with Mathematica to become the first state to use *Transparency in Coverage* data.

Research Experts and Academic Partners

The VCHI Research Consortium will collaborate with research entities across the Commonwealth to elevate research at Virginia's institutions, foster new partnerships, and accelerate solutions to pressing health challenges.

For more information please contact **Lauryn Walker**, Executive Director, at **Lauryn@vahealthinnovation.org**

Research Consortium
at Virginia Center for Health Innovation