



April 21, 2020

After convening experts and reviewing available evidence, The Commonwealth Fund and Milbank Memorial Fund submit the following ideas for consideration for federal health policy in the wake of the COVID-19 pandemic and the impact on primary care providers and the patients they serve. Primary care providers are critical in national efforts to contain, mitigate and recover from the pandemic, and their ability to provide care that meets the needs patients in their communities is under grave and fundamental financial threat.

Primary care accounts for more than 50 percent of all patient visits. Since the pandemic, various analyses have shown a reduction in patient visit volume between 30 and 70 percent (Mehrotra, 2020; Phillips 2020), threatening their ability to stay in business and meet the needs of their patients or communities.

The COVID-19 recovery and stimulus funds should prioritize primary care practices, their workforce and the patients they serve. Independent, community-based practice sites; rural practices, and practices serving low-income communities should be given the highest priority at this time. Primary care practices must be fully resourced in order to provide COVID-19 testing in all ambulatory care settings while also ensuring the safety of the staff and financial stability of the practices.

Areas for Congressional Action

Targeted resources to primary care practices should be sizeable, supplemental, prospective and time-limited (12 months). The ability to make payments through Medicare and Medicaid quickly is critical at this time.

Medicare. Additional payments should be per patient per month (\$50-\$70), adjusted for patient demographics. Patients can be attributed to practices via established CMMI methodology and payments for Medicare Advantage patients could be paid directly by CMS. CMMI is a vehicle through which the resources could be distributed.

Medicaid and CHIP. Direct CMS and OMB to allow retainer payments in Medicaid (similar to Medicare), targeting providers where Medicaid is a predominant payer and attestation that they will maintain their staff. In addition, authorize supplemental, PMPM payments above the retainer payments (\$40-\$60 pmpm), adjusted for patient demographics.

CMMI should evaluate the amounts and methods of payments to primary care by Medicare and Medicaid/CHIP as a percentage of total health care expenses and assess their effects on quality, costs and community pandemic preparedness. If the effect of the prospective method is determined to be no worse than previous payment methods on quality, cost and pandemic preparedness, CMS should implement these methods in the Medicare payment system.

Federally Qualified Health Centers. Provide additional emergency funding to community health centers through the Public Health and Social Services Emergency Fund.

High-Priority Primary Care Practices. Priority and extra consideration should be given to rural practices, practices serving underserved communities, practices serving areas with high COVID incidence, and independent primary care sites (physician-owned and fewer than 250 physicians).

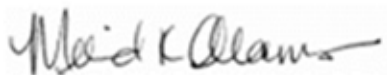
COVID-Relief and Recovery efforts should include supplemental funds to encourage the employment of health care workforce focused on assuring the safe reopening of the economy, as well as meeting the needs of patients in their homes and communities in response to COVID. Suggestions include:

- a. Allow Community Health Workers (CHWs) to connect Medicaid patients to health-related social services as medical assistance, at an increased FMAP rate;
- b. Allow CHWs to do contact tracing as medical assistance for Medicaid patients during a national emergency at an increased FMAP rate;
- c. Allow payment for home visits by CHWs and other "enabling" (outreach) health workers (MAs, LPNs, and RNs) to deliver medications and food to homes and to check-in on patients;
- d. Direct wage support for home health aides, nursing assistants and family care givers including:
 - i. Increased Medicare rates for those services,
 - ii. Enhanced FMAPs in Medicaid to states for targeted services, and
 - iii. Payment parity for family care givers.
- e. Expansion of rural telehealth programs in HRSA: the Telehealth Network Grant Program can support primary care practices in any type of underserved area.

Finally, all COVID-19 relief efforts should include funding and guidance to ensure widespread testing for COVID-19 through all ambulatory care sites.

- a. Ensure ambulatory care practices have sufficient equipment (testing kits, PPE) to safely conduct the testing to monitor spread and avoid future waves of pandemic; and
- b. Financial resources to cover fixed costs associated with setting up testing sites in their practices

Primary care practices are the backbone of the U.S. health system and will serve as a critical component of efforts to contain, mitigate and recover from the pandemic. Congress has the opportunity to bolster our primary care infrastructure by considering and acting on these policies as part of the COVID-19 stimulus and recovery efforts. We are happy to answer any questions you may have and look forward to serving as a resource to you and your staff on these issues.



Melinda Abrams
Senior Vice President
The Commonwealth Fund



Chris Koller
President
Milbank Memorial Fund



Rachel Nuzum
Vice President
The Commonwealth Fund