Primary Care Crisis Response Tracker – Working Document as of May 7, 2025

Thank you for your interest in the work that the Office of Health Care System Planning is carrying out on primary care. These are the Primary Care Crisis Response recommendations that EOHHS and the Office of Health Care System Planning have culled from the 2024 Foundational Report and additional community input.

There are recommendations in the following categories:

- Planning and Community
- Data and Research
- Policy and Regulatory Proposals
- Direct Practice/Provider Supports

Planning and Communication

#	Action or Proposal	Source of Recommendation	Proposed Lead Entity	Update/Notes
1	Internal State Planning	State	EOHHS	*In process.* Weekly Meeting, more frequent if necessary.
2	Public/Private Crisis Team Meetings	Health Care System Planning	EOHHS	*In process.* Beginning April 21, with cadence to be determined by the group. Include focus on value/possibility of private equity engagement in the crisis.
3	Ongoing Patient Communication	State	RIDOH & EOHHS	*In process.* Communications staff throughout state government have been driving this
4	Ongoing Physician/Staff Communication	Community Stakeholders	RIDOH	Proposed by community to happen through RIDOH
5	Enrollment Sessions for Veterans, through the VA	Federal Government	VA	*In process.* The VA is holding special enrollment sessions for Veterans who are current Anchor Patients.

Data and Research

#	Action or Proposal	Source of Recommendation	Proposed Lead Entity	Update/Notes
6	Data Dashboard	Health Care System Planning	EOHHS	*In process.* Creation of a data dashboard for ongoing, data-driven decision-making and oversight, per the Health Care System Planning data recommendations
7	Data Collection and Dissemination	Community Stakeholders	RIDOH	Community requested a practice availability hub, on the RIDOH website (suggested based on what RIDOH had done during COVID for vaccine availability). This could potentially happen through Redcap. RIDOH/EOHHS are researching.
8	Development of an ongoing comprehensive approach to financial stability	Health Care System Planning	RIDOH/EOHHS	*Development in process, through HCSP.* This includes assessing financial risks and developing mitigation strategies, exploring funding and support mechanisms, and documenting workforce retention challenges.

Policy and Regulatory Proposals

#	Action or Proposal	Source of Recommendation	Proposed Lead Entity	Update/Notes
9	Rate Review	Health Care System Planning/ Community Stakeholders	Governor's Office/General Assembly	*In process.* Governor's FY26 budget asks for authority for OHIC to carry out a Rate Review for Primary Care Practices.
10	Regulatory Relief: Prior Authorization and Referral Processes	Health Care System Planning/ Community Stakeholders	OHIC	*OHIC regulatory change is in process.* The new regulations mandate a 20% reduction in PA volume by the end of 2026 with the requirement that "health insurers shall prioritize items, services, treatments, or procedures ordered by primary care providers." OHIC is developing the data collection template and a standard attestation to understand insurer PA policies. OHIC will convene a statewide advisory council on prior authorization, co-chaired by a provider and an insurer to publicly review data and recommend improvements over time.

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				There has been an additional *community* request for emergency declaration of relief from Prior Authorization requirements and insurance-required referral processes. Community stakeholders also propose specific relief from Prior Authorization for Primary Care Providers and Therapeutic Substitution for Community Pharmacies, which is part of the Health Care System Planning proposal.
11	Financial Oversight of Health Care Entities	Health Care System Planning	Governor/General Assembly	*In process.* Governor's Budget Amendment includes language to require submission of financials from health care entities
12	Regulatory Oversight of Primary Care Practices	State	General Assembly	RIDOH regulates individual physicians, not practices – therefore this would create new regulatory oversight of practice entities
13	Anti-Trust Exemptions	Community Stakeholders	General Assembly	Community request for state anti-trust exemption legislation. Would need to research whether this is possible.
14	Determination of whether this is a public health emergency	Community Stakeholders	RIDOH	Question: Is there a benefit to declaring a PHE?
15	Electronic Medical Record	Community Stakeholders	TBD	Community partners shared that the electronic medical records have created added nuance on record retention that may not be adequately addressed in current law and regulation as a practical matter.
16	Public Notice Requirements	Community Stakeholders	RIDOH	Requirements that certain entities may not close/significantly reduce, or limit primary care services without notice to RIDOH

Direct Practice / Provider Supports

#	Action or Proposal	Source of Recommendation	Proposed Lead Entity	Update/Notes
17	Loan Repayment Expansion	Community Stakeholders	Governor/ General Assembly	*In process.* Loan Repayment Expansion, in the Governor's Budget
18	Supporting the ability for team-based care in Primary Care Practices	State	EOHHS/ RIDOH	Determining what changes would be helpful to make it more possible for primary care practices to carry out team-based care, to handle new influxes of patients

19	AHEAD Implementation	State	EOHHS/ Medicaid OHIC	Pursuing the implementation of the AHEAD model, which will provide a per member/per month payment for participating primary care providers.
20	Increasing the number of individuals who train in PC in RI and then continue to work in primary care in the state.	Health Care System Planning	RIDOH	*In process.* This includes the Primary Care Training Site Supports being promulgated by RIDOH and working together the creation of a "Work in Rhode Island" campaign, through the Health Care System Planning process. A public stakeholder suggestion was to leverage Brown Health for these training sites.
21	Provide prepayments based on past revenue and guaranteed infrastructure payments for primary care providers, including Medicaid-supported joint funding with health plans.	Health Care System Planning	EOHHS/ Medicaid OHIC	This is from the Primary Care Workgroup's specific Short-Term recommendations.
22	Educate practices on new Medicare codes (effective Jan 2025) offering higher payments for chronic care management.	Health Care System Planning	TBD	This is from the Primary Care Workgroup's specific Short-Term recommendations.
23	Ensure Medicare and Primary Care First practices leverage available codes for financial relief and encourage commercial payers to adopt similar approaches.	Health Care System Planning	OHIC	This is from the Primary Care Workgroup's specific Short-Term recommendations. OHIC will be recommending that other payers (i.e. commercial and Medicare Advantage) evaluate these codes and potentially add them to their payment policies at rates appropriate for the relevant insured population. These HCPCS codes (G0556, G0557, G0558) are not time-based and can be billed monthly.
24	Alternative Payment Model adaptation	Community Stakeholders	Medicaid OHIC	Primary care practices should be excused from downside contracting risk and should be recipients of enhanced capitation rates going forward. OHIC has required that PCMH payments, which are mandated via regulation, be decoupled from risk. Some commercial payers are also working on capitation contracts to offer the network.
25	Relief Payments	Community Stakeholders	TBD	The State of RI should issue an immediate "relief" payment to practicing primary care providers, perhaps under the guidance and

				auspices of OHIC, based on FTE, panel size, or some other metric TBD. Commercial insurers should also be encouraged to provide the same.
26	Medicaid Mini-Grants	State	Medicaid	The Governor has announced $5M in grants for primary care practices to support the recruitment and retention of PCPs and increase access and capacity to serve Rhode Islanders in primary care settings. Interested primary care practices can be awarded a maximum grant of $375,000 per practice.
27	Interest Free Loans	Community Stakeholders	TBD	Create a fund to make available interest-free, short-term loans to primary care practices for the express purpose of recruitment and succession planning
28	Developing OHIC Authority to review and approve standard primary care payment contracts	Community Stakeholders	OHIC	This would include capitation for primary care.
29	Electronic Health Record implementation changes	Community Stakeholders	EOHHS	Convene a committee of Electronic Medical Record and IT experts to reconfigure Epic and other electronic medical records to increase their usability and efficiency so they become aids instead of burdens to medical providers
30	Additional Administrative Simplification implementation	Community Stakeholders	EOHHS OHIC	Require insurers to re-evaluate and justify all non-clinical computer work involved in coding and billing, as well as excessive care documentation. Simultaneously, provide support staff, voice recognition, and/or scribes for input of clinical encounter information. As noted elsewhere in this chart, this would help excuse providers and staff from most prior authorization and referral management tasks.