

Addendum to the North Carolina Primary Care Payment Reform Task Force Legislative Report - Session Law 2023-134, SECTION 9E.28.(c)

April 22, 2025

The NC Primary Care Reform Task Force convened between January and April 2024 to discuss a definition of primary care.¹ In its report on April 17, 2024, the Task Force agreed to voluntarily collect primary care spending data from public and private payers using its definition and technical specifications and provide a follow-up addendum to the report. The purpose of collecting these spending data was to provide additional context to inform the establishment of primary care investment targets. Without this information, targeted improvements would lack factual foundation.

While Task Force members initially provided mixed feedback on making reporting mandatory, members ultimately opted for a voluntary submission process, and most commercial carriers signaled they would participate.

In early 2024, the Task Force invited commercial plans to participate in a voluntary data submission process. The request included commercial plans including those acting as third-party administrators operating in North Carolina across individual, small group, and large group markets, using a list provided by the North Carolina Department of Insurance.

Task Force members and NC commercial payers engaged in discussions to facilitate producing the information required to fulfill the voluntary data request and meet the goals of the General Assembly to identify a data collection and measurement approach and inform the creation of a primary care investment target. At this time, however, commercial plans have not aligned on an approach to share data with the Task Force for establishing an investment target. Therefore, this addendum summarizes Medicaid primary care spending only.

The Task Force compared its definition of primary care with NC Medicaid's definition, and in the absence of commercial data, this addendum adopted Medicaid's definition for consistency with other reports of Medicaid primary care spend.

The NC Medicaid definition includes 10 additional provider specialty or taxonomy codes not present in the Task Force definition (Table 1). These additional codes are a broader definition of provider types, capturing a more comprehensive picture of primary care services.

¹ For the Task Force's definition of primary care, refer to North Carolina Primary Care Payment Reform Task Force Legislative Report Session Law 2023-134, SECTION E.28.(c), located at <https://webservices.ncleg.gov/ViewDocSiteFile/87160>

Table 1. Taxonomy Codes to Add to the NC Primary Care Task Force’s Definition of Primary Care

Taxonomy	Code
Family Health Clinical Nurse Specialist	364SF0001X
General Practice Physician	208D00000X
Women's Health Nurse Practitioner	363LW0102X
Pediatric Adolescent Medicine Physician	2080A0000X
Perinatal Nurse Practitioner	363LP1700X
Physician Assistant	363A00000X
Nurse Practitioner	363L00000X
Clinical Nurse Specialist	364S00000X
Gerontology Clinical Nurse Specialist	364SG0600X
Obstetrics Physician	207VX0000X

NC Medicaid provided per member, per month primary care spending for its Standard Plan managed care plans for state fiscal years (SFY) 2022 through 2023.² It also provided this spending as a percentage of total spending. Table 2 below displays these percentages for NC Medicaid’s Standard Plan managed care plans. The percentages are based on paid claims rather than allowed amounts.

Table 2. Medicaid Standard Plan MCOs- Primary Care Percent Spend

	Average Monthly Members	Primary Care PMPM	% Primary Care
SFY 2022	1,696,985	\$29.27	9.7%
SFY 2023	1,836,042	\$31.94	9.9%

PMPM: Per-Member Per-Month

These reported percentages are higher than reported in the Milbank Memorial Fund’s Primary Care Scorecard, likely due to differences in data source and definition.³

Further information is likely necessary to better understand and inform decision making when evaluating and setting primary care investment targets. As outlined in the April report submitted

² Source: SFY 2022 and SFY 2023 Base Data compiled by NC Medicaid’s actuarial contractor

³ Applies Milbank Memorial Fund’s “broad” definition of primary care. Jabbarpour, Y., Petterson, S., Jetty, A., & Byun, H. (2023). The Health of US Primary Care: A Baseline Scorecard Tracking Support for High-Quality Primary Care. The Milbank Memorial Fund and The Physicians Foundation.

to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Medicaid, this includes developing a primary care data collection strategy. That is why, in part, the Department recommends continuing the work of the Primary Care Task Force.