



STATE OF MICHIGAN

DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

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DIRECTOR

Department of Insurance and Financial Services

Post-Acute Auto Injury Provider Relief Fund

Quarterly Report for Period May 14, 2022 – August 12, 2022

This report is being made pursuant to Public Act 65 of 2021 (Act), which created the Post-Acute Auto Injury Provider Relief Fund (Fund). Under Section 301(8) of the Act, the Department of Insurance and Financial Services (DIFS) must produce a quarterly report regarding the Fund. The report must be provided to the Michigan Legislature, made available on a publicly accessible website, and include all of the following:

- The number of providers that have applied for funding from the Fund.
- A list of the providers that have been approved for funding and the amounts awarded.
- A list of providers that have been denied funding and the reason for each denial.
- For each provider approved for a funding distribution, metrics on all charges and payments received in response to those charges under MCL 500.3157 that were determined to be inadequate.
- Except for information the disclosure of which is prohibited by law, information on provider charges and payments received in response to those charges and how those charges and payments compare to similar charges and payments in the non-auto insurance market.
- The total amount expended and remaining in the Fund.

Accordingly, the Director reports the following as required by Section 301(8) of the Act for the quarter ending August 12, 2022:

(a) The number of providers that have applied for funding from the Fund.

Applications Received	0
Complete Applications Received¹	1
Applications Pending Review	0

(b) A list of the providers that have been approved for funding and the amounts awarded.

- There have been zero providers approved for funding.

¹ This application was pending when the Quarterly Report for the period of February 12, 2022 to May 13, 2022 was prepared and was subsequently reviewed for completeness and legislative requirements for a distribution from the Fund.

(c) A list of providers that have been denied funding and the reason for each denial.

Denial Date	Provider Name	Denial Reason
June 10, 2022	Best Care Nursing Services, Inc	Did not meet legislative criteria of experiencing a “systematic deficit” and billing at rates below the cost of providing the services

(d) For each provider approved for a funding distribution, metrics on all charges and payments received in response to those charges under MCL 500.3157 that were determined to be inadequate.

- Not applicable at this time.

(e) Except for information the disclosure of which is prohibited by law, information on provider charges and payments received in response to those charges and how those charges and payments compare to similar charges and payments in the non-auto insurance market.

- Not applicable at this time.

(f) The total amount expended and remaining in the Fund.

Initial Fund Balance	\$25,000,000
DIFS' Administrative Expenses²	\$29,385
Fund Disbursements	\$0
Remaining Fund Balance	\$24,970,615

² DIFS' administrative expenses are current as of July 31, 2022. However, due to the timing of disbursements to DIFS for administrative expenses, the “Remaining Fund Balance” may not always reflect administrative expenses incurred but not yet disbursed to DIFS.