Direct Primary Care Pilot Implementation Status Report

(FY2018 Appropriation Act - Public Act 207 of 2018)

November 1, 2018

Sec. 705(9). On a quarterly basis, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on the implementation of the direct primary care pilot program. The report shall include, but is not limited to, the following performance metrics:

(a) The number of enrollees in the pilot program by eligibility category.

(b) The per-member-per-month rate paid in the previous fiscal year per eligibility category.

(c) The number of claims paid in the previous fiscal year per eligibility category.

(d) The number of claims per category weighted to reflect 400 enrollees.

(e) The dollar value of all claims per eligibility category.

(f) The per-member-per-month actual cost. As used in this subdivision, "per-member per-month actual cost" means the direct primary care plan costs and any managed care costs not covered through the direct primary care plan, including managed care provider overhead costs.

(g) The average direct primary care cost per enrollee per eligibility category.

(h) The average number of actual claims per eligibility category.

(i) The average actual dollar value of claims per eligibility category.

(j) The number of enrollees in the pilot program during the previous quarter who are no longer eligible for Medicaid in the current quarter, broken down by eligibility category.

(k) The category savings subtotal. As used in this subdivision, "category savings subtotal" means the per-member-per-month rate paid in fiscal year 2016-2017 minus the per-member-per-month actual cost, times the number of enrollees in the eligibility category.

(l) The total savings. As used in this subdivision, "total savings" means the per-member per-month rate paid in the previous fiscal year minus the per-member-per-month actual cost, times the total number of enrollees in the program.

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The Department of Health and Human Services (DHHS) has continued working in collaboration with the Medicaid Health Plans to implement an Alternative Payment Model (APM) that will facilitate piloting Direct Primary Care under current contracts and existing waiver authorities. Total Health Care (THC) has partnered with DHHS and began accepting enrollments into the program on July 1, 2018.

As of October 1, 2018, THC has 360 members enrolled in the Direct Primary Care Pilot. THC expects this number to grow over the next few months. The following attachment provides the detailed information required by Public Act 208 of 2018.

		10/1/2016-9/30/2017							10/1/2017-9/30/2018							
ITEM #	MEASURE	TOTAL	TANF	ABAD	CSHCS	HMP	HMP - CSHCS	DUALS	TOTAL	TANF	ABAD	CSHCS	HMP	HMP - CSHCS	DUALS	COMMENTS
	Total cost of claims	$ 138,919,886.90							$ 105,878,579.75							No run out is considered for claims incurred for dates of service for the timeframe of 10/1/2017-09/30/2018
	Hospital follow ups															
	Number of office visits	242,239							236,572							
	Number of emergency room visits	113,026							102,227							
a.	The number of enrollees in the pilot program by eligibility category	-	-	-	-	-	-	-	360	278	37	1	44	0	0	
b	Per-member-per-month rate paid in the previous fiscal year per eligibility category	**$ 391.03**							**$ 312.51**							No HMP - CSHCS in 2017 Plan Year
	Member Count	653,795	363,306	93,193	4,671	188,246	-	4,379	624,640	338,246	87,255	3,935	191,711	76	3,417	Field added by Total Health Care
c	Number of claims paid in the previous fiscal year per eligibility category	896,365	312,009	250,195	13,824	312,593	-	7,744	600,778	208,120	160,158	9,206	219,377	68	3,849	
d	Number of claims per category weighted to reflect 400 enrollees	548	343	1074	1184	664	-	707	385	246	734	935	458	358	451	
e	Dollar value of all claims per eligibility category	$ 138,919,886.90	$ 40,521,705.92	$ 44,241,640.88	$ 3,858,698.81	$ 50,077,514.08	$ -	$ 220,327.21	$ 105,878,579.75	$ 29,684,301.56	$ 34,107,037.33	$ 3,497,102.67	$ 38,433,168.63	$ 25,062.06	$ 131,907.50	No run out is considered for claims incurred for dates of service for the timeframe of 10/1/2017-09/30/2018
f	Per-member-per-month actual cost	**$ 212.48**	**$ 111.54**	**$ 474.73**	**$ 826.10**	**$ 266.02**	**$ -**	**$ 50.31**	**$ 169.50**	**$ 87.76**	**$ 390.89**	**$ 888.72**	**$ 200.47**	**$ 329.76**	**$ 38.60**	
g	Average direct primary care cost per enrollee per eligibility category	-	-	-	-	-	-	-	283,880.76	86,446.62	72,011.78	194.60	108,090.97	17,136.79	-	
h	Average number of actual claims per eligibility category	-	-	-	-	-	-	-	600,778.00	208,120.00	160,158.00	9,206.00	219,377.00	68.00	3,849.00	Actual number of claims per eligibility category. No run out is considered for claims incurred for dates of service for the timeframe of 10/1/2017-09/30/2018
i.	Average actual dollar value of claims per eligibility category	-	-	-	-	-	-	-	105,878,579.75	29,684,301.56	34,107,037.33	3,497,102.67	38,433,168.63	25,062.06	131,907.50	Actual claim cost per eligibility catgory. No run out is considered for claims incurred for dates of service for the timeframe of 10/1/2017-09/30/2018
j	Number of enrollees in the pilot program during previous quarter who are no longer eligible for Medicaid in the current quarter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
k	Category savings subtotal	$ (1,728.70)	$ (111.54)	$ (474.73)	$ (826.10)	$ (266.02)	$ -	$ (50.31)	$ (1,936.21)	$ (87.76)	$ (390.89)	$ (888.72)	$ (200.47)	$ (329.76)	$ (38.60)	
l	Total savings	-	-	-	-	-	-	-	-							

Legend

Assistance for the Blind and Disabled	**ABAD**
Children's Special Healthcare Services	**CSHCS**
Direct Primary Care	**DPC**
Dual Eligible Medicaid/Medicare	**Duals**
Healthy Michigan Plan	**HMP**
Temporary Assistance for Needy Families	**TANF**