

## **Medicaid Direct Primary Care (DPC) Proposal**

### **Louisiana Direct Primary Care Coalition**

The Louisiana Direct Primary Care Coalition is committed to demonstrating how the Direct Primary Care (DPC) model can improve health outcomes for our underserved Medicaid population. We believe that fostering strong physician-patient relationships, combined with enhanced access to care, can help prevent unnecessary emergency room visits and hospitalizations.

Our vision is to provide Louisiana residents with a reliable go-to physician who can coordinate their care and address health needs in a timely, personal, and cost-effective manner. By reducing administrative barriers and streamlining access to physicians, we can help Medicaid beneficiaries receive the right care at the right time.

We welcome the opportunity to partner with the Louisiana Department of Health to design a pilot that aligns with the needs of our communities while demonstrating the value of this patient-centered approach. A potential model would include the following:

#### **1. Practice Definition**

- a. DPC practices that are eligible are those practices defined by Act 867 of the 2014 Louisiana Legislature.
- b. The DPC practice must have a physician licensed to practice in Louisiana as the primary provider. Primary clinical contact shall not be through an advanced practice provider (e.g. nurse practitioner or physician's assistant).
- c. The DPC physician will not be required to generate hard copy nor electronic referrals. Any referral of a DPC member practice shall be considered medically appropriate and necessary without the need for any prior authorization.
- d. Enrollment in a particular DPC practice is non-binding and the patient may terminate at any time consistent with that practice's membership agreement.
- e. No requirement that the physician be enrolled in Medicaid aside from Ordering, Prescribing, and Referral. (Defined in the PPACA)
- f. No DPC practice shall be required to accept any patient.
- g. The individual DPC practice may set their own enrollment fee and neither LDH nor LA Medicaid shall set a DPC's practice pricing.
- h. A DPC physician may administer care through in-person visits and/or telehealth encounters, as deemed clinically appropriate by the physician. The mode of care delivery shall be determined at the physician's discretion, in accordance with best practices and the patient's needs. Nothing in this provision shall limit the physician's ability to adapt care delivery methods to ensure accessibility, quality, and continuity of care.

## 2. Payment

- a. Medicaid enrollees may pay for DPC membership with their Electronic Benefits Transfer (EBT) card, AKA the "Louisiana Purchase Card."
- b. Maximum monthly membership fees coming from the EBT card shall not exceed \$150 (one hundred fifty dollars) per individual or \$300 (three hundred dollars) per family mirroring the amounts defined in the One Big Beautiful Bill Act of 2025. Any monthly membership fees more than those outlined shall be the responsibility of the patient.
- c. Additional costs charged by the DPC office such as certain procedures or testing shall be transparently delineated by the practice and eligible to be paid for by the EBT card.
- d. Medicaid or LDH or the appropriate party would reimburse/replenish the EBT card equal to the amount that was drafted by that patient's DPC practice.
- e. Membership payments to the DPC practice shall not come from any of the Medicaid "exchanges" nor from the Medicaid itself nor the LDH.
- f. The Medicaid patient will still be allowed to pay from their personal funds rather than the EBT should they choose. (i.e. the current status)

## 3. Miscellaneous

- a. Enrollment in DPC does not terminate or reduce existing Medicaid benefits and beneficiaries retain freedom to see non-DPC providers, emergency care, specialty care, and to disenroll.
- b. The physician shall not be responsible for notification of LDH.
- c. The physician will have no "value based" data reporting requirements nor will be required to file any claims.
- d. Medicaid will be responsible for tracking data (e.g. ED visits, Urgent Care visits, satisfaction surveys, etc.)

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