Gateway to Better Health Demonstration

Demonstration Extension Application

December 26, 2012

Number: 11-W-00250/7

Gateway to Better Health Demonstration:
Draft Demonstration Extension Application

This document serves as notification to the Centers for Medicare and Medicaid Services (CMS) that the State of Missouri is considering requesting a three-year extension of the Gateway to Better Health Demonstration, which is scheduled to expire on December 31, 2013. Per the Special Terms and Conditions (STC), this notification must be submitted at least 12 months before the expiration of the Demonstration.

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Section I: Summary and Objectives

On July 28, 2010, CMS approved the State of Missouri's "Gateway to Better Health" Demonstration, which preserved access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The State has been authorized to spend up to $30 million (total computable) annually to preserve and improve primary care and specialty care in St. Louis in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals. The Demonstration includes the following main objectives:

I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act;
II. Transition the "St. Louis model" to a coverage model as opposed to a direct payment model by July 1, 2012;
III. Connect the uninsured and Medicaid populations to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement;
IV. Maintain and enhance quality service delivery strategies to reduce health disparities; and
V. For the first two years of the Demonstration, ensure that there is a 2% increase in the number of uninsured persons receiving services at St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers.

For the first two years of the Demonstration, certain providers referred to as Affiliation Partners were paid directly for uncompensated care. These providers included St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers. As of July 1, 2012, the program transitioned to a coverage model.

The Demonstration was amended in June 2012 to enable the Safety Net Pilot Program to be implemented by July 1, 2012. The July 1, 2012 implementation of the Pilot Program ensured patients of the St. Louis safety net maintained access to primary care and specialty care. The goal of the Pilot Program is to provide a bridge for safety net providers and their uninsured patients in St. Louis City and St. Louis County to coverage options available through federal health care reform.

The Pilot Program is designed to provide primary, urgent, and specialty care coverage to uninsured[1] adults in St. Louis City and St. Louis County, aged 19-64, who are below 133% of the Federal Poverty Level (FPL) through a coverage model known as Gateway to Better Health Blue[2]. Additionally, individuals otherwise meeting the same requirements but with income up to 200% of the FPL may be enrolled into Gateway to Better Health Silver[3] coverage, which includes urgent and specialty care services but excludes the primary care benefit. The Silver coverage ensures that uninsured adults in the area continue to be able to access specialty care services that historically have been available to them through the funds used for this Demonstration.

The amended STCs expanded eligibility under the Demonstration to include individuals with incomes between 134 and 200% of the Federal Poverty Level for specialty care services; allowed an individual to

[1] To be considered to be "uninsured" applicants must not be eligible for coverage through the Medicaid State Plan. Screening for Medicaid eligibility is the first step of the Gateway to Better Health eligibility determination.
[2] "Tier 1" and "Tier 2" benefits.
[3] "Tier 2" only benefits.

be eligible for an 18-month period; implemented a new performance and incentive structure for the primary care and specialty care providers; and tracked health outcomes in the Demonstration.

In addition, under the Demonstration, the State has authority to claim as administrative costs limited amounts incurred for the functions related to the design and implementation of the Demonstration pursuant to the Memorandum of Understanding with the St. Louis Regional Health Commission (SLRHC), which is a non-profit, non-governmental organization whose mission is to 1) increase access to health care for people who are medically uninsured and underinsured; 2) reduce health disparities among populations in St. Louis City and County; and 3) improve health outcomes among populations in St. Louis City and County, especially among those most at risk.

The State also has authority to claim as administrative costs limited amounts incurred by the SLRHC pursuant to an MOU for functions related to emergency room diversion efforts through the Community Referral Coordinator program.

Historical Background

The current funding provided by this Demonstration Project (Number: 11-W-00250/7) builds on and maintains the success of the "St. Louis Model," which was first implemented through the "Health Care for the Indigent of St. Louis" amendment to the Medicaid Section 1115 Demonstration Project (Number: 11-W00122/7). This amendment authorized the diversion of 6.27% of the Statewide DSH cash distributions, previously allocated to St. Louis Regional Hospital, to a "St. Louis Safety Net Funding Pool," which funded primary and specialty care for the uninsured. The downsizing and ultimate closure of St. Louis Regional Hospital in 1997 led to the "St. Louis Model." Under this model, the DSH funds were distributed directly to the legacy clinics of St. Louis Regional Hospital, which today are operated by St. Louis ConnectCare, Grace Hill Health Centers and Myrtle Hilliard Davis Comprehensive Health Centers. The funds were distributed directly to these organizations through June 30, 2012. This funding converted to a "coverage model" per the conditions of the Demonstration.

The SLRHC was established under this prior waiver to coordinate, monitor, and report on the safety net network's activities and to make recommendations as to the allocation of these funds. Today, the SLRHC is charged with improving health care access and delivery to the uninsured and underinsured in the St. Louis region. The Commission works within a large network that includes St. Louis County and its public health department, area Federally Qualified Health Centers (FQHCs), St. Louis ConnectCare, the St. Louis City health department, and area hospitals and medical schools.

Safety Net Pilot Program Summary

Beneficiaries and Eligibility Criteria

The Gateway to Better Health Blue Plan provides access to primary care, specialty care and urgent care and is available to individuals who meet the following requirements:

- A citizen of the United States; legal immigrant who has met the requirements for the five-year waiting period for Medicaid benefits; refugee or asylee under same immigrant eligibility requirements that apply to the Medicaid program
- A resident of St. Louis City or St. Louis County
- Ages 19 through 64
- Uninsured
- At or below the federal poverty level of 133%
- Not eligible for coverage under the federal Medicare program or Missouri Medicaid
- Patients with a primary care home at one of the in network primary care sites.

The Gateway to Better Health Silver Plan provides access to specialty care and urgent care and is available to individuals who meet the following requirements:

- A citizen of the United States; legal immigrant who has met the requirements for the five-year waiting period for Medicaid benefits; refugee or asylee under same immigrant eligibility requirements that apply to the Medicaid program
- A resident of St. Louis City or St. Louis County
- Ages 19 through 64
- Uninsured
- At or below the federal poverty level of 200%
- Not eligible for coverage under the federal Medicare program or Missouri Medicaid

Delivery System

Gateway to Better Health services are provided through a limited provider network. Beneficiaries choose a primary care home in which to enroll. Primary care homes in the network include:

- BJK People's Health Centers
- Family Care Health Centers
- Grace Hill Health Centers
- Myrtle Hilliard Davis Comprehensive Health Centers
- St. Louis County Department of Health

Primary care provider organizations are paid under an alternative payment methodology.

For specialty care, beneficiaries may be referred by their primary care physician for specialty care at St. Louis ConnectCare, or to participating hospitals and medical schools for physician inpatient services or outpatient hospital care, including emergency department physician services, not offered by ConnectCare. St. Louis ConnectCare is paid under an alternative payment methodology for enrollees in the Blue Plan. For Silver Plan enrollees, St. Louis ConnectCare is paid on a fee-for-service basis. All other specialty care providers are paid for on a fee-for-service basis for care provided to all Gateway beneficiaries.

Benefits

Beneficiaries enrolled in the Gateway to Better Health Blue Plan receive the following benefits:

> Preventative; wellcare; dental (diagnostic, preventive, and the removal of erupted teeth); internal and family practice medicine; gynecology; podiatry, generic prescriptions dispensed at primary care clinics; cardiology; DME (on a limited basis); endocrinology; ENT; gastroenterology; neurology; oncology, radiation therapy, rheumatology, laboratory/pathology services; ophthalmology; orthopedics; outpatient surgery; physical, occupational or speech therapy (on a limited basis); pulmonology; radiology (x-ray, MRI, PET/CT scans); renal; urology; urgent care (up to a maximum of 5 visits during the program); non-emergency medical transportation; and generic prescriptions dispensed at an urgent care or specialty care clinic in the network.

Beneficiaries enrolled in the Gateway to Better Health Silver Plan receive the following benefits:

> Cardiology; DME (on a limited basis); endocrinology; ENT; gastroenterology; neurology; oncology, radiation therapy, rheumatology, laboratory/pathology services; ophthalmology; orthopedics; outpatient surgery; physical, occupational or speech therapy (on a limited basis); pulmonology; radiology (x-ray, MRI, PET/CT scans); renal; urology; urgent care (up to a maximum of 5 visits during the program); non-emergency medical transportation; and generic prescriptions dispensed at an urgent care or specialty care clinic in the network.

Cost Sharing

There is no premium for Gateway to Better Health Blue or Silver. Beneficiary co-pays are the same as those for patients of Missouri Medicaid, MO HealthNet.

Section II: Progress to Date

As described in Section I, the Gateway to Better Health Demonstration includes two distinct phases:

I. Phase I: (July 2010 – June 2012): During this phase of the Demonstration, the legacy clinics of St. Louis Regional Hospital received direct payments for the provision of medical services to uninsured individuals. Organizations receiving funding included Grace Hill Health Centers, Myrtle Hilliard Davis Comprehensive Health Centers and St. Louis ConnectCare.

II. Phase II: (July 2012 – December 2013): Eligible individuals are enrolled in the Safety Net Pilot Program and are eligible for primary care and specialty care services available at a limited network of safety net providers, including Grace Hill Health Centers, Myrtle Hilliard Davis Comprehensive Health Centers, St. Louis ConnectCare, BJK People's Health Centers, Family Care Health Centers, and the health centers of the St. Louis County Department of Health. Enrolled patients also access limited outpatient services at certain medical schools and hospitals in the region.

During each of these Phases, the State, SLRHC and safety net providers have been working to achieve the following objectives:

I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act;
II. Transition the "St. Louis model" to a coverage model as opposed to a direct payment model by July 1, 2012;
III. Connect the uninsured and Medicaid populations to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement;
IV. Maintain and enhance quality service delivery strategies to reduce health disparities; and
V. For the first two years of the Demonstration, ensure that there is a 2% increase in the number of uninsured persons receiving services at St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers.

To date, all Demonstration objectives have been met or significant progress can be demonstrated.

Section VII: Interim Evaluation Findings (Pages 14-52) provides further evidence to support the progress toward the Demonstration Objectives. Outlined below are the critical success factors for each objective.

Objective I: Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act.

To date, each of the organizations funded during Phase I of the Demonstration has been able to maintain operations and provide access to health care for the uninsured in the St. Louis region.

Objective II: Transition the "St. Louis model" to a coverage model as opposed to a direct payment model by July 1, 2012.

The community transitioned to a coverage model as opposed to a direct payment model by July 1, 2012, thereby meeting Objective II. Approximately 14,500 individuals were enrolled in the Blue Plan and 399 individuals in the Silver Plan as of July 1, 2012. By the end of the first quarter, nearly 15,000 individuals were enrolled in the Blue Plan and 650 in the Silver Plan with what is believed to be enough applications collected to reach the enrollment target. The implementation of the Safety Net Pilot Program represented a significant milestone for the State, the providers, patients and the rest of the community.

Objective III: Connect the uninsured and Medicaid populations to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement.

The number of uninsured individuals receiving care at the Affiliation Partner providers increased by 4.2% from 2009 to 2011. In addition, the Community Referral Coordinator program funded by the Demonstration resulted in 11,473 new scheduled appointments for Medicaid and uninsured individuals at a primary care home since the beginning of the Demonstration. Today, through the Safety Net Pilot Program, nearly 15,000 individuals are enrolled at a primary care home.

Objective IV: Maintain and enhance quality service delivery strategies to reduce health disparities.

Preliminary data indicate improvements in diabetes management at the Affiliation partner providers from 2009 to 2011. The percent of diabetic patients with a hemoglobin A1c (HbA1c) of less than 7% at the Affiliation Partner primary care providers improved by five percentage points from 2009 to 2011. The percentage of African American patients with HbA1c less than 7% improved from 36% in 2009 to 40% in 2011.

The SLRHC, through other work, has been developing a public document that reports on trends in health status and disparities in the St. Louis region over the last decade.

Objective V: For the first two years of the Demonstration, ensure that there is a 2% increase in the number of uninsured persons receiving services at St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers.

In 2009, the year before the Demonstration commenced, Grace Hill Health Centers, Myrtle Hilliard Davis Comprehensive Health Centers and St. Louis ConnectCare reported 67,964 uninsured users, and in 2011 they reported a total of 70,824 uninsured users, an increase of 2,860 people or 4.2%.

Section III: Compliance with Each of the STCs

The State of Missouri has been compliant with each of the STCs throughout the duration of this Demonstration. The deadline for each milestone and each deliverable has been met. The State does not anticipate any difficulty maintaining compliance with each STC throughout the remainder of the existing Demonstration or the extension of the Demonstration.

Through ongoing dialogue, program monitoring and regular and extensive reporting, the State is able to maintain compliance. Throughout the negotiations for the first STCs and the amended STCs, the State and CMS developed several monitoring and reporting mechanisms to ensure compliance. These include but are not limited to the STCs listed below:

Table I: STC's Related to Monitoring and Reporting

IX.	**General Reporting Requirements**
34.	General Financial Requirements
35.	Reporting Requirements Related to Budget Neutrality
36.	Monthly Calls
37.	Quarterly Progress
38.	Annual Report
39.	Final Report
X.	**General Financial Requirements**
40.	Quarterly Expenditure Reports
41.	Expenditures Subject to the Title XIX Budget Neutrality Expenditure limit
42.	Reporting Expenditures Subject to the Title XIX Budget Neutrality Expenditure Limit
43.	Standard Medicaid Funding Process
44.	Extent of Federal Financial Participation for the Demonstration
45.	Sources of Non-Federal Share
46.	Monitoring the Demonstration
47.	Program Integrity
48.	Penalty for Failing to Achieve Pilot Plan Milestones Listed in Section XIII
49.	Application of the Penalty
XI.	**Monitoring Budget Neutrality for the Demonstration**
50.	Limit on Title XIX Funding
51.	Risk
52.	Budget Neutrality Expenditure Limit
53.	Future Adjustments to the Budget Neutrality Expenditure Limit
54.	Enforcement of Budget Neutrality
XII.	**Milestones**
55.	Milestones
56.	Additional Milestones
57.	Submission of Draft Evaluation Design
58.	Interim Evaluation Reports
59.	Final Evaluation Design and Implementation
60.	Cooperation with Federal Evaluators
XIV.	**Schedule of State Deliverables During the Demonstration**

Furthermore, the State reviews the status of the program monthly as part of its own administrative functions but also as participants on the board of the SLRHC and its planning committees. Through these efforts, the State maintains a close working relationship with the SLRHC, its vendors and the providers. The State reviews and approves any information distributed by the SLRHC or its enrollment broker to patients, issues all payments to providers via the SLRHC based on the State's enrollment and claims data, reviews monthly financial data from the SLRHC related to the Demonstration and reviews the monthly call center report from the SLRHC's enrollment broker.

CMS assesses State compliance with the STCs in numerous ways. Conference calls are conducted on a monthly basis as needed to discuss any outstanding items or significant actual or anticipated developments related to the Demonstration. The State submits to CMS both quarterly and annual reports as well as the quarterly CMS 64 reports.

Section IV: Waiver and Expenditure Authorities

No changes to the Waiver and Expenditure Authorities are being requested at this time. It is too early in the Pilot Program to assess what, if any, changes to the expenditure authorities granted for the operation of the Safety Net Pilot Program would need to change.

Furthermore, there are no additional waivers or amendments requested. As the Pilot Program progresses, the State and SLRHC will continue to monitor the program and will submit to CMS amendment requests as warranted pursuant to STC III.7.

The current Waiver and Expenditure Authorities include:

1. **Expenditure for Administrative Activities of the St. Louis Regional Health Commission (SLRHC):** Expenditures for the amounts incurred by the SLRHC for State Medicaid program administrative activities related to the assessment of the Safety Net benefits for the community, not to exceed 1% of total administrative costs claimed each Demonstration year.

2. **Expenditures for Administrative Activities of the Community Referral Coordinator (CRC) Program:** Expenditures pursuant to a Memorandum of Understanding for amounts incurred by the SLRHC for activities directly related to the CRC program. For DYs 1 and 5, these expenses must not total more than $175,000 (total computable) per year, for DYs 2, 3, and 4 these expenses must not total more than $700,000 (total computable) per year.

3. **Expenditures for Primary and Specialty Care in the St. Louis Region:** Expenditures up to $30 million annually for programs to support primary and specialty care in the St. Louis region, primarily through the ConnectCare program, for expenditures incurred prior to the date of the June 30, 2012, amendment.

4. **Expenditures for Uncompensated Care:** Through June 30, 2012, expenditures not to exceed $30 million (total computable) annually for otherwise uncompensated ambulatory care at St. Louis ConnectCare, Myrtle Hilliard Davis Comprehensive Health Centers and Grace Hill Neighborhood Health Centers to further the goal of transitioning the St. Louis health care delivery system for persons with low-income to a viable, self-sustaining model.

The expenditure authority below shall apply with respect to operation of the Safety Net Pilot Program from July 1, 2012, through December 31, 2013:

- **Demonstration Population 1:** Expenditures for primary and specialty care services provided to uninsured individuals, ages 19 through 64, residing in St. Louis City or St. Louis County, with family incomes between 0 and 133% of the Federal poverty level (FPL) who do not meet eligibility requirements of the Medicaid State Plan and receives care through designated primary care provider under this Demonstration and/or are referred for specialty care.

- **Demonstration Population 2:** Expenditures for specialty care services at the ConnectCare facility provided to uninsured individuals, ages 19-64, residing in St. Louis or St. Louis County with family incomes between 0 and 133% of the FPL who do not meet eligibility

requirements of the Medicaid State Plan and who have been referred for specialty services from a non-designated primary care provider under this Demonstration.

- **Demonstration Population 3:** Expenditures for specialty care services at the ConnectCare facility provided to uninsured individuals, ages 19-64, residing in St. Louis or St. Louis County with family incomes between 134 and 200% of the FPL who do not meet eligibility requirements of the Medicaid State Plan and who have been referred to the ConnectCare from any participating primary care site in this Demonstration.

- **Infrastructure Payments:** Expenditures not to exceed $2,900,000 for infrastructure payments to ConnectCare to support the providers.

- **Expenditure for Managing the Coverage Model:** Expenditures pursuant to a Memorandum of Understanding and not to exceed $6,500,000 for costs incurred by the SLRHC for activiites related to the implementation of the coverage model.

All requirements of the Medicaid program expressed in law, regulation and policy statement, not expressly identified as not applicable in the list below, shall apply to all Demonstration populations beginning July 1, 2012, through December 31, 2013.

Statewideness **Section 1902(a)(1)**

To the extent necessary, to allow the State to limit enrollment in the Demonstration to persons residing in St. Louis City and St. Louis County.

Methods of Administration: Transportation **Section 1902(a)(4) in so far as it incorporates 42 CFR 431.50**

To the extent necessary, to enable the State to not assure transportation to and from providers for all Demonstration populations.

Reasonable Promptness **Section 1902(a)(8)**

To the extent necessary, to enable the State to establish an enrollment target and maintain waiting lists for Demonstration populations.

Amount, Duration, and Scope **Section 1902(a)(10)(B)**

To the extent necessary, to permit the State to offer benefits that differ among the Demonstration populations and that differ from the benefits offered to the categorically needy group.

Standards and Methods **Section 1902(a)(17)**

To the extent necessary, to permit the State to extend eligibility for Demonstration populations for a period of up to eighteen months without redetermining eligibility.

Freedom of Choice **Section 1902(a)(23)(A)**

To the extent necessary, to enable the State to mandatorily enroll all Demonstration populations into a delivery system that restricts free choice of provider.

Retroactive Eligibility **Section 1902(a)(34)**

To the extent necessary, to enable the State to not provide medical assistance to Demonstration populations prior to the date of application for the Demonstration benefits.

Payment for Services by Federally Qualified Health Centers (FQHCs) **Section 1902(a)(15)**

To the extent necessary, to enable the State to make payments to participating FQHCs for services provided to Demonstration Population 1 using reimbursement methodologies other than those required by section 1902(bb) of the Act.

Section V: Quality

Clinical Quality

The Safety Net Pilot Program was designed to measure and improve health outcomes for the patients of the safety net providers in the St. Louis region. The primary care providers and St. Louis ConnectCare are subject to a 7% withhold from their payments to incent them to achieve certain clinical measures. These measures were developed by the community's clinicians and determined to be the community's priorities. They include:

Primary Care Health Center Pay-for-Performance Incentive Eligibility

TABLE 1

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
All Patients Enrolled As of 7/1/2012 - Minimum of at least 1 office visit (including a health risk assessment and health and wellness counseling) within the first 6 months following enrollment	80%	20%	Claims Data
Patients with Diabetes, Hypertension, CHF or COPD – 2 office visits within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis	80%	20%	Claims Data
Patients with Diabetes - HgbA1c testing performed within the first 4 months following the latter of either: a) initial enrollment, or b) initial diagnosis	85%	20%	Claims Data
Patients with Diabetes – percentage of diabetics who have a HgbA1c <8% within six months following the latter of either: a) initial enrollment, or b) initial diagnosis	60%	20%	Self-Reported by Health Centers
Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.	50%	20%	Self-reported by health centers and AHS Call Center Data
TOTAL POSSIBLE SCORE		**100%**	

Objective measures may be changed for the subsequent reporting period. Any changes or additions will be approved by the Pilot Program Planning Team managed by the SLRHC at least 60 days in advance of going into effect. At no time will changes to the measures go into effect for a reporting period that has already commenced. (Note: the health centers and State are represented on the Pilot Program Planning Team.)

Any remaining funds will be disbursed based on the criteria summarized below and will be paid within the first quarter following the end of the reporting period:

TABLE 2

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
Emergency Department Utilization among Tier 1/Tier 2 Enrollees	TBD pending final actuarial analysis	30%	Claims data
Rate of Referral to Specialist among Tier 1/Tier 2 Enrollees	TBD pending final actuarial analysis	70%	Claims data

The primary care providers will be eligible for the remaining funds based on the percentage of Tier 1 and Tier 2 patients (Blue Plan) enrolled at their health centers. For example, if Grace Hill has 60% of the primary care patients and Myrtle Hilliard Davis 40%, they would each qualify up to that percentage of the remaining funds. Funds not distributed will be used to create additional enrollment slots where demand and capacity exist. Payments will not be redirected for administrative or infrastructure payments.

Within the first quarter following the end of the reporting period, the State will issue incentive payments to the health centers. Incentive payments will be calculated based on the data received and the methodology described below.

St. Louis ConnectCare Pay-for-Performance Eligibility

For those patients with Tier 1 and Tier 2 benefits (Blue Plan), St. Louis ConnectCare will receive an alternative payment for medical and pharmaceutical expenses. The payment to St. Louis ConnectCare will be subject to a 7% withhold, which will be paid out in whole or part within the first quarter following the attainment of certain quality measures.

For those patients with Tier 2 only benefits (Silver Plan), reimbursement to St. Louis ConnectCare will be based on a fee-for-service methodology at 120% of Medicare with a withhold of 7%, which will be paid out in whole or part within the first quarter following the attainment of certain quality measures.

The pay-for-performance incentive payment will be based on achieving specified goals for the following:

St. Louis ConnectCare Pay-for-Performance Metrics

<table>
<tr><th>Pay-for-Performance Incentive Criteria</th><th>Threshold</th><th>Weighting</th><th>Source</th></tr>
<tr><td>Timely Patient Access as Measured by Appointment Wait Times -
<table>
<tr><th>Specialty</th><th>Benchmark (weeks)</th><th></th><th>Specialty</th><th>Benchmark (weeks)</th></tr>
<tr><td>Cardiology</td><td>5</td><td></td><td>Neurology</td><td>9</td></tr>
<tr><td>Dermatology</td><td>4</td><td></td><td>Orthopedics</td><td>6</td></tr>
<tr><td>Endocrinology</td><td>7</td><td></td><td>Pulmonology</td><td>8</td></tr>
<tr><td>ENT</td><td>4</td><td></td><td>General Surgery</td><td>3</td></tr>
<tr><td>GI</td><td>6</td><td></td><td>Urology</td><td>8</td></tr>
<tr><td>Nephrology</td><td>5</td><td></td><td></td><td></td></tr>
</table></td><td>80%</td><td>50%</td><td>Semi-Annual Self Reporting/AHS</td></tr>
<tr><td>Coordination of Care – (a) Receipt of consultation documentation within 10 business days; (b) Completion of a primary care – specialist physician compact of collaborative guidelines *</td><td>(a) 80%
(b) 100%</td><td>(a) 15%
(b) 10%</td><td>AHS/RHC</td></tr>
<tr><td>Timely, Accurate Filing of Patient Encounters and Claims Data– Utilization data for patients covered by cap payments and claims data all submitted within 60 days of date of service</td><td>90%</td><td>25%</td><td>Claims Processing Vendor</td></tr>
<tr><td>TOTAL POSSIBLE SCORE</td><td></td><td>100%</td><td></td></tr>
</table>

Furthermore, for evaluation purposes, the SLRHC will compare the outcomes of clinical measures for the Gateway primary care providers to other community health centers in the State of Missouri. See Appendix I, Pages 53-54, for a complete list of quality measures.

Program Quality

In addition to these clinical measures, the State and SLRHC are continually monitoring the performance of the Safety Net Pilot Program to ensure it is providing access to quality health care for the populations it serves.

Representatives from the provider organizations meet monthly to evaluate clinical, consumer and financial issues related to the program. SLRHC is monitoring appointment wait times and conducting surveys with referring physicians on a quarterly basis. SLRHC also is conducting surveys with participants at least semi-annually.

First quarter results from surveys are not yet available.

Section VI: Compliance with the Budget Neutrality Cap

See Appendix III.

Section VII: Interim Evaluation Findings

The Final Evaluation Design for the Gateway to Better Health Demonstration has not yet been approved by CMS. The State is not requesting any amendments to the Demonstration. As a result, the State does not anticipate changes to the Evaluation Design as a result of the Extension. As described in the STCs, the State will submit changes to the Evaluation Design after submitting amendment requests if such requests are submitted.

This section provides a narrative summary of the evaluation design, status (including evaluation activities and findings to date), and plans for evaluation activities during the extension period. The section reports on hypotheses being tested and preliminary evaluation results.

Evaluation Design Summary

Outlined below are key components of the Evaluation of the Demonstration that will remain relevant for the extension period.

The Gateway to Better Health Demonstration Project includes the following main objectives:

I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act;
II. Transition the "St. Louis model" to a coverage model as opposed to a direct payment model by July 1, 2012;
III. Connect the uninsured and Medicaid populations to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement;
IV. Maintain and enhance quality service delivery strategies to reduce health disparities; and
V. For the first two years of the Demonstration, ensure that there is a 2% increase in the number of uninsured persons receiving services at St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers.

Since July 1, 2012, when the pilot coverage model went into effect, the Demonstration has been: (1) providing primary, urgent, and specialty care coverage to uninsured[4] adults in St. Louis City and St. Louis County, aged 19-64, who are below 133% of the Federal Poverty Level (FPL) through a coverage model known as Gateway to Better Health Blue; and (2) providing individuals otherwise meeting the same requirements but with income up to 200% of the FPL with urgent and specialty care services, excluding the primary care benefit, through a coverage model known as Gateway to Better Health Silver.

[4] To be considered to be "uninsured" applicants must not be eligible for coverage through the Medicaid State Plan. Screening for Medicaid eligibility is the first step of the Gateway to Better Health eligibility determination.

Determination of Evaluator

In cooperation with MO HealthNet staff, the St. Louis Regional Health Commission selected Mercer Government Human Services Consulting (formerly known as Alicia Smith & Associates) to perform the evaluation of the Gateway to Better Health Demonstration Project. This resource was selected because of the team's experience with

- Conducting evaluations of 1115 demonstration projects and other similar federal programs;
- Urban safety net health care provider organizations and their required federal reporting;
- Programs designed to increase access to primary and specialty care among the uninsured; and
- Medicaid programs around the country and specific experience in Missouri.

Populations Evaluated

The Demonstration project is designed to maintain and increase access to primary and specialty care for the uninsured in St. Louis City and County. As a result, the evaluation will focus on uninsured patients who are served by the health care safety net in St. Louis. The evaluation will examine clinical activities for the following pilot program population groups, as defined in the amended Special Terms and Conditions:

Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	Uninsured individuals, ages 19-64 years, residing in St. Louis City or St. Louis County, with family incomes between 0 and 133% of the Federal poverty level (FPL) who do not meet eligibility requirements of the Medicaid State Plan and eligible to receive care through a designated primary care provider under the Demonstration and/or are referred to ConnectCare for specialty care.
Population 2: Uninsured individuals receiving only Specialty Care through the Demonstration	Uninsured individuals, ages 19-64, residing in St. Louis City or St. Louis County, with family incomes between 0 and 133% of the FPL who do not meet eligibility requirements of the Medicaid State Plan who have been referred to ConnectCare for specialty care, and are not enrolled for primary care benefits by a primary care provider under the Demonstration.
Population 3: Uninsured individuals receiving only Specialty Care through this Demonstration	Uninsured individuals, ages 19-64, residing in St. Louis City or St. Louis County, with family incomes between 134 and 200% of the FPL who do not meet eligibility requirements of the Medicaid State Plan who have been referred to ConnectCare for specialty care, and are not enrolled for primary care benefits from a designated primary care provider under the Demonstration.

Isolation of Outcomes

Because the program serves uninsured patients of a select provider network within St. Louis City and St. Louis County, the program will be able to track outcomes for safety net delivery systems, provider organizations and patients. The patients targeted by this program have very little access to health care services beyond those available from the provider organizations who are members of the St. Louis Integrated Health Network. This fact makes it easier to isolate the outcomes of this program. Furthermore, the "coverage model" provides utilization data and quality metrics for the three populations enrolled in the Pilot Program beginning July 1, 2012, enabling the project team to isolate outcomes to the targeted populations. Performance and health indicator outcomes will be compared with the average of other community health centers in the State.

Approach to Demonstration Project Evaluation

The following table summarizes the key questions and areas of analysis by Demonstration objective. Interim evaluation findings are provided later in this report section.

Demonstration Objective	Key Questions	Key Measures/Data Sources	Analysis
I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act.	Were primary health care services maintained in the neighborhoods where they existed at the beginning of the demonstration project (July 2010)? Did St. Louis City and St. Louis County uninsured individuals maintain access to specialty care services at a level provided at the beginning of the demonstration project? Did the types of services available (i.e. nutrition education, lab tests, radiology) in July 2010 remain available until December 31, 2013?	Health center locations and hours of operation. Primary care encounters by payor and by service line at Gateway primary care organizations on an annual basis. Specialty care, urgent care and diagnostic services encounters by payor and by service line at St. Louis ConnectCare on an annual basis. Services available at Affiliation Partner sites and other Gateway provider organizations on an annual basis.	Description of changes in service and impact of changes on the patient community.
II. Transition the "St. Louis model" to a coverage model as opposed to a direct payment model by July 1, 2012.	Did a coverage model become available for uninsured parents and other adults, ages 19-64, who are not otherwise eligible for Medicaid or Medicare who reside in St. Louis City or St. Louis County as of July 1, 2012? Were patients enrolled and able to receive covered benefits under the coverage model as of July 1, 2012?	Number of applications received and patients enrolled as of July 1, 2012. Number of patients enrolled as of July 1, 2013. Enrollment targets established by Pilot Plan.	Review the effectiveness of the Pilot Plan development process and implementation to determine what went smoothly and what could have been improved. Were there challenges that were not foreseen by the Pilot Plan? Discussion with key stakeholders as to "lessons learned" from the transition to a coverage model.

Demonstration Objective	Key Questions	Key Measures/Data Sources	Analysis
i. Achieve financial sustainability of the St. Louis Regional Health Commission	As of December 31, 2013, did the St. Louis Regional Health Commission identify its priorities and the required funding to accomplish those priorities?	Identification of priorities for the St. Louis Regional Health Commission and necessary funding by July 1, 2013. Approval of 2014 priorities and budget for the St. Louis Regional Health Commission by its board at its December 2013 meeting.	Explanation of the priorities of the St. Louis Regional Health Commission after December 31, 2013.
ii. Achieve financial sustainability of the CRC program	Did the CRC identify funding for continued operations after December 31, 2013?	Identify funding sources for continued operations by July 1, 2013. Approval of 2014 CRC budget at August 2013 IHN board meeting.	Explanation of the case made and the value provided by the CRC program for the organization(s) that provide funding to secure continued operations.
iii. Achieve financial sustainability of the Affiliation Partners (St. Louis ConnectCare, Myrtle Hilliard Davis Comprehensive Health Centers, Grace Hill Health Centers)	Did the Affiliation Partners achieve financial sustainability? The revised Standard Terms and Conditions defines financial sustainability as "the provider continuing operations and providing quality services to the safety-net community absent funding from an 1115 demonstration." Were there any changes in operations/patient services due to the change in funding streams and the new payment methodology?	Breakeven or positive financial position for FY 2014 (July 2013 – June 2014) for each of the Affiliation Partners.	Description of changes in the Affiliation Partners operations/patient services as a result of the coverage model. Review of affiliation partner sustainability plans.
III. Connect the uninsured and Medicaid populations to a medical home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement	How many uninsured and how many Medicaid patients had a medical home at Gateway primary care organizations each year of the Demonstration project? How many new patients were established at primary care homes as a result of outreach of the Community Referral Coordinators (CRC)?	Number of primary care patients seen by Gateway providers who are uninsured or covered by Medicaid. Number of patients referred by Community Referral Coordinators at area hospitals. Show rates for referrals from Community Referral Coordinators. Number of new patients established at a primary care	Description of trends in connecting uninsured and Medicaid populations to a primary care home.

Demonstration Objective	Key Questions	Key Measures/Data Sources	Analysis
		home by organization through the Community Referral Coordinator Program.	
IV. Maintain and enhance quality service delivery strategies to reduce health disparities	By race and ethnicity, how many and what percentage of patients with hypertension have controlled blood pressure? By race and ethnicity, percentage of patients with Type I or Type II diabetes with Hba1c < 7%.	UDS quality measures for each year of the demonstration project from participating organizations.	Description of trends presented in UDS data, including how that data compares to state and national averages for other community health centers.
V. For the first two years of the Demonstration, ensure that there is a 2% increase in the number of uninsured persons receiving services at St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers	How many primary care, specialty care and urgent care visits did the Affiliation Partners provide to the uninsured each year of the first two years of the demonstration project? How many uninsured patients by site did the Affiliation Partners care for each year of the first two years of the demonstration?	Survey data and UDS data on users and encounters from the Affiliation Partners.	Description of trends presented by encounter data.

In addition to the stated objectives of the demonstration project, CMS' special terms and conditions specify that the draft evaluation design shall address the evaluation questions and topics listed below. Interim evaluation findings for these questions and topics are provided later in this report section.

I. To what extent, has the State met the milestones listed in section XII?

The evaluation will document the State's progress in completing milestones as specified by CMS.

II. How successful have the FQHCs and ConnectCare been at developing a business model that is based on receiving reimbursement through a claims-based system rather than receiving direct payments to the facilities?

The Pilot Program Planning Team developed and approved an outline for the Interim Transition Plan due to CMS by July 1, 2012. The State submitted the Interim Transition Plan to CMS on June 27, 2012. The State, in partnership with the RHC, will be executing the interim Transition Plan, which outlines efforts for sustainability, in the months to come.

In addition, the critical factors for the sustainability of each entity were outlined in the Pilot Plan submitted in June 2011. Each organization continues to work towards the benchmarks outlined in its respective sustainability plan.

In the evaluation, the project team will report on the success of the solutions developed for these and other challenges.

III. How has access to care improved for low-income individuals?

As addressed in the description of Objective I, the following information will be tracked throughout the demonstration:

- Health center locations and hours of operation;
- Primary care encounters by payor and by service line at Gateway primary care organizations and specialty care, urgent care, and diagnostic services encounters by payor and by service line at St. Louis ConnectCare on an annual basis; and
- Services available at Affiliation Partner sites and other primary care organizations on an annual basis.

This information will provide insights about where and what services have been maintained or enhanced throughout the Demonstration Project.

IV. How successful is the Demonstration in expanding coverage to the region's uninsured by 2% each year?

From 2009 through 2011, there was a 4.2% increase in uninsured persons receiving services at the Affiliation Partners (Grace Hill Health Centers, Myrtle Hilliard Davis Comprehensive Health Centers and St. Louis ConnectCare). The number of uninsured patients of the Affiliation Partners will be reported on an annual basis for the first two years of the Demonstration.

Beginning July 1, 2012, the number of uninsured encounters and patients will be reported by organization for all Gateway providers.

V. To what extent has the Demonstration improved the health status of the population served in the Demonstration?

Health status of the population will be tracked through the annual analysis of certain measures, which are reported on annual UDS reports or are HITECH Meaningful Use measures. In addition, the Incentive Payment Protocol (submitted to CMS on August 16, 2012 and discussed in item VI below) aligns health status measures with the provider payment methodologies to provide further incentives for the delivery of quality healthcare services for the duration of the pilot program. For a complete list of proposed quality measures, see Appendix I.

VI. Describe provider incentives and activities.

Beginning July 1, 2012, with the implementation of the pilot program, the project team instituted new provider incentives and activities. The Incentive Payment Protocol (provided as Appendix II) was submitted to CMS on August 16, 2012.

The Incentive Payment Protocol requires 7% of provider funding to be withheld from the Gateway providers. The 7% withheld will be tracked on a monthly basis as two separate incentive pools - one for primary care organizations and one for specialty care. The St. Louis Regional Health Commission will be responsible for monitoring the primary care organizations' and St. Louis

ConnectCare's performance against the pay-for-performance metrics in the Incentive Payment Protocol.

The evaluation will provide an analysis of provider performance against the performance incentive criteria and discuss provider payment. The evaluation will also compare outcomes with data from health centers statewide as described in Item VII below.

VII. Determine if performance incentives have impact of population metrics with a comparison of Gateway providers to other community health centers in the State. Include comparable FQHC population/providers to compare effectiveness of provider payment incentives.

As described in item VI above, the St. Louis Regional Health Commission will be responsible for monitoring the health centers' and St. Louis ConnectCare's performance against the pay-for-performance metrics in the Incentive Payment Protocol (submitted to CMS on August 16, 2012). The Incentive Payment Protocol is provided as Appendix II.

The evaluation will also provide an analysis of provider performance outcomes as compared to statewide health center performance data for the following UDS measures:

- Percentage of patients aged 18 and over who were queried about any and all forms of tobacco use at least once within 24 months;
- Proportion of patients born between January 1, 1927, and December 31, 1993, with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading;
- Proportion of adult patients born between January 1, 1937, and December 31, 1993, with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 7% at the time of the last reading in the measurement year.

VIII. Provide financial analysis of the Legacy and ConnectCare providers for the pre- and post-coverage phase of the Demonstration.

The work to transition the St. Louis community to a coverage model is integrated with other efforts of the health centers that will help them prepare for the changes that will occur as a result of the Affordable Care Act. The evaluation will provide an analysis of provider finances under direct provider payments and under the coverage model implemented on July 1, 2012. An analysis of provider sustainability plans will be provided, assessing provider efforts in transitioning to the new payment methodology.

The evaluation will also address relevant questions outlined in the Interim Transition Plan submitted to CMS on June 27, 2012. Key areas of analysis will include:

- What are the projected provider payment rates and covered services post-Demonstration?
    - How will these changes impact provider financial projections?
- What will be the role of the Medicaid managed care plans in ensuring access to the patient populations previously served by these providers under the Demonstration?
- How have the individual provider sustainability plans changed since initial submission to CMS?
- Health center patient population –
    - How many St. Louis residents will become eligible for Medicaid and where will they access services?

- What proportion of the current health center patients will become eligible for Medicaid or for any other health insurance options that may be available?

IX. Analyze the cost of care and access to services at the Legacy FQHC providers, comparing the first 18 months of the Demonstration when the providers received direct payments to the last 18 months of the Demonstration when the providers were paid on a capitated basis with incentive payments.

As noted in the discussion of Demonstration objective I, the ability of services to remain available and accessible to patients will be a critical factor in evaluating the success of the Demonstration project. The project team will report on any change in health center locations, significant changes in service offerings, or significant changes in hours of operation, comparing the first two years of the Demonstration to the last 18 months of the Demonstration. The cost-per-encounter under the direct payment model will be compared to the cost-per-encounter when providers were paid on a capitated basis.

Approach to Pilot Program Evaluation

The Pilot Program coverage model was implemented as planned on July 1, 2012. The evaluation will address the following objectives and hypotheses for the Pilot Program:

Pilot objectives

I. To provide a basic set of medical services for as many uninsured patients as possible
II. To provide a bridge to health care reform for the legacy clinics to help ensure financial sustainability
III. To place a particular emphasis on providing coverage to low-income individuals:
    a. who have chronic medical conditions such as diabetes, heart disease and hypertension
    b. who are aging out of Medicaid and link them to health care coverage
IV. To decrease the use of community emergency departments for non-emergent visits

Pilot hypotheses

I. By preserving health care services at the legacy clinics, services will be maintained in the urban core where the greatest health disparities exist, enabling low-income patients to receive preventive, specialty and primary care under the coverage model.
II. Uninsured patients who receive coverage under the pilot program will use community emergency departments for non-emergent visits at a lower rate than other uninsured patients.
III. The prevalence of preventable hospitalizations, hospital re-admissions and ED utilization will be reduced among patients with chronic medical conditions.
IV. For those patients aging out of Medicaid who need a coverage option, the pilot project provides a transition to coverage available under the Affordable Care Act, providing an effective bridge for these patients.

The following information will be collected and analyzed:

Enrollment

- By zip code
- By age, sex, race, ethnicity
- Length of time without insurance prior to enrollment (for a sample of patients)

Financial

- Number of patients enrolled by organization by month
- Provider revenue data by each Federal fiscal year
- Pay for performance withholds and payments

Utilization

- Primary care encounters by site
- Specialty care encounters
- Number of patients with chronic conditions (i.e. diabetes Type I and II; hypertension; asthma; COPD and congestive heart failure)
- Urgent care encounters
- Emergency department encounters
- Inpatient professional fees associated with inpatient stays

Quality

- Ease of access (wait times for appointments)
- Patient satisfaction
- Primary care provider satisfaction
- UDS and other measures relevant to patient population*

Outcomes

- Enrollment in wellness initiatives (smoking cessation; diabetic nutrition counseling)
- Percentage who transition to coverage as of January 1, 2014

**For a complete list of proposed quality measures, see Appendix II.*

Methodology

Most of this information will be gathered in the enrollment process, through the claims data, in the UDS data reported annually by federally qualified health centers, MO HealthNet data, and through the annual reporting of the safety net provider organizations, including St. Louis ConnectCare, to the St. Louis Regional Health Commission.

Patient satisfaction will be measured through semi-annual surveys. Referring physician satisfaction will be tracked through quarterly surveys.

Evaluation Activities

Evaluation activities to date include the following:

- Collection and reporting of baseline data for all Demonstration objectives for 2009, 2010, and 2011, as applicable
- Collection and reporting of proposed health indicator data baselines (see Appendix I)
- Analysis of interim progress in meeting Demonstration objectives comparing 2009, 2010 and 2011 data, as provided in this report section
- Analysis and reporting of ***preliminary*** enrollment and claims data for the first quarter of the Pilot Program (7/01/12-9/30/12), as provided in this report section

Data collection and analysis will continue throughout the Demonstration project. Additional interim evaluation findings will be provided in future reports as detailed in the STCs.

Interim Evaluation Findings for Demonstration Objectives

Based on data gathered to date, all Demonstration objectives have been met or significant progress can be demonstrated. Provided below are interim evaluation findings for each objective. Most findings are based on reported data from the Affiliation Partners during the first phase of the Demonstration, when Grace Hill Health Centers, Myrtle Hilliard Davis Comprehensive Health Centers and St. Louis ConnectCare received direct payments. In some instances, in addressing progress to date, baseline information from the other providers participating in the Safety Net Pilot Program are included as well.

Objective I: Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act

The funding provided by the Gateway to Better Health Demonstration Project is critical to maintaining access to primary and specialty care services for the uninsured in the St. Louis region, particularly for those who live in the urban core where few options exist for health care services.

Key questions for this demonstration objective include:

- Were primary health care services maintained in the neighborhoods where they existed at the beginning of the Demonstration project (July 2010)?
- Did St. Louis City and St. Louis County uninsured individuals maintain access to specialty care services at a level provided at the beginning of the demonstration project?
- Did the types of services available (i.e., nutrition education, lab tests, radiology) in July 2010 remain available until December 31, 2013?

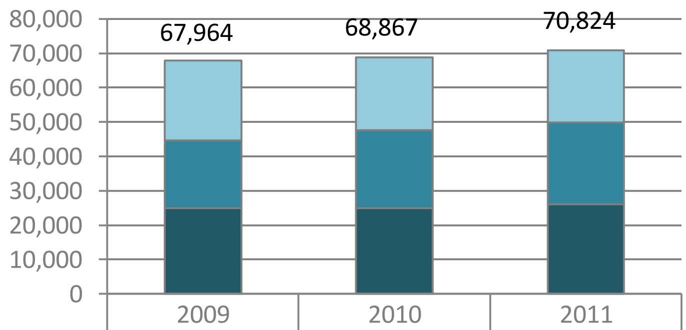
Findings to date:

To date, each of the organizations funded during Phase I of the Demonstration have been able to maintain operations and provide access to health care for the uninsured in the St. Louis region. Additional findings are discussed below:

A. The number of uninsured patients at Affiliation Partner organizations[5] increased 4.2% from 2009 to 2011.

There was a 4.2% increase in uninsured persons receiving services at the Affiliation Partner providers from 2009 to 2011. This exceeds the goal of a 2% increase in uninsured persons receiving services in the first two years of the Demonstration.

Affiliation Partner Uninsured Patients, 2009-2011



	2009	2010	2011
St. Louis ConnectCare	23,337	21,270	21,071
Myrtle Hilliard Davis	19,760	22,711	23,665
Grace Hill	24,867	24,886	26,088

B. Primary and specialty care services were maintained.

Primary and specialty care services at the Affiliation Partner organizations were maintained from 2009 to 2011, in line with the Demonstration goal of maintaining services available at the Affiliation partner organizations for the first two years of the Demonstration.

Primary and Specialty Care Services by Gateway Provider, 2009-2011

Affiliation Partner Organization	***2011***	***2010***	***2009***
Grace Hill Health Centers	Primary medical care, dental care, mental health services, substance abuse services, podiatry, optometry, nutrition, and enabling services (case management of pregnant women and patient education), children's behavioral Health services, pharmacy, nutrition, Women Infants and Children (WIC), community health homeless services, prenatal classes/centering pregnancy, chronic disease management, referral to specialty care.	Primary medical care, dental care, mental health services, substance abuse services, podiatry, optometry, nutrition, and enabling services (case management of pregnant women and patient education), children's behavioral Health services, pharmacy, nutrition, Women Infants and Children (WIC), community health homeless services, prenatal classes/centering pregnancy, chronic disease management, referral to specialty care.	Primary medical care, dental care, mental health services, substance abuse services, podiatry, optometry, nutrition, and enabling services (case management of pregnant women and patient education), children's behavioral Health services, pharmacy, nutrition, Women Infants and Children (WIC), community health homeless services, prenatal classes/centering pregnancy, chronic disease management, referral to specialty care.

[5] Affiliation partner organizations include Grace Hill Health Centers, Myrtle Hilliard Davis Comprehensive Health Centers, and St. Louis ConnectCare

Affiliation Partner Organization	***2011***	***2010***	***2009***
Myrtle Hilliard Davis Comprehensive Health Centers	Primary medical care, podiatry, ophthalmology, dental care, behavioral health, nutrition and enabling services (Community outreach services, community and patient health education (diabetes, cardiovascular, asthma and cancer), case management (for pregnant women), social services, referral for specialty services, eligibility assistance services and HIV counseling. Ancillary services include radiology, pharmacy and CLIA certified clinical laboratory services.	Primary medical care, podiatry, ophthalmology, dental care, nutrition and enabling services (Community outreach services, community and patient health education (diabetes, cardiovascular, asthma and cancer), case management (for pregnant women), social services, referral for specialty services, eligibility assistance services and HIV counseling. Ancillary services include radiology, pharmacy and CLIA certified clinical laboratory services.	Primary medical care, podiatry, ophthalmology, dental care, nutrition and enabling services (Community outreach services, community and patient health education (diabetes, cardiovascular, asthma and cancer), case management (for pregnant women), social services, referral for specialty services, eligibility assistance services and HIV counseling. Ancillary services include radiology, pharmacy and CLIA certified clinical laboratory services.
St. Louis ConnectCare	Urgent care, specialty care (cardiology, dermatology, endocrinology, general surgery, gastroenterology, urology, nephrology, neurology, gynecology (surgical), orthopedics, otolaryngology, pulmonary, rheumatology), diagnostic services (endoscopy and radiology), and STD clinic services.	Urgent care, specialty care (cardiology, dermatology, endocrinology, general surgery, gastroenterology, urology, nephrology, neurology, gynecology (surgical), orthopedics, otolaryngology, pulmonary, rheumatology), diagnostic services (endoscopy and radiology), and STD clinic services.	Urgent care, specialty care (cardiology, dermatology, endocrinology, general surgery, gastroenterology, urology, nephrology, neurology, gynecology (surgical), orthopedics, otolaryngology, pulmonary, rheumatology), diagnostic services (endoscopy and radiology), and STD clinic services.

C. Primary and specialty care locations and hours of operation were maintained.

Primary and specialty care provider locations and hours of operation were maintained in the neighborhoods where they existed at the beginning of the project from 2009 through 2011. The 2013 Demonstration goal is to maintain or improve hours of operation by site throughout the Demonstration.

St. Louis ConnectCare adjusted its Urgent Care and X-Ray services hours to close at 4:30pm instead of 5:00pm as noted in the following table:

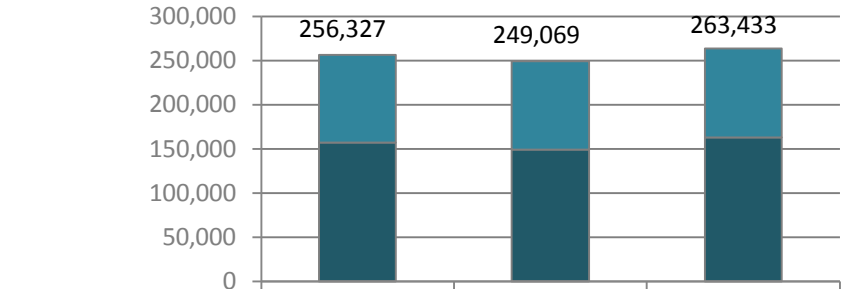
All Primary and Specialty Care Sites: Hours of Operation

Partner Site	*2011*	*2010*	*2009*
Grace Hill Neighborhood Health Center			
Murphy-O'Fallon	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F- 8:30am-5:30pm; W-8:30am-7pm	M,T,TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm
Soulard-Benton	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F- 8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm
Water Tower	M, T, TH, F- 8:30am-5:30pm; W-8:30am-7pm	NA	NA
Grace Hill South	M, T, TH, F- 8:30am-5:30pm; W-8:30am-7pm	NA	NA
BJC Behavioral Health	M-F-8:30am-5pm	NA	NA
St. Patrick	M-F-8am-4:30pm	NA	NA
Myrtle Hilliard Davis Comprehensive Health Centers			
Homer G. Phillips	M, T, W, F-8am-5pm; Th-8am-8pm	M, T, W, F - 8am-5pm; TH-8am-8pm	M, T, W, F - 8:00am-5:00pm; TH-8am-8pm
Florence Hill	M-8am-8pm; T, W, Th, F-8am-5pm	M-8am-8pm; T, W, TH, F-8am-5pm	M-8am-8pm, T, W, TH, F- 8am-5pm
Comp I	M, T, Th, F-8am-5pm; W-8am-8pm	NA	NA
Betty Jean Kerr People's Health Centers			
Central	M-F-8:30am-5:30pm; Sa (When Scheduled)	NA	NA
North	M, T, Th, F-8:30am-5:30pm; W-11:30am-8:30pm; Sa (When Scheduled)	NA	NA
West	M, T, W, F-8:30am-5:30pm; Th-11:30am-8:30pm; Sa (When Scheduled)	NA	NA
Family Care Health Centers			
Carondelet	M, W, F-8am-4:30pm; T, Th-8am-8pm; Sa-8am-1pm	NA	NA
Forest Park	M, W, Th, F-8am-4:30pm; T-8am-7pm; Sa-9am-2pm	NA	NA
St. Louis County Health Centers			
North Central	M, T, F-8am-5pm; W, Th-8am-9pm	NA	NA
South County	M, T-8am-9pm; W, Th, F-8am-5pm	NA	NA
St. Louis ConnectCare	M-F-8am-7pm; Sa/Su-8am-5pm (Urgent Care and General X-ray); M-F- 8am-4:30pm (All other services)	M-F 8am-7pm; Sa/Su-8am-5pm (Urgent Care and General X-ray); M-F-8am-5pm (All other services)	M-F 8am-7pm; Sa/Su-8am- 5pm (Urgent Care and General X-ray); M-F-8am-5pm (All other services)

D. Affiliation Partner Primary care encounters increased by over 7,000 encounters from 2009 to 2011.

Annual primary care encounters provided by the Affiliation Partner organizations (Grace Hill Health Centers and Myrtle Hilliard Davis Comprehensive Health Centers) increased by 7,106 encounters (2.8%) from 2009 to 2011.

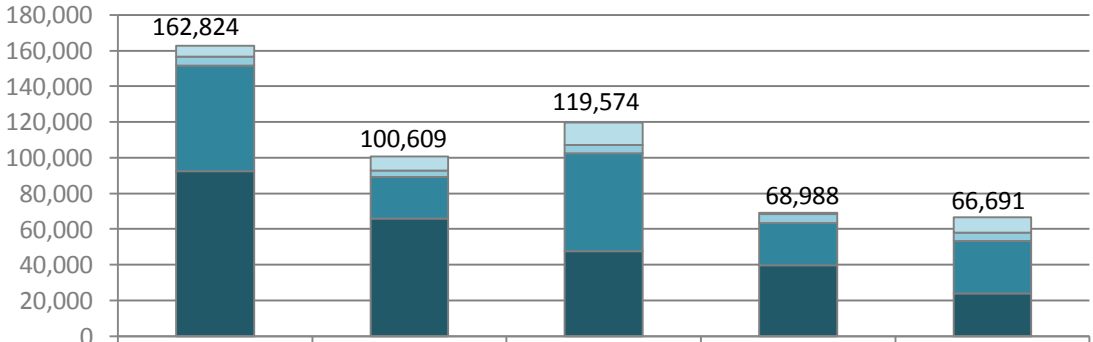
Affiliation Partner Primary Care Encounters, 2009-2011



	2009	2010	2011
Myrtle Hilliard Davis	99,557	99,641	100,609
Grace Hill	156,770	149,428	162,824

Together, all Gateway primary care provider organizations[6] provided 518,686 primary care encounters in 2011. Uninsured patients accounted for 52% (269,947) of the encounters.

Primary Care Encounters by Provider by Payor, 2011



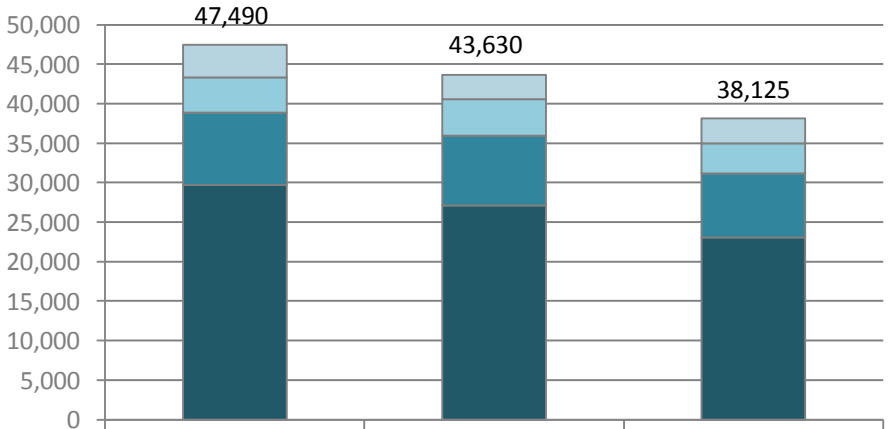
	Grace Hill	Myrtle Hilliard Davis	BJK People's	St. Louis County	Family Care
Private	6,185	7,856	12,409	674	8,670
Medicare	4,913	3,700	4,686	4,933	4,668
Medicaid	59,156	22,977	54,740	23,828	29,344
Uninsured	92,570	66,076	47,739	39,553	24,009

[6] Gateway primary care providers include: Grace Hill Health Centers (Affiliation Partner), Myrtle Hilliard Davis Comprehensive Health Centers (Affiliation Partner), Betty Jean Kerr People's Health Centers, Family Care Health Centers, St. Louis County Health Centers.

E. Service availability and hours of operation were maintained at St. Louis ConnectCare from 2009 to 2011. Referrals for specialty care encounters, urgent care encounters and diagnostic encounters at St. Louis ConnectCare declined from 2009 to 2011.

St. Louis ConnectCare has maintained specialty care, urgent care, and diagnostic services and hours of operation throughout the Demonstration. Encounters declined by 19.7% from 2009 to 2011.

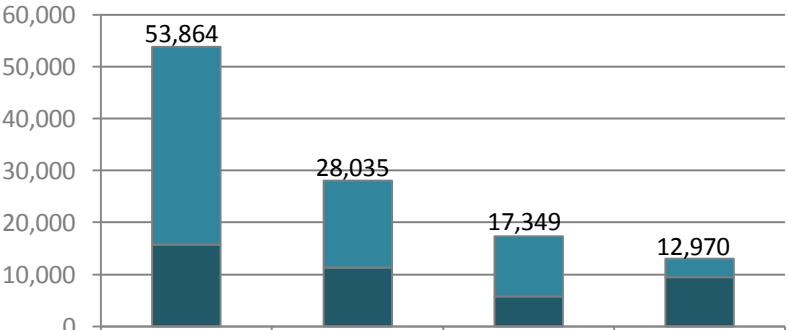
St. Louis ConnectCare Specialty Care, Urgent Care and Diagnostic Services Encounters by Payor, 2009-2011



	2009	2010	2011
Private	4,152	3,069	3,169
Medicare	4,501	4,593	3,799
Medicaid	9,129	8,815	8,128
Uninsured	29,708	27,153	23,029

Together, specialty care provider organizations provided 112,218 encounters to uninsured and Medicaid patients.

Gateway Specialty Care Provider Encounters by Payor, 2011



	WU Adult	SLUCare	Barnes-Jewish	ConnectCare
Medicaid	38,080	16,746	11,602	3,498
Uninsured	15,784	11,289	5,747	9,472

Objective II: Transition the St. Louis model to a coverage model as opposed to a direct payment model by July 1, 2012.

On July 1, 2012, the Demonstration Project transitioned to a coverage model pilot program as opposed to a direct payment model. Objective II evaluates this transition to a coverage model by July 1, 2012, along with financial sustainability efforts of the St. Louis Regional Health Commission, the Community Referral Coordinator Program, and the Affiliation Partner organizations.

Key questions for this demonstration objective include:

- Did a coverage model become available for uninsured parents and other adults, ages 19-64, who are not otherwise eligible for Medicaid or Medicare who reside in St. Louis City or St. Louis County as of July 1, 2012?
- Were patients enrolled and able to receive covered benefits under the coverage model as of July 1, 2012?
- As of December 31, 2013, did the St. Louis Regional Health Commission identify its priorities and the required funding to accomplish those priorities?
- Did the Community Referral Coordinator Program identify funding for continued operations after December 31, 2013?
- Did the Affiliation Partners achieve financial sustainability?
- Were there any changes in operations/patient services due to the change in funding streams and the new payment methodology?

Findings to date:

A. The St. Louis community successfully transitioned to a coverage model by July 1, 2012.

The Pilot Program coverage model was implemented as planned on July 1, 2012, ensuring patients of the St. Louis safety net maintained access to primary care and specialty care. The Pilot Program provides a defined health coverage benefit to low-income, uninsured individuals residing in St. Louis City and St. Louis County who do not meet the eligibility requirements of the Medicaid State plan. Individuals up to 133% of the Federal Poverty Level who meet other eligibility requirements are eligible for primary care and specialty care services through a coverage model known as Gateway to Better Health Blue. Additionally, individuals otherwise meeting the same requirements but with income up to 200% of the FPL may be enrolled into Gateway to Better Health Silver coverage, which includes urgent and specialty care services but excludes the primary care benefit.

As of July 1, 2012, more than 7,800 individuals were enrolled into Gateway coverage.

Table I: Gateway to Better Health Enrollment by Population as of Sept. 30, 2012

Demonstration Populations	Unique Individuals Enrolled as of Sept. 30, 2012	Member Months July – Sept. 2012
Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	14,856	46,825
Population 2: Uninsured individuals receiving only Specialty Care through the Demonstration (0-133% of the Federal Poverty Level)	471	1359
Population 3: Uninsured individuals receiving only Specialty Care through the Demonstration (134% - 200% of the Federal Poverty Level)	178	502

Enrollment numbers are based on Mo HealthNet enrollment data as of October 26, 2012.

In the STCs, the enrollment target for the Blue Plan was 16,894. It is anticipated that this target will be attained during the second quarter of the Pilot Program. More than 29,000 applications have been collected to date, which is believed to be sufficient to reach the enrollment target. Approximately 68% of the applications are converting to approvals for Gateway to Better Health. Due to lower than anticipated enrollment and utilization of the Silver Plan, the State is raising the enrollment target to 20,500 on January 1, 2013.

B. Planning for financial sustainability continues.

Planning for financial sustainability of the St. Louis Regional Health Commission, the Community Referral Coordinator Program and the Affiliation Partners is underway. The Pilot Program Planning Team developed and approved an outline for the Interim Transition Plan to CMS on June 27, 2012. The State, in partnership with the RHC, will be executing the Interim Transition Plan, which outlines efforts for sustainability, in the months to come.

Key question for this Demonstration topic include:

- As of December 31, 2013, did the St. Louis Regional Health Commission identify its priorities and the required funding to accomplish those priorities?
- Did the Community Referral Coordinator Program identify funding for continued operations after December 31, 2013?
- Did the Affiliation Partners achieve financial sustainability?
    - Were there any changes in operations/patient services due to the change in funding streams and the new payment methodology?

Updates are provided below:

St. Louis Regional Health Commission

The St. Louis Regional Health Commission will identify priorities and necessary funding by July 1, 2013. The SLRHC anticipates successful approval of 2014 priorities and budget by its board at its December 2013 meeting. Different paths for sustainability will be pursued based on the State's decisions regarding Medicaid expansion and the future of the Gateway to Better Health Demonstration.

Community Referral Coordinator Program

The Community Referral Coordinator Program is currently working with Rubin Brown on an evaluation and return on investment assessment. It is anticipated that findings from this effort will be useful in securing funding for continued operation. The program will also utilize findings from the program evaluation completed in 2011 by the National Opinion Research Center at the University of Chicago.

Affiliation Partners

Each Affiliation Partner organization continues to work towards the benchmarks outlined in its respective sustainability plan, submitted in June 2011, as part of the Pilot Plan. Long-term sustainability for the Affiliation Partners is dependent on coverage options being available for their patients at the end of the Demonstration.

The move to a coverage model has required providers supported by the Demonstration to understand underlying costs structures and streamline operations in preparation for the post-Demonstration environment. Evaluation efforts will address any changes to operations or patient services that may become necessary due to the changes in the funding stream or payment methodology. It is too early to assess the impact of the Pilot Program at this time.

Objective III: Connect the uninsured and Medicaid populations to a medical home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement

The Community Referral Coordinator (CRC) Program, funded by the Demonstration Project, as well as the ongoing efforts of the Gateway providers, have positioned participating organizations to reach uninsured and Medicaid populations and enroll them in a primary care home.

The CRC Program uses Referral Coordinators to connect non-emergent, emergency department patients with a primary care provider for follow-up and preventive care. The program is also focusing efforts on patients with chronic care needs to increase the utilization of preventive care services available in the community.

Key questions for this objective include:

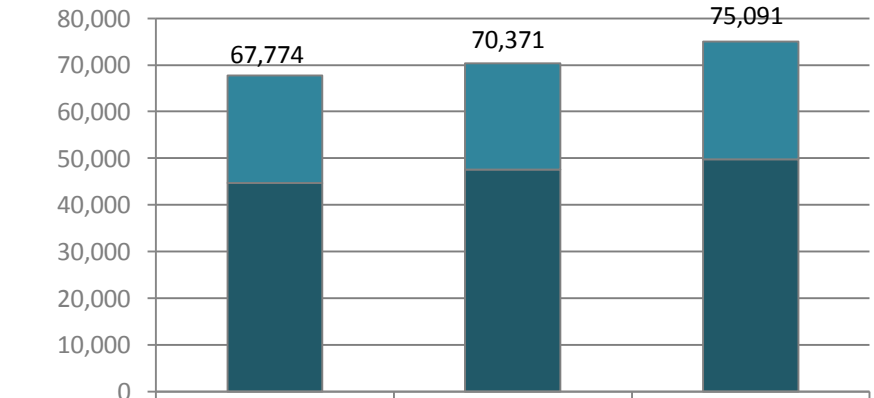
- How many uninsured and how many Medicaid patients had a medical home at Gateway primary care organizations each year of the Demonstration project?
- How many new patients were established at primary care homes as a result of outreach of the Community Referral Coordinators?

Findings to Date:

A. *From 2009 to 2011, the number of uninsured and Medicaid patients receiving primary care through the Affiliation Partners increased by 10.8%.*

The number of Medicaid and uninsured patients served by Affiliation Partner primary care providers, Grace Hill and Myrtle Hilliard Davis Comprehensive, increased by 7,317 individuals from 2009 to 2011.

Uninsured and Medicaid Primary Care Patients at Affiliation Providers, 2009-2011

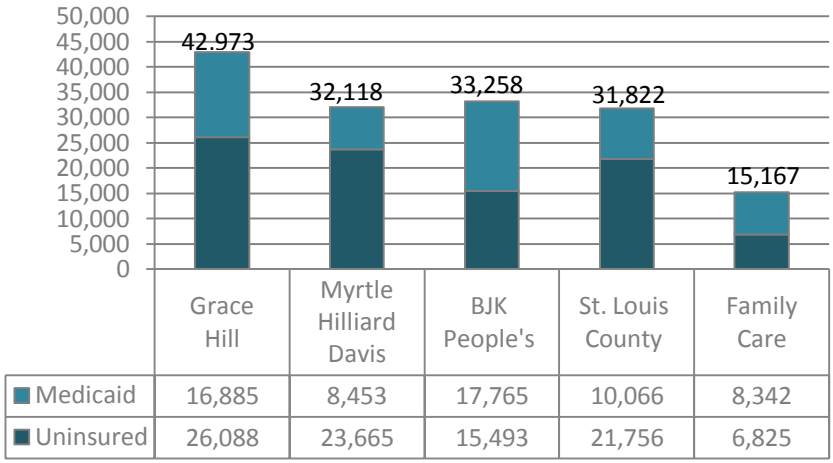


	2009	2010	2011
Medicaid	23,147	22,774	25,338
Uninsured	44,627	47,597	49,753

B. *Together, all Gateway primary care providers served as a medical home for more than 155,000 uninsured and Medicaid patients in 2011.*

The five Gateway primary care organizations provided service to 155,338 Medicaid and uninsured patients in 2011.

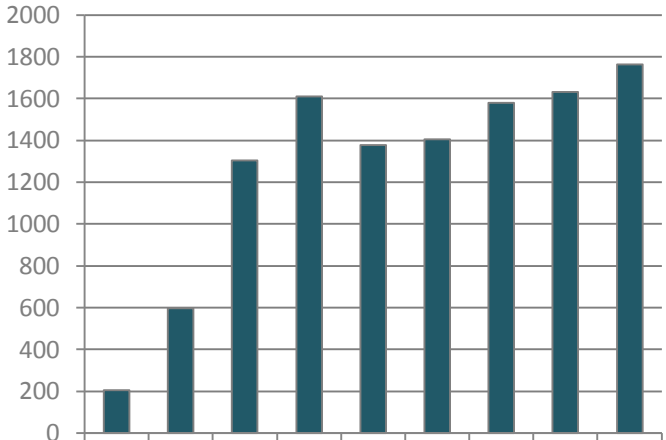
Uninsured and Medicaid Primary Care Patients at Gateway Providers, 2009-2011



	Grace Hill	Myrtle Hilliard Davis	BJK People's	St. Louis County	Family Care
Medicaid	16,885	8,453	17,765	10,066	8,342
Uninsured	26,088	23,665	15,493	21,756	6,825

C. The Community Referral Coordinator program resulted in 11,473 scheduled appointments for individuals at a primary care home since the beginning of the Gateway project. Eighty-four percent of these appointments were for patients who did not have a medical home.

Primary Care Appointments Scheduled by Community Referral Coordinators by Project Quarter

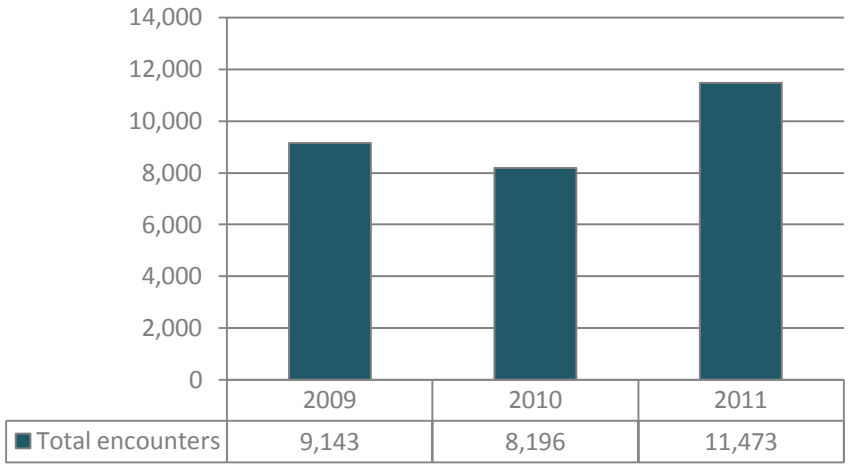


	DY1, Q1	DY2, Q2	DY3, Q3	DY4, Q4	DY2, Q1	DY2, Q2	DY2, Q3	DY2, Q4	DY3, Q1
Appointments scheduled	205	596	1304	1610	1379	1406	1579	1632	1762

D. The Community Referral Coordinator (CRC) Program exceeded program goals for patient encounters, patient referrals and appointment show rates.

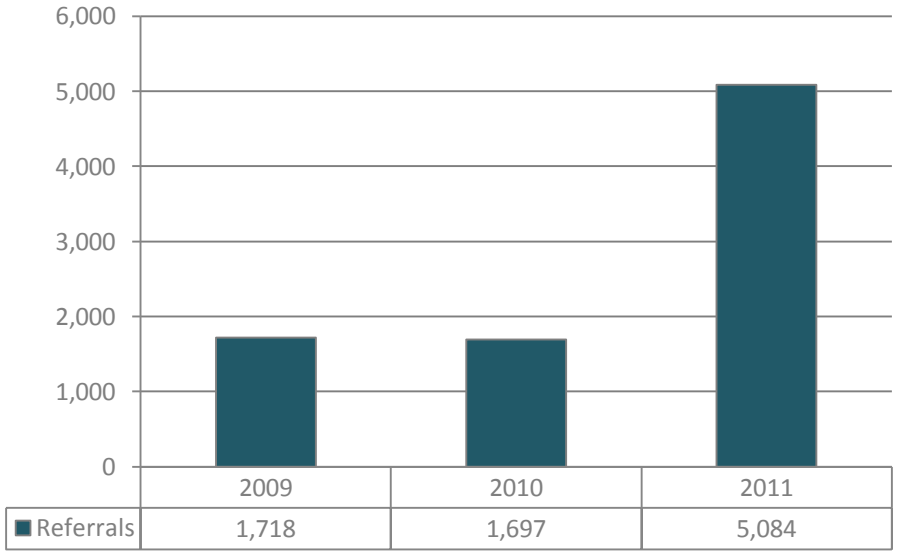
The CRC program increased annual encounters by 25% from 2009 to 2011. In 2011, the program provided 11,473 encounters, exceeding its 2013 Demonstration goal of 9,600 annual encounters.

Community Referral Coordinator Program Encounters, 2009-2011



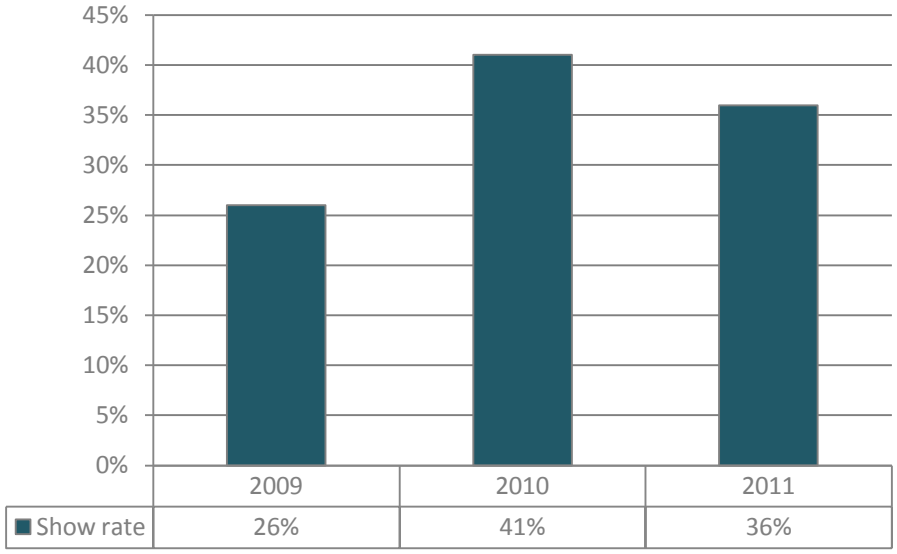
The CRC program provided 5,084 referrals to a medical home in 2011, exceeding its 2013 Demonstration goal of 4,800 annual referrals.

Community Referral Coordinator Program Referrals, 2009-2011



The 2011 "show rate" for primary care appointments scheduled through a Community Referral Coordinator was 36%, surpassing the 2013 Demonstration goal of a 35% show rate.

Community Referral Coordinator Program Show Rate, 2009-2011



Objective IV: Maintain and enhance quality service delivery strategies to reduce health disparities.

Key questions for this objective include:

- By race and ethnicity, how many and what percentage of patients with hypertension have controlled blood pressure?
- By race and ethnicity, what percentage of patients have Type I or Type II diabetes with Hba1c < 7%?

Preliminary data for the Affiliation Partner primary care providers (Grace Hill Health Centers and Myrtle Hilliard Davis Comprehensive Health Centers) are available for some health indicators, including:

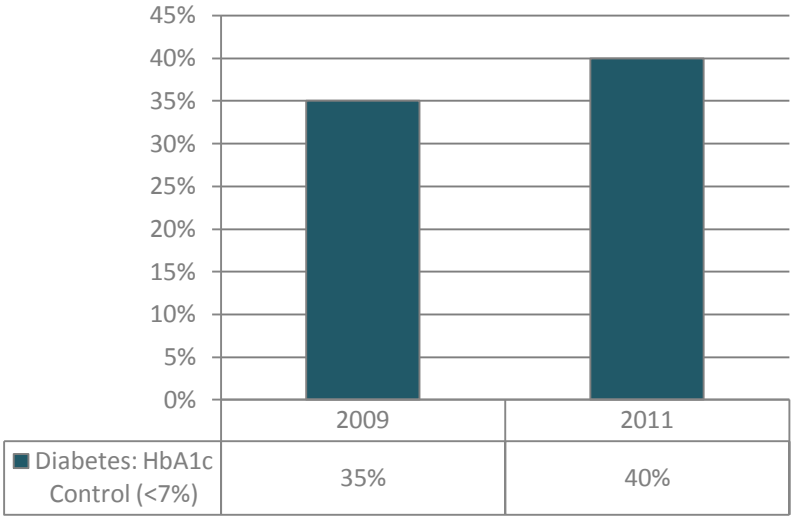
- Diabetes: HbA1c control
- Hypertension: controlling high blood pressure
- Cervical cancer screening

Findings to date:

A. Diabetes management improved by five percentage points from 2009 to 2011 at the Affiliation Partner primary care providers.

The proportion of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 7% at the time of the last reading improved from 35% in 2009 to 40% in 2011 at Grace Hill Health Centers and Myrtle Hilliard Davis Comprehensive Health Centers.

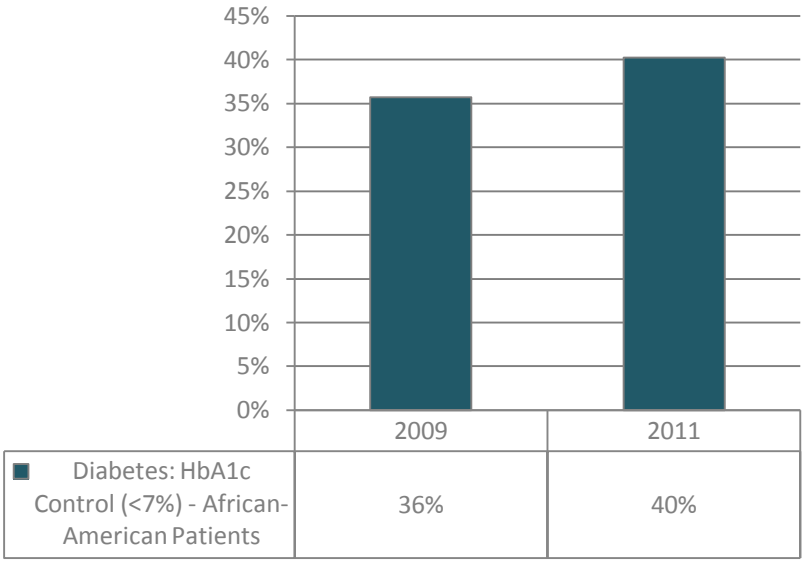
Diabetes: HbA1c Control (<7%) at Affiliation Partner Primary Care Providers, 2009 and 2011



B. Diabetes management for African American patients improved by three percentage points from 2009 to 2011 at the Affiliation Partner primary care providers.

The proportion of African-American diabetic patients whose HbA1c was less than 7% at the time of the last reading improved from 36% in 2009 to 40% in 2011 at Grace Hill Health Centers and Myrtle Hilliard Davis Comprehensive Health Centers.

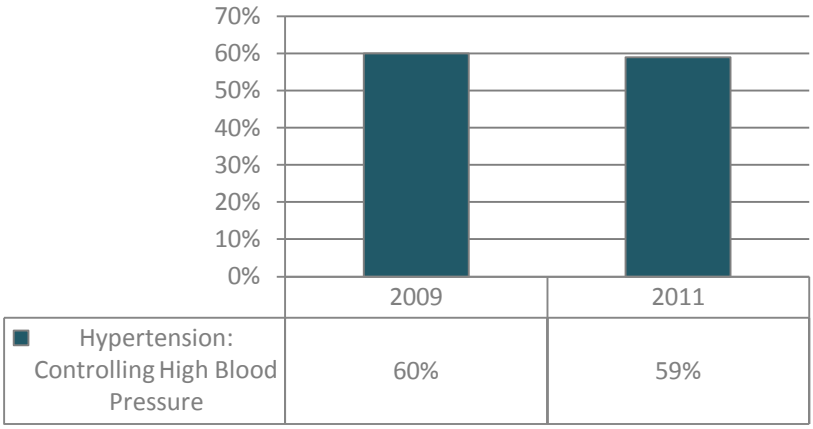
Diabetes: HbA1c Control (<7%) among African-American Patients at Affiliation Partner Primary Care Providers, 2009 and 2011



C. Affiliation partner primary care providers maintained outcomes in hypertension management and cervical cancer screening.

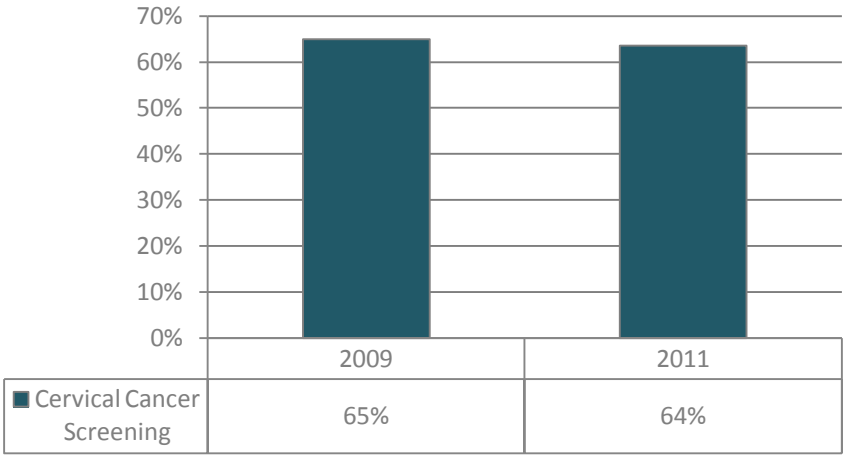
The proportion of patients 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading was 60% in 2009 and 59% in 2011 at Grace Hill Health Centers and Myrtle Hilliard Davis Comprehensive Health Centers.

Hypertension: Controlling High Blood Pressure at Affiliation Partner Primary Care Providers, 2009, 2011



The percentage of women 24-64 years of age who received one or more Pap tests to screen for cervical cancer was 65% in 2009 and 64% in 2011.

Cervical Cancer Screening at Affiliation Partner Primary Care Providers, 2009 and 2011



The pilot program began on July 1, 2012. Evaluation data for additional health indicators and all Gateway primary care providers will be provided in future reports.

Objective V: For the first two years of the Demonstration, ensure that there is a 2% increase in the number of uninsured persons receiving services at St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers.

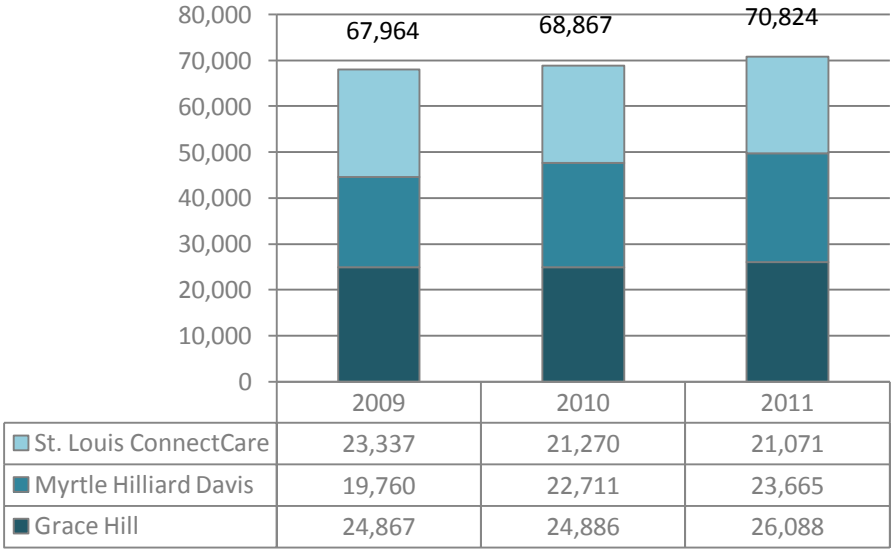
Key questions for this objective include:

- How many primary care, specialty care and urgent care visits by site did the Affiliation Partners provide to the uninsured each year of the first two years of the Demonstration project?
- How many uninsured patients by site did the Affiliation Partners care for each year of the first two years of the demonstration?

Findings to Date:

A. There was a 4.2% increase in uninsured persons receiving services at the Affiliation Partner providers from 2009 to 2011. This exceeds the goal of a 2% increase in uninsured encounters in the first two years of the Demonstration.

Affiliation Partner Uninsured Patients, 2009-2011



	2009	2010	2011
St. Louis ConnectCare	23,337	21,270	21,071
Myrtle Hilliard Davis	19,760	22,711	23,665
Grace Hill	24,867	24,886	26,088

Additional Demonstration Evaluation Questions and Topics

In addition to the stated objectives of the Demonstration project, CMS' special terms and conditions specify that the evaluation shall address the evaluation questions and topics as listed below. Interim evaluation findings for these topics are provided.

I. To what extent has the State met the milestones listed in section XII?

The State has met all Demonstration milestones to date, as shown in the table below:

Date – Specific	Milestone	STC Reference	Date Submitted
10/01/2010	Submit strategic plan for developing the pilot plan	Section XII (#55a)	09/24/2010
11/25/2010	Submit Draft Evaluation Design	Section XII (#57)	11/19/2010
01/01/2011	Submit draft plan for the pilot program including business plans for the SLRHC, CRC Program, and each of the Affiliation Partners	Section XII (#55b)	12/30/2010
01/28/2011	Submit draft annual report for DY 1 (July 2010 – September 2010)	Section IX (#38)	1/28/2011
07/01/2011	Submit plan for the pilot program, including any needed amendments to the Demonstration and final business plans for the SLRHC, CRC Program, and each of the Affiliation Partners	Section XII (#55c)	6/30/2011
07/01/2011	Submit financial audit of ConnectCare	Section XII (#55d)	6/30/2011
10/01/2011	Submit draft operational plan for the pilot program	Section XII (#55e)	9/29/2011
01/01/2012	Submit operational plan for the pilot program	Section XII (#55f)	12/30/2011
01/27/2012	Submit draft annual report for DY 2 (October 2010 – September 2011)	Section IX (#38)	01/27/2012
07/01/2012	State must implement the pilot program, contingent on CMS approval	Section XII (#56a)	Implemented 07/1/2012
07/01/2012	Submit draft Transition Plan	Section III (#16), Section XIV	6/27/2012
8/01/2012	Submit MOU between the State and SLRHC for CMS review	Section XIV	7/30/2012
9/01/2012	Incentive protocol	Section V (#21)	8/16/2012
10/31/2012	Submit revised evaluation design	Section XIII, (#57)	10/31/2012
1/28/2013	Submit draft annual report for DY 3 (October 2011 – September 2012)	Section IX, (#38)	
12/31/2013	ConnectCare, Grace Hill, and Myrtle Davis attain financial sustainability	Section XII (#56b)	
12/31/2013	SLRHC and CRC must attain financial sustainability	Section XII (#56d)	
01/28/2014	Submit draft annual report for DY 4 (October 2012 – September 2013)	Section IX (#38)	
07/01/2014	Submit Draft Final Report	Section IX (#39)	
Ongoing through 07/01/2012	Ensure that there is a 2% increase in the number of uninsured persons receiving services at Affiliation Partners	Section XII (#56e)	From 2009 through 2011, there was a 4.2% increase in uninsured persons

Date – Specific	Milestone	STC Reference	Date Submitted
			receiving services at Affiliation Partners
Ongoing	Ensure that all individuals who present at the Affiliation Partners are screened for Medicaid and CHIP and assisted in enrolling, if eligible	Section XII (#56f)	

II. How successful have the FQHCs and ConnectCare been at developing a business model that is based on receiving reimbursement through a claims-based system rather than receiving direct payments to the facilities?

The Pilot Program was implemented less than six months ago. As a result, the impact of the program on the FQHCs and ConnectCare is unknown. Through an extensive effort, the primary care community health centers and St. Louis ConnectCare are submitting claims to the State for this otherwise uninsured population.

III. How has access to care improved for low-income individuals?

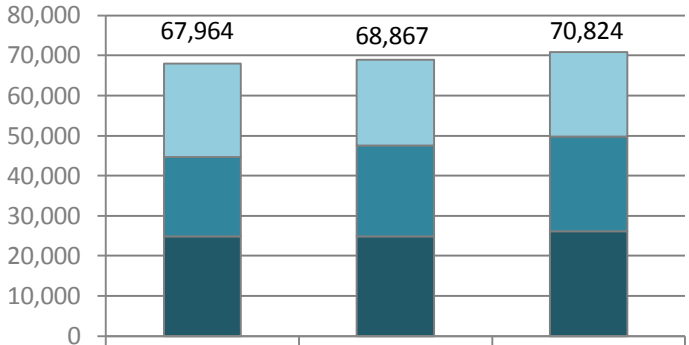
The Gateway to Better Health Demonstration has improved access to care for low-income individuals, as discussed in the description of interim evaluation findings for Objective I. Key findings to date include the following:

- There was a 4.2% increase in the number of uninsured patients receiving services at the Affiliation partner organizations from 67,964 patients in 2009 to 70,824 patients in 2011.
- Primary and specialty care services, locations and hours of operation were maintained at the Affiliation Partner organizations from 2009 to 2011.
- Annual primary care encounters provided by the Affiliation Partner organizations increased by 7,106 encounters (2.8%) from 2009 to 2011. In 2009, there were 256,327 encounters compared to 263,433 in 2011.
- Together, all Gateway primary care provider organizations provided 518,686 primary care encounters in 2011. Uninsured patients accounted for 52% (269,947) of the encounters.
- Service availability and hours of operation were maintained at St. Louis ConnectCare from 2009 to 2011. Referrals for specialty care encounters, urgent care encounters and diagnostic encounters at St. Louis ConnectCare declined 19.7% from 2009 to 2011.
- Specialty care and diagnostic referrals from the Pilot Program totaled 5,542 during the first quarter of its operation. Annualized, this total would be 22,168 specialty care visits or diagnostic services provided.

IV. How successful is the Demonstration in expanding coverage to the region's uninsured by 2% each year?

There was a 4.2% increase in uninsured persons receiving services at the Affiliation Partner providers from 2009 to 2011. This exceeds the goal of a 2% increase in uninsured encounters in the first two years of the Demonstration.

Affiliation Partner Uninsured Patients, 2009-2011



	2009	2010	2011
St. Louis ConnectCare	23,337	21,270	21,071
Myrtle Hilliard Davis	19,760	22,711	23,665
Grace Hill	24,867	24,886	26,088

V. To what extent has the Demonstration improved the health status of the population served in the Demonstration?

The Pilot Program began on July 1, 2012. Limited preliminary health indicator data are available for the Affiliation Partner primary care providers (Grace Hill Health Centers and Myrtle Hilliard Davis Health Centers). Initial key findings include the following:

A. Diabetes management improved from 2009 to 2011 at the Affiliation Partner primary care providers.

- The percent of diabetic patients whose HbA1c was less than 7% at the time of the last reading improved by five percentage points from 35% in 2009 to 40% in 2011.
- The percent of African American patients whose HbA1c was less than 7% improved by four percentage points from 36% in 2009 to 40% in 2011.

Hypertension management and cervical screening outcomes were maintained from 2009 to 2011 at the Affiliation Partner primary care providers.

- The proportion of patients with diagnosed hypertension whose blood pressure was less than 140/90 (adequate control) at the time of the last reading was 60% in 2009 and 59% in 2011.
- The percentage of women 24-64 years of age who received one or more Pap tests to screen for cervical cancer was 65% in 2009 and 64% in 2011.

In addition, data from the SLRHC's 2012 health status report, *Decade Review of Health*, indicate there have been many improvements in health indicators across all race- and gender-based groups in St. Louis City and County over the past ten years (2000 to 2010). Key data from this report are provided below:

- Rate of heart disease mortality decreased 27%.
- Rate of stroke mortality decreased 32%.
- Rate of diabetes mortality decreased 23%.
- New cases of lung, prostate, and colon cancer fell 5%, 9% and 13%, respectively.

- Births by teenage mothers, ages 15-17, fell 30%.
- Incidence of Gonorrhea cases decreased 40%.

VI. Describe provider incentives and activities.

The primary care organizations and St. Louis ConnectCare are working to achieve quality metrics developed by the SLRHC's community planning committee for the Demonstration – the Pilot Program Planning Team. Seven percent of provider payments are withheld and will be paid out semi-annually based on the attainment of these metrics. Because the Pilot Program has been in operation for less than six months, no incentive payments have been made. The providers are implementing processes and procedures internally to ensure they attain the quality measures.

VII. Determine if performance incentives have impact of population metrics with a comparison of Gateway providers to other community health centers in the State. Include comparable FQHC population/providers to compare effectiveness of provider payment incentives.

The Pilot Program began on July 1, 2012. Performance data for this evaluation topic is not yet available. Interim evaluation findings for this topic will be provided in future reports.

VIII. Provide financial analysis of the Legacy and ConnectCare providers for the pre- and post-coverage phase of the Demonstration.

The Pilot Program began on July 1, 2012. Performance data for this evaluation topic is not yet available. Interim evaluation findings for this topic will be provided in future reports.

IX. Analyze the cost of care and access to services at the legacy FQHC providers, comparing the first 18 months of the Demonstration when the providers received direct payments to the last 18 months of the Demonstration when the providers were paid on a capitated basis with incentive payments.

The Pilot Program began on July 1, 2012. Performance data for this evaluation topic is not yet available. Interim evaluation findings for this topic will be provided in future reports.

Interim Evaluation Findings for the Pilot Program

The following objectives and hypotheses were identified for the Pilot Program:

Pilot objectives

I. To provide a basic set of medical services for as many uninsured patients as possible
II. To provide a bridge to health care reform for the legacy clinics to help ensure financial sustainability
III. To place a particular emphasis on providing coverage to low-income individuals:
    a. who have chronic medical conditions such as diabetes, heart disease and hypertension
    b. who are aging out of Medicaid and link them to health care coverage
IV. To decrease the use of community emergency departments for non-emergent visits

Pilot hypotheses

I. By preserving health care services at the legacy clinics, services will be maintained in the urban core where the greatest health disparities exist, enabling low-income patients to receive preventive, specialty and primary care under the coverage model.
II. Uninsured patients who receive coverage under the pilot program will use community emergency departments for non-emergent visits at a lower rate than other uninsured patients.
III. The prevalence of preventable hospitalizations, hospital re-admissions and ED utilization will be reduced among patients with chronic medical conditions.
IV. For those patients aging out of Medicaid who need a coverage option, the pilot project provides a transition to coverage available under the Affordable Care Act, providing an effective bridge for these patients.

Pilot Program Findings to Date

The Pilot Program began on July 1, 2012. Preliminary data for some evaluation measures is available for the first quarter of operation: July 1, 2012, through September 30, 2012. Initial findings are discussed below:

I. Enrollment

More than 14,500 individuals were enrolled in the Blue Plan and 399 in the Silver Plan as of July 1, 2012. Since then, enrollment has continued to increase. On October 31, 2012, the State submitted a Notification of Change to the Enrollment Target, which notified CMS that the State was raising the enrollment target to 20,500 as of January 1, 2013. The State is raising the enrollment target due to lower than expected demand for services from Populations 2 and 3.

Outlined below are the key statistics related to enrollment during the first quarter of the Pilot Program.

Table I: Gateway to Better Health Enrollment by Population, as of Sept. 30, 2012

Demonstration Populations	**Unique Individuals Enrolled as of Sept. 30, 2012**	**Member Months July – Sept. 2012**
Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	14,856	46,825
Population 2: Uninsured individuals receiving only Specialty Care through the Demonstration	471	1359
Population 3: Uninsured individuals receiving only Specialty Care through the Demonstration	178	502
Total	15,505	48,686

Enrollment numbers are based on Mo HealthNet enrollment data as of October 26, 2012.

Table 2: Gateway to Better Health "Blue Plan" Enrollment by Health Center, as of Sept. 30, 2012

Health Center	Unique Individuals Enrolled as of Sept. 30, 2012	Member Months July – Sept. 2012
BJK People's Health Centers	1822	5,516
Family Care Health Centers	1052	3,247
Grace Hill Health Centers	7117	21,963
Myrtle Hilliard Davis Comp. Health Centers	3085	9,727
St. Louis County Dept. of Health	1780	6,370

Enrollment numbers are based on Mo HealthNet enrollment data as of October 26, 2012.

Table 3: Gateway to Better Health Enrollment by Gender, as of Sept. 30, 2012

Gender	Count	Percentage
F	9413	60.7%
M	6092	39.3%
Total	15,505	100.0%

Table 4: Top 15 Zip Codes by Member Count as of Sept. 30, 2012

ZIP	Member Count	City or County
63136	1292	St. Louis County
63115	1089	St. Louis City
63118	849	St. Louis City
63116	754	St. Louis City
63107	637	St. Louis City
63121	613	St. Louis County
63106	612	St. Louis City
63112	584	St. Louis City
63113	560	St. Louis City
63111	545	St. Louis City
63104	484	St. Louis City
63120	465	St. Louis City
63137	429	St. Louis County
63103	414	St. Louis City
63147	398	St. Louis City
All Others	5780	St. Louis City and St. Louis County
Total	***15,505***	-

The total Gateway population breaks out as 55.8% (8652 members) St. Louis City and 44.2% (6853 members) as St. Louis County.

Table 5: Members by Age Group as of Sept. 30, 2012

Age Groups	Members	% of Total
19-20	718	4.63%
21-44	7758	50.04%
44-64	7029	45.33%
Total	15505	100.00%

Table 6: Members by Race as of Sept. 30, 2012

Race	Members	% of Total
Caucasian	2685	17.32%
African American	11790	76.04%
Asian or Pacific Islander	11	0.07%
Unknown	1019	6.57%
Total	15505	100.00%

II. **Financial**

Outlined below are the financial results from the first quarter. These should be considered incomplete as all claims for the quarter have not yet been submitted or processed.

Table 7: Provider Payments through Oct. 26 for Enrollment and Dates of Service, July – Sept. 2012*

Providers	**Provider Payments Earned**	**Incentive Payments Withheld**
	July – Sept. 2012	**July – Sept. 2012**
BJK People's Health Centers	$286,746.08	$20,079.15
Family Care Health Centers	$168,815.98	$11,821.17
Grace Hill Health Centers	$1,141,635.88	$79,945.42
Myrtle Hilliard Davis Comp. Health Centers	$505,591.73	$35,404.03
St. Louis County Dept. of Health	$331,131.95	$23,187.06
St. Louis ConnectCare (Excluding Infrastructure Payments)	$666,135.89	$46,667.07
Voucher Providers	$85,248.27	-
Total	$3,185,305.78	$217,103.90

Claims processing for fee-for-service claims for this quarter is not complete.

Table 8: Infrastructure Payments Made to St. Louis ConnectCare through Sept. 30, 2012

Month	Infrastructure Payments Made
July	$325,000
August	$325,000
September	$325,000
Total	$975,000

III. Utilization

The Pilot Program started July 1, 2012, as such not all claims for the first quarter have been received and processed. Additional utilization summaries will be provided in future reports.

Outlined below are a few key findings from an initial review of claims.

To date, 35% of all visits have been for patients with at least one chronic condition.

Table 9: Percentage of Visits for Patients with Certain Diagnosis

Medical Condition	Percentage of Visits
Diabetes Type 1	1%
Diabetes Type 2	9%
Hypertension	21%
Asthma	3%
COPD	1%
Congestive Heart Failure	0%

To date, 98% of all ED visits for Blue Plan participants and 97% of ED visits for Silver Plan participants are for moderate to high or critical severity, indicating very few visits are for non-emergent issues.

Table 10: Percentage of ED Visits by Acuity

Plan	Service Code	Service Description	Percentage
Blue	99281	E&M: problem(s) are self-limited or minor.	1%
	99282	E&M: problem(s) are of low to moderate severity.	1%
	99283	E&M: problem(s) are of moderate severity.	31%
	99284	E&M: problem(s) are of high severity, and require urgent	30%
	99285	E&M: problem(s) are of high severity and pose an	31%
	99291	Critical Care	5%
	99292	Critical Care	1%
	Total		100%
Silver	99281	E&M: problem(s) are self-limited or minor.	0%
	99282	E&M: problem(s) are of low to moderate severity.	3%
	99283	E&M: problem(s) are of moderate severity.	28%
	99284	E&M: problem(s) are of high severity, and require urgent	28%
	99285	E&M: problem(s) are of high severity and pose an	38%
	99291	Critical Care	3%
	99292	Critical Care	0%
	Total		100%

Blue Plan N=592; Silver Plan N=29

IV. Quality

The State and SLRHC are continually monitoring the performance of the Safety Net Pilot Program to ensure it is providing access to quality health care for the populations it serves.

Representatives from the provider organizations meet monthly to evaluate clinical issues, consumer issues and financial issues related to the program. SLRHC is monitoring appointment wait times and conducting surveys with referring physicians on a quarterly basis. SLRHC also is conducting surveys with participants at least semi-annually. First quarter results from surveys are not yet available but will be shared in future reports.

In addition to the financial oversight and reporting provided by the State to CMS, the State and SLRHC also monitor call center performance, access to specialty care, and wait times for medical appointments.

Table 11: Call Center Performance, July – Sept. 2012

Key Performance Measure	Outcome
Calls Received	5,610
Calls Answered	5,402
Abandonment Rate	3.71%
Average Answer Speed	27 sec.
Length of Time per Call	3:17

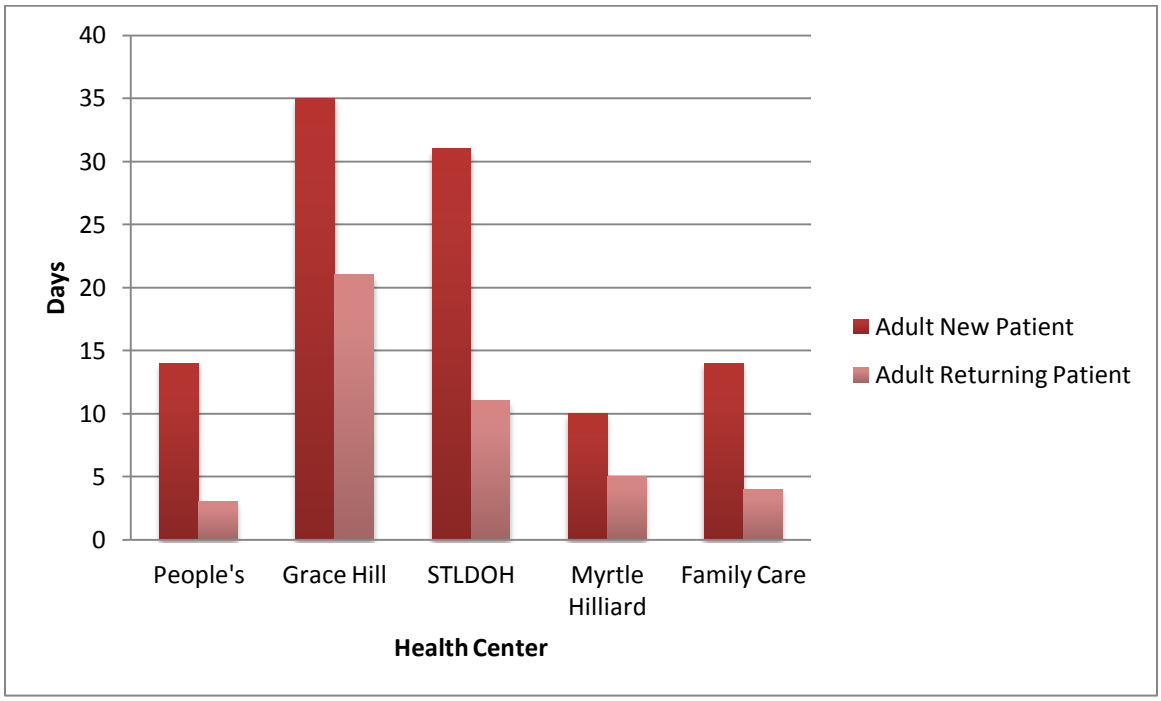
Table 12: Access to Specialty and Diagnostic Care, July – Sept. 2012

Month	Referrals to St. Louis ConnectCare	Referrals to Voucher Providers	Total
July	1,350	417	1,767
August	1,515	638	2,153
September	1,004	618	1,622

Primary Care Wait Times

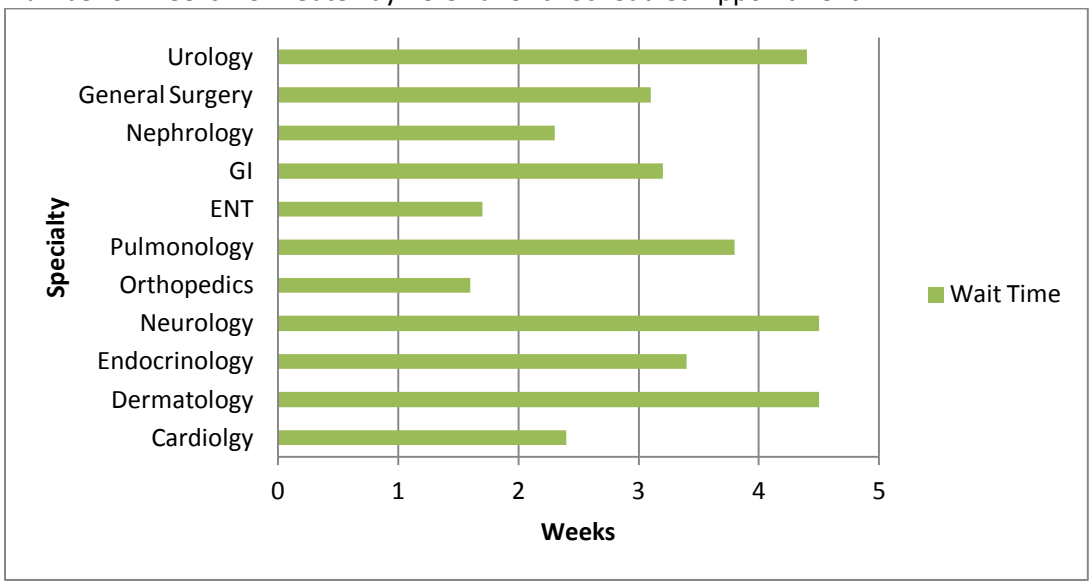
Regular (Non-Urgent) Appointments as of 9/30/12

Number of Days Until the Next Available Appointment



*All Data Self-Reported by Individual Health Centers

St. Louis Connect Care Wait Times
Non-Urgent, New Appointments as of 9/30/12
Number of Weeks from Gateway Referral Until Scheduled Appointment



*Data self-reported by St. Louis ConnectCare.

Evaluation Activities during the Extension Period

During the extension period the Demonstration will be evaluated against the established Demonstration objectives, as well as the Pilot Program objectives and hypotheses.

Demonstration objectives

I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act;
II. Transition the "St. Louis model" to a coverage model as opposed to a direct payment model by July 1, 2012;
III. Connect the uninsured and Medicaid populations to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement;
IV. Maintain and enhance quality service delivery strategies to reduce health disparities; and
V. For the first two years of the Demonstration, ensure that there is a 2% increase in the number of uninsured persons receiving services at St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers.

Pilot objectives

I. To provide a basic set of medical services for as many uninsured patients as possible
II. To provide a bridge to health care reform for the legacy clinics to help ensure financial sustainability

III. To place a particular emphasis on providing coverage to low-income individuals:
    a. who have chronic medical conditions such as diabetes, heart disease and hypertension
    b. who are aging out of Medicaid and link them to health care coverage
IV. To decrease the use of community emergency departments for non-emergent visits

Pilot hypotheses

V. By preserving health care services at the legacy clinics, services will be maintained in the urban core where the greatest health disparities exist, enabling low-income patients to receive preventive, specialty and primary care under the coverage model.
VI. Uninsured patients who receive coverage under the pilot program will use community emergency departments for non-emergent visits at a lower rate than other uninsured patients.
VII. The prevalence of preventable hospitalizations, hospital re-admissions and ED utilization will be reduced among patients with chronic medical conditions.
VIII. For those patients aging out of Medicaid who need a coverage option, the pilot project provides a transition to coverage available under the Affordable Care Act, providing an effective bridge for these patients.

Because the Safety Net Pilot Program has only been in operation for less than six months, there are no additional evaluation objectives at this time.

Section VIII: Compliance with Public Notice Process

The State has taken multiple steps to inform the public and solicit public input about its Demonstration extension application. These public notice and public input procedures comply with 42 C.F.R. Part 431.

The State's public notice and comment period begins on November 30, 2012, and runs until December 30, 2012. The public is invited to review and comment on the State's proposed waiver extension request. Comments concerning the State's plan to submit a waiver extension request also may be sent to:

Department of Social Services, MO HealthNet Division
Attention: Gateway Comments
P.O. Box 6500
Jefferson City, MO 65102-6500

The complete Gateway to Better Health Waiver Extension document can be found at: http://dss.mo.gov/mhd/.
Additional information about the Waiver may be found at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mo/mo-gateway-to-better-health-ca.pdf.

Appointments may be made to view a hard copy of the complete Gateway to Better Health Waiver Extension document by calling, 314-446-6454, ext. 1011. Appointments may be made during regular business hours, 8 a.m. – 4:30 p.m., Monday through Friday. Appointments to view the documents will take place at 1113 Mississippi Avenue, St. Louis, MO 63104.

Public hearings are scheduled for:

Tuesday, December 4, 2012
7:30 - 9:00 a.m.
World Trade Center
121 S. Meramec Ave, 10th Floor
Clayton, MO 63105

This public hearing will be conducted as part of the agenda of the St. Louis Regional Health Commission's Provider Services Advisory Board, an open, public meeting.

Wednesday, December 5, 2012
4:00 – 6:00 p.m.
John C. Murphy Health Center
6121 North Hanley Road
St. Louis, MO 63134

Participants wanting to participate in the Dec. 5 public hearing via conference call may dial 1-888-808-6929, access code: 9158702.

The State and the St. Louis Regional Health Commission will take verbal and written comments at the public hearings. These hearings with an abbreviated Public Notice document have been posted in the newspaper of record in St. Louis, Missouri, and in other public records. The SLRHC also has notified via email past participants of community meetings regarding Gateway to Better Health. The outcome of this process and the input provided will be summarized for CMS upon submission of this document.

Appendix I

Quality Measures

Baselines are provided using data from calendar year 2011. These quality measures will be reviewed for evaluation purposes. These are subject to change as CMS and the State finalize the Evaluation Design.

Metric	Numerator	Denominator	Baseline	Goal	Data Source
1. Tobacco Use Assessment Percentage of patients aged 18 and over who were queried about any and all forms of tobacco use at least once within 24 months	Number of patients for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit or within 24 months of their most recent visit	Number of patients who were 18 years of age or older during the measurement year, seen after 18th birthday, with at least one medical visit during the reporting year, and with at least two medical visits ever, or a sample of these patients.	82%	87%	UDS
2. Tobacco Cessation Intervention Percentage of patients aged 18 and over who were identified as users of any and all forms of tobacco during the program year or the prior year who received tobacco use intervention (cessation counseling and/or pharmacological intervention)	Number of patients who received tobacco cessation counseling or smoking cessation agents during their most recent visit or within 24 months of the most recent visit	Number of patient who were 18 years of age or older during the measurement year, seen after their 18th birthday, who were identified as a tobacco user at some point during the prior twenty-four months who had at least one medical visit during the reporting period, and at least two medical visits ever, or a sample of these patients	57%	62%	UDS
3. Hypertension: Controlling High Blood Pressure Proportion of patients aged 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading	Number of patients whose last systolic blood pressure measurement was less than 140 mm Hg and whose diastolic blood pressure was less than 90 mm Hg	All patients 18 to 85 years of age as of December 31 of the measurement year: -with a diagnosis of hypertension (HTN), and -who were first diagnosed by the health center as hypertensive at some point before June 30 of the measurement year, and -who have been seen for medical services at least twice during the reporting year -or a statistically valid sample of 70 of these patients	59%	64%	UDS
4. Hypertension: Blood Pressure Measurement Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded	Number of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded	Number of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits	54%	59%	HITECH Meaningful Use

Metric	Numerator	Denominator	Baseline	Goal	Data Source
5. Cervical Cancer Screening Percentage of women 24-64 years of age who received one or more Pap tests to screen for cervical cancer	Number of female patients 24-64 years of age receiving one or more documented Pap tests during the measurement year or during the two years prior to the measurement year	Number of all female patient 24-64 years of age during the measurement year who had at least one medical visit during the reporting year, or a sampling of these women	61%	66%	UDS
6. Diabetes: HbA1c Control Proportion of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 7% at the time of the last reading in the measurement year. Results are reported in four categories: less than 7%; greater than or equal to 7% and less than 8%; greater than or equal to 8% and less than or equal to 9%; and greater than 9%	Number of adult patients whose most recent hemoglobin A1c level during the measurement year is less than or equal to 7%	Number of adult patients aged 18 to 75 as of December 31 of the measurement year: -with a diagnosis of Type I or II diabetes and, -who have been seen in the clinic for medical services at least twice during the reporting year, -or a statistically valid sample of 70 of these patients	41%	46%	UDS
7. Adult Weight Screening and Follow-Up Percentage of patients aged 18 and over who had documentation of a calculated BMI during the most recent visit or within the 6 months prior to that visit	Number of patients who had their BMI (not just height and weight) documented during their most recent visit or within 6 months of the most recent visit and if the most recent BMI is outside parameters, a follow-up plan is documented	Number of patients who were 18 years of age or older during the measurement year, who had at least one medical visit during the reporting year, or a sample of those patients	19%	24%	UDS
8. Primary Care Visits for Patients with Chronic Diseases Percentage of enrolled patients with diabetes, hypertension, CHF or COPD with 2 office visits within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis	Number of enrollees with diabetes, hypertension, CHF or COPD with 2 office visits within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis	Number of enrollees with diabetes, hypertension, CHF or COPD	Data not yet available		Claims data
9. Primary Care Follow-Up After Hospitalization Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days of hospital discharge	Number of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days of hospital discharge.	Number of enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center during the measurement year.	Data not yet available		Claims data

APPENDIX II

Incentive Payment Protocol

Pay-for-Performance Incentive Payments

The State will withhold 7% from payments made to the primary care health centers (PCHC) and St. Louis ConnectCare (SLCC). The amount withheld will be tracked on a monthly basis as two separate incentive pools - one for primary care health centers and one for specialty care. The SLRHC will be responsible for monitoring the PCHC and SLCC performance against the pay-for-performance metrics outlined below.

Pay-for-performance incentive payments will be paid out at six-month intervals of the Pilot Program based on performance during the reporting period.

Reporting Periods:

- July 1, 2012 – December 31, 2012
- January 1, 2013 – June 30, 2013
- July 1, 2013 – December 31, 2013

SLRHC will calculate the funds due to the providers based on the criteria and methodologies described below and report the results to the State. The State will disburse funds within the first quarter following the end of the reporting period. PCHC and SLCC are required to provide self-reported data within 30 days of the end of the reporting period.

Primary Care Health Center Pay-for-Performance Incentive Eligibility
Below are the criteria for the PCHC first incentive payments to be paid within the first quarter following the end of the reporting period:

TABLE 1

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
All Patients Enrolled As of 7/1/2012 - Minimum of at least 1 office visit (including a health risk assessment and health and wellness counseling) within the first 6 months following enrollment	80%	20%	Claims Data
Patients with Diabetes, Hypertension, CHF or COPD – 2 office visits within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis	80%	20%	Claims Data
Patients with Diabetes - HgbA1c testing performed within the first 4 months following the latter of either: a) initial enrollment, or b) initial diagnosis	85%	20%	Claims Data
Patients with Diabetes – percentage of diabetics who have a HgbA1c <8% within six months following the latter of either: a) initial enrollment, or b) initial diagnosis	60%	20%	Self-Reported by Health Centers
Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the	50%	20%	Self-reported by

Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.			health centers and AHS Call Center Data
TOTAL POSSIBLE SCORE		**100%**	

Objective measures may be changed for the subsequent reporting period. Any changes or additions will be approved by the Pilot Program Planning Team managed by the SLRHC at least 60 days in advance of going into effect. At no time will changes to the measures go into effect for a reporting period that has already commenced. (Note: the health centers and State are represented on the Pilot Program Planning Team.)

Any remaining funds will be disbursed based on the criteria summarized below and will be paid within the first quarter following the end of the reporting period:

TABLE 2

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
Emergency Department Utilization among Tier 1/Tier 2 Enrollees	TBD pending final actuarial analysis	30%	Claims data
Rate of Referral to Specialist among Tier 1/Tier 2 Enrollees	TBD pending final actuarial analysis	70%	Claims data

The primary care providers will be eligible for the remaining funds based on the percentage of Tier 1 and Tier 2 patients (Blue Plan) enrolled at their health centers. For example, if Grace Hill has 60% of the primary care patients and Myrtle Hilliard Davis 40%, they would each qualify up to that percentage of the remaining funds. Funds not distributed will be used to create additional enrollment slots where demand and capacity exist. Payments will not be redirected for administrative or infrastructure payments.

Within the first quarter following the end of the reporting period, the State will issue incentive payments to the health centers. Incentive payments will be calculated based on the data received and the methodology described below.

Primary Care Health Center (PCHC) Calculations

Step 1: Calculate the PCHC Incentive Pool (IP)[7] for each PCHC.

- IP = PCHC Payments Earned x 7%

Step 2: Calculate the Incentive Pool Earned Payment (IPEP) that will be paid to each PCHC.

[7] Given that payments will be made a month in arrears, payments earned and withholds made during the month immediately following the reporting period will be included in the calculation.

- Identify which performance metrics were achieved
- Determine the total Incentive Pool Weights (IPW) by adding the weights of each performance metric achieved

  Example: If the PCHC achieves 3 of the 5 performance metrics, then:

  IPW = 20% + 20% + 20%[8] = 60%

- IPEP = IP x IPW

Step 3: Calculate the Remaining Primary Care Incentive Funds (RPCIF) that are available for performance metrics not achieved.

- Add the IP for each PCHC to derive the Total IP
- Add the IPEP for each PCHC to derive the Total IPEP
- RPCIF = Total IP – Total IPEP

Step 4: Calculate member months (MM) per reporting period for each PCHC (CMM) and in total (TMM).

- CMM = Total payments earned by **each** PCHC during the reporting period / Rate
- TMM = Total payments earned by **all** PCHC during the reporting period / Rate

Step 5: Calculate the Proportionate Share (PS) of the RPCIF that is available to each PCHC.

- PS = RPCIF x (CMM/TMM)

Step 6: Calculate the Remaining Primary Care Incentive Fund Payment (RPCIFP) for each PCHC.

Example: If the PCHC achieves both the emergency room utilization and specialty referral performance metrics, then:

IPW = 30% + 70% = 100%

- RPCIFP = PS x IPW

The following scenarios illustrate the calculations for Step 3 through Step 6 explained above as well as the final amounts withheld and paid to each PCHC based on the assumptions of these scenarios. These scenarios are provided for illustrative purposes only and are not a prediction of what may actually occur.

SCENARIO 1

Key assumptions:

- $40,000 remains in the primary care incentive pool after the first round of disbursements based on the criteria listed in Table 1.
- Each PCHC met both performance metrics for emergency room and specialty referrals based on the criteria listed in Table 2.

[8] For PCHC, the performance metrics are equally weighted and total 100%. Thus each metric is valued at 20%.

Table 1A - Identifies the remaining incentive funds to be disbursed to PCHC.

STEP 3

	7% Withheld	Earned	Remaining (Unearned)
Grace Hill	$ 200,000	$200,000	$ -
Myrtle Hilliard	$ 100,000	$ 75,000	$ 25,000
Family Care	$ 20,000	$ 20,000	$ -
BJK People's	$ 50,000	$ 40,000	$ 10,000
St. Louis County	$ 50,000	$ 45,000	$ 5,000
Total	$ 420,000	$380,000	**$ 40,000**

Remaining Primary Care Incentive Funds

Table 1B - Identifies each PCHC proportionate share of the remaining incentive funds.

STEP 4 ***STEP 5***

	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
Grace Hill	$ 2,857,143	54,966	48%	$ 19,200
Myrtle Hilliard	$ 1,428,571	27,483	24%	$ 9,600
Family Care	$ 285,714	5,497	4%	$ 1,600
BJK People's	$ 714,286	13,742	12%	$ 4,800
St. Louis County	$ 714,286	13,742	12%	$ 4,800
Total	**$ 6,000,000**	**115,430**	100%	**$ 40,000**

Table 1C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC assuming the performance metrics for both emergency department utilization and specialty referral metrics are met (Table 2).

Step 6

	PCHC Proportionate Share	IPW	RPCIFP
Grace Hill	$ 19,200	100%	$ 19,200
Myrtle Hilliard	$ 9,600	100%	$ 9,600
Family Care	$ 1,600	100%	$ 1,600
BJK People's	$ 4,800	100%	$ 4,800
St. Louis County	$ 4,800	100%	$ 4,800
Total	**$ 40,000**		**$ 40,000**

Table 1D - Shows the total withheld, earned and paid for each PCHC.

	7% Withheld	Earned	RPCIFP	Total Paid
Grace Hill	$ 200,000	$200,000	$ 19,200	$ 219,200
Myrtle Hilliard	$ 100,000	$ 75,000	$ 9,600	$ 84,600
Family Care	$ 20,000	$ 20,000	$ 1,600	$ 21,600
BJK People's	$ 50,000	$ 40,000	$ 4,800	$ 44,800
St. Louis County	$ 50,000	$ 45,000	$ 4,800	$ 49,800
Total	$ 420,000	$380,000	$ 40,000	**$ 420,000**

SCENARIO 2

Key assumptions:

- $40,000 remains in the primary care incentive pool after the first round of disbursements based on the criteria listed in Table 1.
- Some PCHC do not meet both performance metrics for emergency room and specialty referrals based on the criteria listed in Table 2.

Table 2A - Identifies the remaining incentive funds to be disbursed to PCHC.

STEP 3

	7% Withheld	Earned	Remaining (Unearned)
Grace Hill	$ 200,000	$200,000	$ -
Myrtle Hilliard	$ 100,000	$ 75,000	$ 25,000
Family Care	$ 20,000	$ 20,000	$ -
BJK People's	$ 50,000	$ 40,000	$ 10,000
St. Louis County	$ 50,000	$ 45,000	$ 5,000
Total	$ 420,000	$380,000	**$ 40,000**

Remaining Primary Care Incentive Funds

Table 2B - Identifies each PCHC proportionate share of the remaining incentive funds.

STEP 4 ***STEP 5***

	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
Grace Hill	$ 2,857,143	54,966	48%	$ 19,200
Myrtle Hilliard	$ 1,428,571	27,483	24%	$ 9,600
Family Care	$ 285,714	5,497	4%	$ 1,600
BJK People's	$ 714,286	13,742	12%	$ 4,800
St. Louis County	$ 714,286	13,742	12%	$ 4,800
Total	**$ 6,000,000**	**115,430**	100%	**$ 40,000**

Table 2C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC assuming that some providers did not meet both performance metrics for emergency department utilization and/or specialty referrals.

Step 6

	PCHC Proportionate Share	IPW	RPCIFP	Unused Funding for Medical Services
Grace Hill	$ 19,200	100%	$ 19,200	$ -
Myrtle Hilliard	$ 9,600	70%	$ 6,720	$ 2,880
Family Care	$ 1,600	100%	$ 1,600	$ -
BJK People's	$ 4,800	30%	$ 1,440	$ 3,360
St. Louis County	$ 4,800	0%	$ -	$ 4,800
Total	**$ 40,000**		**$ 28,960**	**$ 11,040**

Table 2D - Shows the total withheld, earned and paid for each PCHC.

	7% Withheld	Earned	RPCIFP	Total Paid
Grace Hill	$ 200,000	$200,000	$ 19,200	$ 219,200
Myrtle Hilliard	$ 100,000	$ 75,000	$ 6,720	$ 81,720
Family Care	$ 20,000	$ 20,000	$ 1,600	$ 21,600
BJK People's	$ 50,000	$ 40,000	$ 1,440	$ 41,440
St. Louis County	$ 50,000	$ 45,000	$ -	$ 45,000
Total	$ 420,000	$380,000	**$ 28,960**	**$ 408,960**

The State will determine with the SLRHC where the demand exists in the Pilot Program (primary care or specialty care) to determine where to apply the remaining funds. Payments will not be redirected for administrative or infrastructure payments.

St. Louis ConnectCare Pay-for-Performance Eligibility

For those patients with Tier 1 and Tier 2 benefits (Blue Plan), St. Louis ConnectCare will receive an alternative payment for medical and pharmaceutical expenses. The payment to St. Louis ConnectCare will be subject to a 7% withhold, which will be paid out in whole or part within the first quarter following the attainment of certain quality measures.

For those patients with Tier 2 only benefits (Silver Plan), reimbursement to St. Louis ConnectCare will be based on a fee-for-service methodology at 120% of Medicare with a withhold of 7%, which will be paid out in whole or part within the first quarter following the attainment of certain quality measures.

The pay-for-performance incentive payment will be based on achieving specified goals for the following:

TABLE 3

St. Louis ConnectCare Pay-for-Performance Metrics

<table>
<tr><th>Pay-for-Performance Incentive Criteria</th><th>Threshold</th><th>Weighting</th><th>Source</th></tr>
<tr><td>Timely Patient Access as Measured by Appointment Wait Times -
<table>
<tr><th>Specialty</th><th>Benchmark (weeks)</th><th></th><th>Specialty</th><th>Benchmark (weeks)</th></tr>
<tr><td>Cardiology</td><td>5</td><td></td><td>Neurology</td><td>9</td></tr>
<tr><td>Dermatology</td><td>4</td><td></td><td>Orthopedics</td><td>6</td></tr>
<tr><td>Endocrinology</td><td>7</td><td></td><td>Pulmonology</td><td>8</td></tr>
<tr><td>ENT</td><td>4</td><td></td><td>General Surgery</td><td>3</td></tr>
<tr><td>GI</td><td>6</td><td></td><td>Urology</td><td>8</td></tr>
<tr><td>Nephrology</td><td>5</td><td></td><td></td><td></td></tr>
</table></td><td>80%</td><td>50%</td><td>Semi-Annual Self Reporting/AHS</td></tr>
<tr><td>Coordination of Care – (a) Receipt of consultation documentation within 10 business days; (b) Completion of a primary care – specialist physician compact of collaborative guidelines *</td><td>(a) 80%
(b) 100%</td><td>(a) 15%
(b) 10%</td><td>AHS/RHC</td></tr>
<tr><td>Timely, Accurate Filing of Patient Encounters and Claims Data– Utilization data for patients covered by cap payments and claims data all submitted within 60 days of date of service</td><td>90%</td><td>25%</td><td>Claims Processing Vendor</td></tr>
<tr><td>TOTAL POSSIBLE SCORE</td><td></td><td>100%</td><td></td></tr>
</table>

Objective measures may be changed for the subsequent reporting period. Any changes or additions will be approved by the Pilot Program Planning Team managed by the SLRHC at least 60 days in advance of going into effect. At no time will changes to the measures go into effect for a reporting period that has already commenced. (Note: SLCC and State are represented on the Pilot Program Planning Team.)

Remaining funding in the specialty care incentive pool will be used to create additional enrollment slots where demand and capacity exist. Payments will not be redirected for administrative or infrastructure payments. Incentive payments will be calculated based on the data received and the methodology described below.

St. Louis ConnectCare (SLCC) Calculations

Step 1: Calculate the SLCC Incentive Pool (SIP)[9].

- SIP = SLCC Payments Received x 7%

Step 2: Calculate the SLCC Incentive Pool Earned Payment (SIPEP) to be paid to SLCC.

- Identify which performance metrics were achieved
- Determine the SLCC Incentive Pool Weight (SIPW) by adding the weights of each performance metric achieved

[9] Given that payments will be made a month in arrears, payments earned and withholds made during the month immediately following the reporting period will be included in the calculation.

Example: If SLCC achieves 2 of the 3 performance metrics - timely patient access and coordination of care, then:

SIPW = 50% + 25% = 75%

- SIPEP = SIP x SIPW

The State will determine with the SLRHC where the demand exists in the Pilot Program (primary care or specialty care) to determine where to apply any remaining funds. Payments will not be redirected for administrative or infrastructure payments.

Appendix III

Projected Budget Neutrality Impact Through 2016

Budget Neutrality

Gateway to Better Health (Total Computable)

	DY 5	DY 6	DY 7	DY 8	Total - 3.0 year extension
	FFY 2014	FFY 2015	FFY 2016	FFY 2017	
	10/01/2013-09/30/2014	10/01/2014-09/30/2015	10/01/2015-09/30/2016	10/01/2016-12/31/2016	
No. of months in DY	**12 months**	**12 months**	**12 months**	**3 months**	
No. of months of Extension Program (implemented on 01/01/2014)	**9 months**	**12 months**	**12 months**	**3 months**	
Without Waiver Projections					
Estimated DSH Allotment*	*$573,474,732*	*$764,632,976*	*$764,632,976*	*$191,158,244*	**$2,293,898,928**
Without Waiver Total	**$573,474,732**	**$764,632,976**	**$764,632,976**	**$191,158,244**	**$2,293,898,928**
With Waiver Projections					
Residual DSH	*$551,123,528*	*$734,831,371*	*$734,831,371*	*$183,707,843*	$2,204,494,112
St. Louis ConnectCare	*$4,415,157*	*$5,886,876*	*$5,886,876*	*$1,471,719*	$17,660,628
Grace Hill Neighborhood Health Centers	*$4,505,209*	*$6,006,945*	*$6,006,945*	*$1,501,736*	$18,020,835
Myrtle Davis Comprehensive Health Centers	*$1,952,869*	*$2,603,825*	*$2,603,825*	*$650,956*	$7,811,476
Contingency Provider Network	*$2,946,079*	*$3,928,105*	*$3,928,105*	*$982,026*	*$11,784,315*
Voucher	*$3,225,641*	*$4,300,854*	*$4,300,854*	*$1,075,214*	*$12,902,562*
Infrastructure	*$1,293,750*	*$1,725,000*	*$1,725,000*	*$431,250*	*$5,175,000*
SLRHC Administrative Costs	*$3,487,500*	*$4,650,000*	*$4,650,000*	*$1,162,500*	$13,950,000
CRC Program Administrative Costs	*$525,000*	*$700,000*	*$700,000*	*$175,000*	$2,100,000
Demonstration Population	*$0*	*$0*	*$0*	*$0*	$0
Total With Waiver Expenditures	**$573,474,732**	**$764,632,976**	**$764,632,976**	**$191,158,244**	**$2,293,898,928**
Amount under (over) the annual waiver cap	$0	$0	$0	$0	$0
Annual expenditure authority cap (Demo expenses NOT including residual DSH)	$22,351,204	$29,801,605	$29,801,605	$7,450,401	

*FFY 2012 through FY 2014 DSH allotments have not been finalized. Therefore, the regular FFY 2011 allotment was used as a proxy for FFY 2014 through FFY 2017. DSH allotment is shown as (total computable) above. For reference, DSH allotment in Federal share is shown below:

Total Allotment (Federal share)

Note: FFY 2013 FMAP = 61.37%, FMAP for 2014 through 2017 have not yet been published.

Appendix IV

Public Notice Concerning Missouri's Gateway to Better Health Section 1115 Demonstration Project Number: 11-W-00250/7

The State of Missouri, Department of Social Services (DSS), hereby notifies the public that it is considering giving notice to the Centers for Medicare and Medicaid Services (CMS) of its intent to request a three-year extension of the Gateway to Better Health Demonstration, which is scheduled to expire on December 31, 2013. A copy of the demonstration extension application under consideration may be found at http://dss.mo.gov/mhd/. We are providing this notice pursuant to CMS requirements in 42 C.F.R. 431.408. In providing this timely notice in accordance with federal regulation, the State of Missouri reserves the option to not file a notice of extension by December 31, 2012.

The Gateway to Better Health Demonstration is designed to provide health care coverage to low-income adults residing in St. Louis City and St. Louis County who do not qualify for Medicaid. At this time, no changes to the current Gateway to Better Health Demonstration are being proposed; any future changes to the program submitted as amendments to CMS will be evaluated through the St. Louis Regional Health Commission's (SLRHC) community planning process.

The Demonstration provides access to two different coverage plans: the "Blue Plan" and the "Silver Plan." The Blue Plan provides access to primary care, specialty care and urgent care, whereas the Silver Plan only covers specialty care and urgent care. These benefit packages are detailed in the full public notice document (link provided below).

The Blue Plan is available to individuals who meet the following requirements:

- A citizen of the United States; legal immigrant who has met the requirements for the five-year waiting period for Medicaid benefits; refugee or asylee under same immigrant eligibility requirements that apply to the Medicaid program
- A resident of St. Louis City or St. Louis County
- Ages 19 through 64
- Uninsured
- At or below the federal poverty level of 133 percent
- Not eligible for coverage under the federal Medicare program or Missouri Medicaid
- Patients with a primary care home at one of the in network primary care sites.

The Silver Plan is available to individuals who meet the following requirements:

- A citizen of the United States; legal immigrant who has met the requirements for the five-year waiting period for Medicaid benefits; refugee or asylee under same immigrant eligibility requirements that apply to the Medicaid program
- A resident of St. Louis City or St. Louis County
- Ages 19 through 64
- Uninsured
- At or below the federal poverty level of 200 percent
- Not eligible for coverage under the federal Medicare program or Missouri Medicaid

Gateway to Better Health services are generally provided through a limited provider network of safety-net providers. Beneficiaries choose a primary care home in which to enroll.

For specialty care, beneficiaries may be referred by their primary care physician for specialty care at St. Louis ConnectCare, or to participating hospitals and medical schools for physician inpatient services or outpatient hospital care, including emergency department physician services, not offered by ConnectCare.

Public Comments and Public Hearings

The public is invited to review and comment on the State's proposed waiver extension request.

The full public notice document for the Gateway to Better Health Waiver extension request can be found at http://dss.mo.gov/mhd/ under Alerts and Notifications. Appointments may be made to view a hard copy of the full public notice document, as well as a draft of the extension application, by calling 314-446-6454, ext. 1011. Appointments may be made during regular business hours, 8:00 a.m. - 4:30 p.m., Monday through Friday. Appointments to view the documents will take place at 1113 Mississippi Avenue, St. Louis, MO 63104.

Comments will be accepted 30 days from the posting of this document, which is December 30, 2012, and may be sent to the following address:

Department of Social Services, MO HealthNet Division
Attention: Gateway Comments
P.O. Box 6500
Jefferson City, MO 65102-6500

Public hearings are scheduled for:

Tuesday, December 4, 2012
7:30 - 9:00 a.m.
World Trade Center
121 S. Meramec Ave, 10th Floor
Clayton, MO 63105
This public hearing will be conducted as part of the agenda of the St. Louis Regional Health Commission's Provider Services Advisory Board, an open, public meeting.

Wednesday, December 5, 2012
4:00 - 6:00 p.m.
John C. Murphy Health Center
6121 North Hanley Road
St. Louis, MO 63134
Participants wanting to participate in the December 5 public hearing via conference call may dial 1-888-808-6929, access code 9158702.

The State and the SLRHC will take verbal and written comments at the public hearings. The outcome of this process and the input provided will be summarized for CMS upon submission of the final application for a Demonstration extension