

State of Missouri
Gateway to Better Health Demonstration 11-W-00250/7
Section 1115 Quarterly Report

Demonstration Year: 8 (April 1, 2017 – June 30, 2017)
Federal Fiscal Quarter: 3/2017 (April 1, 2017 – June 30, 2017)

Introduction:

The current funding provided by this demonstration project 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. This amendment authorized the diversion of 6.27 percent 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.”

On July 28, 2010, CMS approved the State of Missouri’s “Gateway to Better Health” Demonstration, which built upon “the St. Louis Model” to preserve access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The July 1, 2012 implementation of the Pilot Program ensured patients of the St. Louis safety net maintained access to primary and specialty care. CMS approved a one-year extension of the Demonstration on September 27, 2013, July 16, 2014, December 11, 2015, and again on June 16, 2016. The State has been authorized to spend up to \$30 million (total computable) annually to preserve and improve primary and specialty care in St. Louis in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). This 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 through federal health care reform.
- II. Connect the uninsured to a primary care home which will enhance coordination, quality and efficiency of health care through patient and provider involvement;
- III. Maintain and enhance quality service delivery strategies to reduce health disparities.

For the first two years of the Demonstration, through June 30, 2012, certain providers referred to as Affiliation Partners were paid directly for uncompensated care. These providers included St. Louis ConnectCare, Affinia Healthcare (formerly known as Grace Hill Health Centers) and Myrtle Hilliard Davis Comprehensive Health Centers. The program transitioned to a coverage model pilot on July 1, 2012.

From July 1, 2012, to December 31, 2013, the pilot program provided primary, urgent and specialty care coverage to uninsured adults in St. Louis City and St. Louis County, aged 19-64, who were below 133% of the Federal Poverty Level (FPL). The Demonstration was scheduled to expire December 31, 2013. On September 27, 2013, July 16, 2014, December 11, 2015, and again on June 16, 2016, CMS approved one-year extensions of the Gateway Demonstration program for patients up to 100% FPL.

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 a Memorandum of Understanding (MOU) with the St. Louis Regional Health Commission (SLRHC).

The SLRHC, formed in 2001, is a non-profit, non-governmental organization whose mission is to increase access to health care for people who are medically uninsured and underinsured; reduce health disparities among populations in St. Louis City and County; and improve health outcomes among populations in St. Louis City and County, especially among those most at risk.

In order to meet the requirements for the Demonstration project, the State of Missouri Department of Social Services asked the SLRHC to lead planning efforts to determine the Pilot Program design, subject to CMS review and approval, and to incorporate community input into the planning process. Accordingly, on July 21, 2010, the SLRHC approved the creation of a “Pilot Program Planning Team.” (A full roster of the Pilot Program Planning Team can be found in Attachment I). The MO HealthNet Division of the Missouri Department of Social Services is represented on the Planning Team to ensure the SLRHC and MO HealthNet are working closely to fulfill the milestones of the Demonstration project and develop deliverables.

The information provided below details Pilot Program process outcomes and key developments for the third quarter of Demonstration Year 8 (April 1, 2017- June 30, 2017).

Enrollment Information:

As of June 30, 2017, 15,823 unique individuals were enrolled in the Gateway to Better Health. The Gateway enrollment cap is set at 21,423, which leaves room for approximately 5,600 new members under 100% FPL. There were no program wait lists during this quarter of the Pilot Program.

*Table 1. Gateway to Better Health Pilot Program Enrollment by Health Center**

Health Center (Tier 1 and Tier 2)	Unique Individuals Enrolled as of June 2017	Enrollment Months April – June 2017
BJK People’s Health Centers	2,776	8,487
Family Care Health Centers	1,267	3,870
Affinia Healthcare (formerly known as Grace Hill)	6,639	20,257
Myrtle Hilliard Davis Comprehensive Health Centers	3,067	9,362
St. Louis County Department of Public Health	2,074	6,380
Total for All Health Centers	15,823	48,356

**Enrollment numbers are based on MO HealthNet enrollment data as of July 1, 2017.*

Outreach/Innovation Activities:

Each month the SLRHC shares information and gathers input about the Demonstration from its 20-member board, and its 30-member Community and Provider Services Advisory boards. Full rosters of these boards may be found at www.stlrhc.org.

The SLRHC shares monthly financial, enrollment and customer service reports about the Pilot Program with these advisory boards in addition to the Pilot Program Planning Team and the committees that report to this team; these committees include the Operations and Finance subcommittees. Members of the community, health center leadership, health center medical staff and representatives from other medical providers in the St. Louis region are represented on these committees. (Full rosters can be found in Attachment I of this report).

The SLRHC conducts orientation sessions for members of the Pilot Program on a regular basis. The sessions are open to all members but targeted towards those members enrolled in the program in the last six months. To date, more than 960 members have attended orientation sessions since its implementation in March 2015. Member orientations provide an avenue for the SLRHC to explain the program to new Gateway members and to gather feedback from patients. As of January 2017, member orientations are being held twice a year at each site. Sessions held during the third quarter (April – June 2017) are listed below:

Organization	Session Date
St. Louis County Department of Public Health	April 06, 2017
BJK People’s Health Center	May 10, 2017
Family Care Health Centers	May 12, 2017
St. Louis County Department of Public Health	June 19, 2017

Four member orientations were held during the third quarter (April – June 2017) at BJK People’s Health Center, Family Care Health Centers, and St. Louis County Department of Public Health. Participants from those sessions were asked to evaluate the effectiveness of the orientation session at its conclusion. As a result of the member orientation, 78% of participants felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 77% of participants felt very confident or somewhat confident that they can navigate receiving health care services at their health center, and 78% of participants felt the orientation session was very helpful or somewhat helpful.

In addition, the SLRHC regularly uses the infrastructure of its public Advisory Boards and Gateway Team meetings to gather input about the Demonstration. Public meetings held during the second quarter are listed below:

Team	Meeting Date
Provider Services Advisory Board Meeting	April 04, 2017
Gateway Pilot Program Planning Meeting	April 07, 2017
RHC Commission Meeting	April 09, 2017
Gateway to Better Health Operations Team Meeting	April 13, 2017
Community Advisory Board Meeting	April 18, 2017
Provider Services Advisory Board Meeting	May 02, 2017
Community Advisory Board Meeting	May 16, 2017
RHC Commission Meeting	May 17, 2017
Provider Services Advisory Board Meeting	June 06, 2017
Community Advisory Board Meeting	June 20, 2017

On June 20, 2017, a Post Award Public Notice Input session was held to inform the public on the progress of the Gateway demonstration and to receive feedback about the program thus far. The notice for this meeting was posted on the MO HealthNet web site 30 days in advance. The meeting was held as part of the regularly scheduled Community Advisory Board meeting of the St. Louis Regional Health Commission. Attendees received information on the number of people served and the number of services and visits provided by Gateway each year. The current membership of the program, including the distribution of chronic conditions and a demographic profile of Gateway members was also presented. An overview of patient and provider satisfaction feedback, as well as

results from quality metrics, were reviewed. The audience was given an opportunity to provide feedback on the program's progress to date. Attendees expressed their satisfaction with the progress of the Demonstration and their support for the continued work of the Demonstration, including the implementation of trauma informed practices within the health centers. Comments from attendees included: "The program is awesome; [it is] doing great work and should be rewarded" and "Great incentive program!"

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted 609 applications on average each month during the quarter. With the eligibility review process for Gateway members and other factors, the program experienced a total net loss of 294 members each month during this quarter.

Operational/Policy Development/Issues:

As of January 1, 2017, Myrtle Hilliard Davis has ceased operations of its urgent care site. Myrtle Hilliard Davis has contracted with Affinia Healthcare to provide urgent care services to their patients at Affinia's urgent care location. In addition, Affinia has ceased Sunday availability at its urgent care site due to low volume. There were no changes to SSM Urgent Care services.

Financial/Budget Neutrality Development/Issues:

The State continues to monitor budget neutrality for this quarter as claims are processed. The program remained budget neutral for the third quarter of the federal fiscal year.

Consumer Issues:

Individuals enrolled in the Gateway to Better Health Pilot Program have access to a call center, available Monday through Friday, 8:00AM to 5:00PM central standard time. When the call center is not open, callers may leave messages that are returned the next business day.

From April – June 2017, the call center answered 3,488 calls, averaging approximately 54 calls per day. Of calls answered during this time, 21 (<1%) resulted in a consumer complaint. The 21 consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter were related to transportation and patient access to care including, appointment scheduling. The type and number of complaints received during this period of time are outlined below:

Table 2. Summary of Consumer Complaints, April 1 – June 30, 2017*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Transportation	10	<p>Patients (5) reported transportation did not show for scheduled pick-ups. LogistiCare followed up with the transportation provider and complaints were formalized. Apologies were issued to the patients.</p> <p>Patients (3) reported transportation was late for scheduled pick-ups. The transportation provider confirmed they were late and an apology was issued to the patient. LogistiCare also followed up with the patients and provided instructions on calling “Where’s My Ride” if transportation is running late.</p> <p>Patient (1) reported difficulty scheduling transportation through the health center. The health center was able to arrange transportation for the patient.</p> <p>Patient (1) reported that the health center did not schedule a transportation request. The health center stated that they did not have transportation request information in their system. They also stated that it was too late to schedule when they were notified of the issue.</p>
Access to Care	8	<p>Patients (3) reported difficulty scheduling an appointment. Appointments were scheduled for the patients.</p> <p>Patients (2) reported difficulty obtaining prescription refills. The refills were made available to the patients.</p> <p>Patient (1) reported difficulty obtaining prescriptions filled that were prescribed at a previous health center. The physician worked with the patient to provide a temporary prescription until care could be established at the current health center.</p> <p>Patient (1) reported difficulty scheduling a follow up appointment after an ED visit. The patient was reassigned to a different health center and was scheduled for an appointment.</p> <p>Patient (1) reported being turned away for a mammogram at the health center. The health center determined that the issue was a staff misunderstanding of GHB coverage. A new appointment was scheduled and the patient will not be charged a copay.</p>
Copay	2	<p>Patient (1) received bill for podiatry services performed at the health center. The health center reached out to patient to offer a refund.</p> <p>Patient (1) reported difficulty getting reimbursed for an over charge on prescription refills. The health center completed the refund process.</p>
Quality of Care	1	<p>Patient (1) reported dissatisfaction with services received at the health center. The patient opted to change health centers.</p>

*Reported consumer complaints are based on Automated Health Systems data as of July 7, 2017.

Action Plans for Addressing Any Policy, Administration, or Budget Issues Identified:

No policy, administrative or budget issues have been identified this quarter.

Quality Assurance/Monitoring Activity:

The State and SLRHC are continually monitoring the performance of the program to ensure it is providing access to quality health care for the population it serves. Representatives from the provider organizations meet regularly to evaluate clinical, consumer and financial issues related to the program.

The SLRHC conducts satisfaction surveys with referring physicians (including support staff) and Gateway to Better Health enrollees on a regular basis. The results from the next patient and provider satisfaction evaluation will be available in September 2017 for the April - June 2017 reporting period and will be provided in future quarterly reports.

In addition, the State and SLRHC continually monitors call center performance, access to medical referrals (including referrals for diagnostic care, specialty care and surgical procedures) and wait times for medical appointments. Recent available outcomes for these measures are detailed in the sections below:

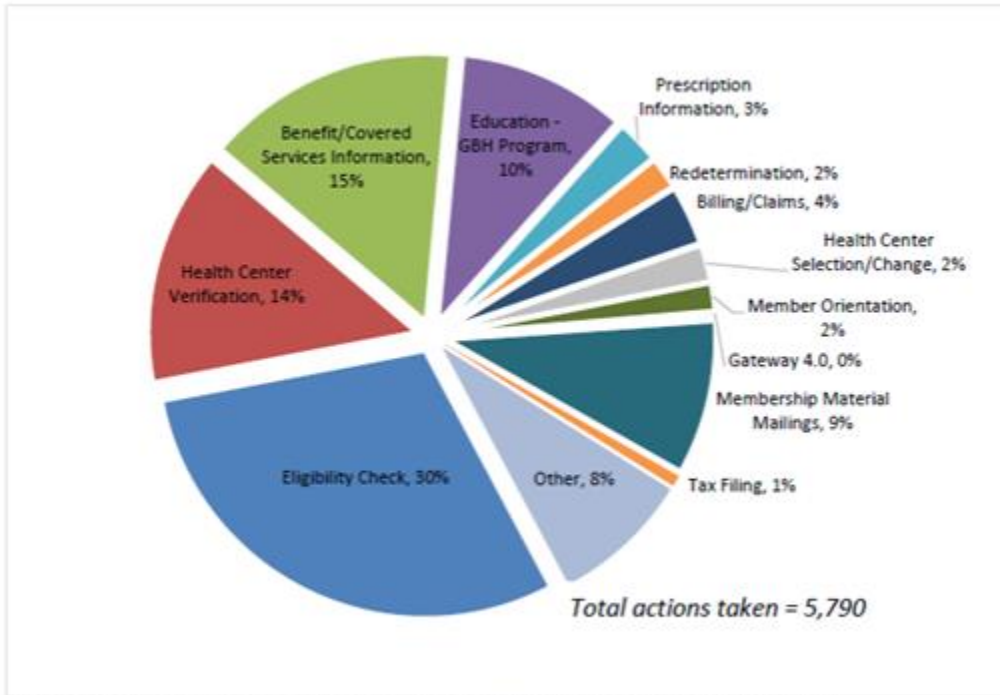
Call Center Performance

Table 3. Call Center Performance, April – June 2017

Performance Measure	Outcome
Calls received	3,620
Calls answered	3,488
Abandonment rate	3.62%
Average answer speed (<i>seconds</i>)	26
Average length of time per call (<i>minutes: seconds</i>)	3:50

**Call center performance metrics are based on Automated Health Systems data as of July 7, 2017.*

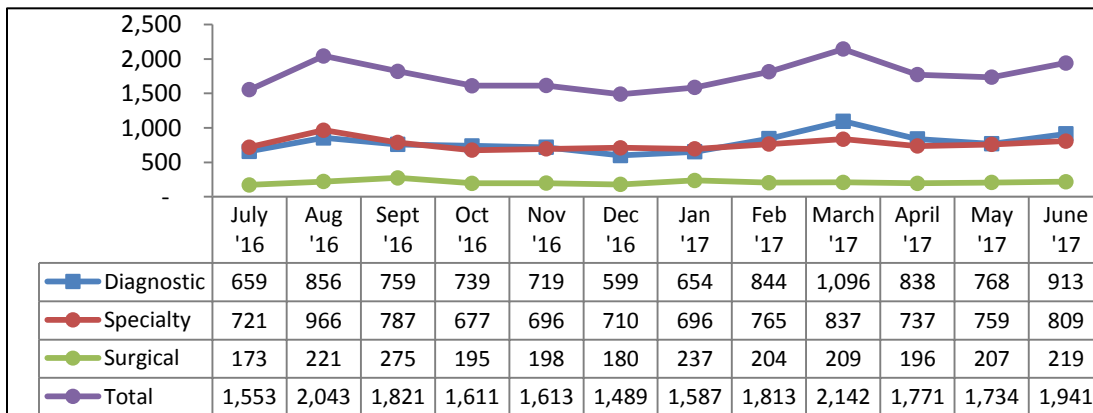
Figure 1. Call Center Actions, April – June 2017



*Reported call center actions are based on Automated Health Systems data as of July 7, 2017.

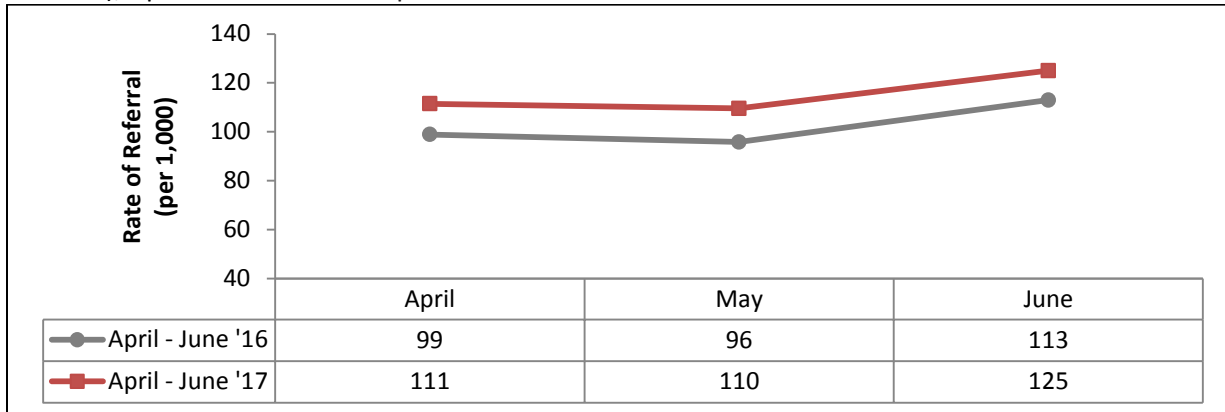
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, July 2016 – June 2017*



*Reported medical referrals are based on Automated Health Systems data as of July 7, 2017.

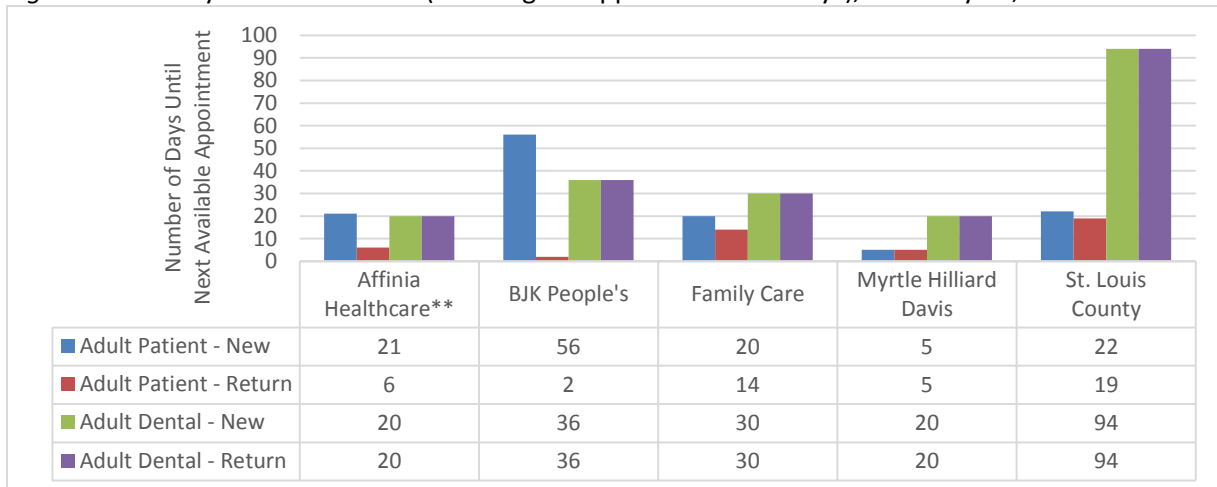
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), April – June 2016 vs. April – June 2017*



*Reported rates of medical referrals are based on Automated Health Systems data as of July 7, 2017. Referral types include diagnostic, specialty and surgical procedures. Rate of referral is determined by using the total referrals divided by the average monthly enrollment.

Primary Care Appointment Wait Times

Figure 4. Primary Care Wait Times (Non-Urgent Appointments in Days), as of July 31, 2017*



*Wait times self-reported by individual health center as of July 31, 2017, and are calculated for Gateway patients only.

**Affinia Healthcare was formerly known as Grace Hill Health Center.

Updates on Provider Incentive Payments:

Table 4. Summary of Provider Payments and Withholds, April – June 2017*

Providers	Provider Payments Withheld	Provider Payments Earned**
BJK People's Health Centers	\$36,662	\$497,962
Myrtle Hilliard Davis Comprehensive Health Centers	\$40,425	\$549,077
Affinia Health Centers	\$87,828	\$1,192,922
Family Care Health Centers	\$16,843	\$228,774
St. Louis County Department of Public Health	\$27,520	\$373,792
Voucher Providers	-	\$1,993,544
Total for All Providers	\$209,278	\$4,836,071

*Payments in the table above are subject to change as additional claims are submitted by providers. Reported provider payments and withholds are based on data as of July 6, 2017 for reporting period April - June 2017.

**Amount represents payments made during the quarter, inclusive of payouts from previous quarters.

As documented in previous quarterly reports, the Incentive Payment Protocol requires 7% of provider funding to be withheld from Gateway providers. The 7% withhold is tracked and managed on a monthly basis. The SLRHC is responsible for monitoring the health centers' performance against the pay-for-performance metrics in the Incentive Payment Protocol.

Pay-for-performance incentive payments are paid out at six-month intervals of the Pilot Program based on performance during the following reporting periods:

- July 1, 2012 – December 31, 2012
- January 1, 2013 – June 30, 2013
- July 1, 2013 – December 31, 2013
- January 1, 2014 – June 30, 2014
- July 1, 2014 – December 31, 2014
- January 1, 2015 – June 30, 2015
- July 1, 2015 – December 31, 2015
- January 1, 2016 – June 30, 2016
- July 1, 2016 – December 31, 2016
- January 1, 2017 – June 30, 2017
- July 1, 2017 – December 31, 2017

Pay for performance results for the January 1 – June 30, 2017 reporting period are pending at this time and will be provided in future quarterly reports.

Updates on Budget Neutrality Worksheets:

Please see attached worksheets (Attachment II).

Evaluation Activities and Interim Findings:

The SLRHC and the State of Missouri continues to track program outcomes, which will be reported in the annual report for the current demonstration year.

Updates on Effects of Offering Brand Name Insulin and Inhalers:

Starting January 1, 2016, Gateway began providing coverage for brand name insulin and inhalers, as there are no generic alternatives to these medications at this time. To measure the success of this new benefit on beneficiaries, each quarter the SLRHC tracks the number of these prescriptions provided to patients. Data for the third quarter of the Demonstration Year 8 is provided below:

Table 5. Number of Insulin and Inhalers Prescriptions Filled by Health Center, April – June 2017

Providers	Brand Name Insulin Filled	Brand Name Inhalers Filled	Total Brand Name Drugs Filled
BJK People’s Health Centers	406	351	6,475
Family Care Health Centers	94	198	3,506
Affinia Healthcare (formerly known as Grace Hill)	800	1014	19,987
Myrtle Hilliard Davis Comprehensive Health Centers	359	297	8,476
St. Louis County Department of Public Health	12	43	9,726
Total for All Providers	1,671	1,903	3,495

**Data provided represents information sourced as of July 26, 2017*

The Pilot Program also tracks a number of quality indicators relevant to patients utilizing this new benefit to measure its effect on their health outcomes. The measures below are collected in six-month reporting periods through the Incentive Payment Protocol:

- Number of patients with chronic diseases with at least two office visits within one year;
- Number of patients with diabetes with one HgbA1c test within six months; and
- Number of patients with diabetes with an HgbA1c less than or equal to 9%.

Below is baseline data (July – December 2016) for the reporting period prior to the addition of brand name insulin and inhaler coverage to the benefits package, as well as data for the reporting periods following the addition of this new benefit.

Table 6. Percentage of Patients who met Insulin and Inhalers Metrics*

Metric	July – December 2015	January – June 2016	July – December 2016
Patients with Chronic Disease with 2 Office Visits within 1 year	91%	88%	86%
Diabetics with HgbA1c test within 6 months	91%	87%	94%
Diabetics with HgbA1c less than or equal to 9%	66%	69%	65%

**Based on Pay-for-Performance data as of March 31, 2017. All percentages are within Gateway to Better Health thresholds for each metric.*

Enclosures/Attachments:

Attachment I: Gateway Team Roster

Attachment II: Updated Budget Neutrality Worksheet

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Date Submitted to CMS



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Faisal Khan, MBBS, MPH
Director, *St. Louis County Department of Public Health*

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Jody Wilkins
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Washington University School of Medicine

Dennis Kruse
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Family Care Health Centers

Gregory Stevenson
Interim Chief Financial Officer
Myrtle Hilliard Davis Comprehensive Health Centers

Connie Sutter
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Hewart Tillett
Chief Financial Officer,
Betty Jean Kerr People's Health Centers

Janet Voss
Vice President and Chief Financial Officer,
Affinia Healthcare (formerly Grace Hill Health Centers)

Budget Neutrality
Gateway to Better Health (Total Computable)

	DY 1	DY 2	DY 3	DY 4	DY 5	DY 6	DY 7	DY 8	DY 9	Total - 8.5 year demonstration
	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	
	07/28/2010 - 09/30/2010	10/01/2010 - 09/30/2011	10/01/2011- 9/30/2012	10/01/2012- 09/30/2013	10/01/2013- 9/30/2014	10/01/2014- 09/30/15	10/01/2015- 9/30/2016	10/01/2016- 9/30/2017	10/01/2017-12/31/17	07/28/2010 to 12/31/2017
No. of months in DY	3 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	3 months	
No. of months of direct payments to facilities	3 months	12 months	9 months	0 months	0 months	0 months	0 months	0 months	0 months	
No. of months of Pilot Program (will be implemented on 07/01/2012)	0 months	0 months	3 months	12 months	12 months	12 months	12 months	12 months	12 months	
Without Waiver Projections										
Estimated DSH Allotment**	\$189,681,265	\$748,599,611	\$766,126,399	\$811,102,775	\$814,509,721	\$809,021,633	\$812,093,381	\$812,093,381	\$203,023,345.25	\$5,966,251,511
Without Waiver Total	\$189,681,265	\$748,599,611	\$766,126,399	\$811,102,775	\$814,509,721	\$809,021,633	\$812,093,381	\$812,093,381	\$203,023,345	\$5,966,251,511
With Waiver Projections										
Residual DSH	\$167,785,998	\$679,083,062	\$675,602,811	\$735,329,474	\$713,152,789	\$714,046,801	\$787,095,768	\$786,167,932	\$196,971,168	\$5,455,235,803
St. Louis ConnectCare	\$4,850,000	\$18,150,000	\$14,879,909	\$3,148,648	\$118,489	\$0	\$0	\$0	\$0	\$41,147,045
Grace Hill Neighborhood Health Centers	\$1,462,500	\$5,850,000	\$5,071,706	\$5,016,507	\$6,073,656	\$5,648,970	\$4,805,114	\$5,079,877	\$1,329,425	\$40,337,755
Myrtle Davis Comprehensive Health Centers	\$937,500	\$3,750,000	\$3,097,841	\$2,108,161	\$1,838,040	\$2,157,443	\$2,098,142	\$2,306,695	\$603,672	\$18,897,493
Contingency Provider Network	\$0	\$0	\$379,372	\$4,254,902	\$5,469,199	\$3,937,955	\$5,035,278	\$4,984,878	\$1,302,952	\$25,364,538
Voucher	\$0	\$0	\$0	\$4,541,262	\$6,358,786	\$6,926,811	\$6,649,760	\$7,015,544	\$1,908,301	\$33,400,465
Infrastructure	\$0	\$0	\$975,000	\$1,925,000	\$0	\$0	\$0	\$0	\$0	\$2,900,000
SLRHC Administrative Costs	\$75,000	\$300,000	\$300,000	\$300,000	\$75,000	\$0	\$0	\$0	\$0	\$1,050,000
SLRHC Administrative Costs Coverage Model			\$584,155	\$4,328,950	\$3,692,463	\$3,098,002	\$3,477,955	\$3,421,234	\$907,827	\$19,510,587
CRC Program Administrative Costs	\$91,684	\$700,000	\$700,000	\$700,000	\$175,000	\$0	\$0	\$0	\$0	\$2,366,684
Actual expenditures for DY3 DOS				\$2,670,607	\$33,308	\$0	-\$83	\$0	\$0	\$2,703,832
Actual expenditures for DY4 DOS				\$0	\$2,540,653	\$6,559	\$229	-\$325	\$2,547,116	
Actual expenditures for DY5 DOS						\$2,402,336	\$267,821	-\$8,534	\$2,661,623	
Actual expenditures for DY6 DOS							\$2,663,397	-\$1,545	\$2,661,852	
Projected expenditures for DY7 DOS								\$432,242	\$432,242	
Actual expenditures for DY7 DOS								\$2,695,382	\$2,695,382	
Total With Waiver Expenditures	\$175,202,682	\$707,833,062	\$701,590,793	\$764,323,513	\$739,527,383	\$738,224,877	\$812,093,381	\$812,093,381	\$203,023,345	\$5,653,912,418
Amount under (over) the annual waiver cap	\$14,478,583	\$40,766,549	\$64,535,605	\$46,779,262	\$74,982,338	\$70,796,756	\$0	\$0	\$0	\$312,339,093
Annual expenditure by DY Payment Date as reported on CMS 64s (Demo expenses NOT including residual DSH)			\$25,987,982	\$28,994,039	\$26,374,594	\$24,178,076	\$24,997,613	\$25,925,449	\$6,052,177	
Annual expenditure authority cap by DY DOS (Demo expenses NOT including residual DSH)	\$7,416,684	\$28,750,000	\$28,691,897	\$28,870,873	\$26,470,790	\$24,431,033	\$25,193,873	\$22,808,228	\$6,052,177	

*Amount anticipated to be reported in Demonstration Years that should apply to a previous demonstration period.

**FFY 2012 through FY 2014 DSH allotments have not been finalized. FFY 2012 through FFY 2015 DSH allotments are based on actual CMS-64 reported expenditures.

DSH allotment is shown as (total computable) above. For reference, DSH allotment in Federal share is shown below:

	FFY 2010
FFY 2010 Allotment (Federal share)	\$465,868,922
FFY 2010 Increased Allotment (Federal share)	\$23,584,614
Total Allotment (Federal share)	\$489,453,536

Note: FFY 2010 FMAP for MO = 64.51%; FFY 2011 FMAP for MO = 63.29%; FFY 2013 FMAP = 61.37%. FFY 2014 FMAP = 62.03; FFY 2015 FMAP= 63.45; FFY 2016 FMAP=63.28; FFY 2017 FMAP=63.21