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

Demonstration Year: 9 (October 1, 2017 – September 30, 2018)
Federal Fiscal Quarter: 3/2018 April 1, 2018 – June 30, 2018)

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, June 16, 2016, and again on September 1, 2017 for a five-year extension. 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 and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured.

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 and CareSTL Health (formerly known as 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. On September 1, 2017, CMS approved a five-year extension of the demonstration program.

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 9 (April 1, 2018 - June 30, 2018).

Enrollment Information:

As of July 1, 2018, 14,287 unique individuals were enrolled in the Gateway to Better Health. The Gateway enrollment cap is set at 21,423, which leaves room for approximately 7,136 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 2018	Enrollment Months April – June 2018
BJK People's Health Centers	2,430	7,561
Family Care Health Centers	1,325	4,050
Affinia Healthcare	5,941	18,899
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	2,740	8,660
St. Louis County Department of Public Health	1,851	5,791
Total for All Health Centers	14,287	44,961

Enrollment numbers are based on MO HealthNet enrollment data as of July 1, 2018.

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 newly enrolled in the program during the last six months. To date, more than 1,337 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 held twice a year at each site.

Sessions held during the third quarter (April – June 2018) are listed below:

Organization	Session Date
St. Louis County Department of Public Health	April 25, 2018
Family Care Health Centers	May 4, 2018
St. Louis County Department of Public Health	June 6, 2018
Affinia Healthcare	June 11, 2018

Four member orientations were held during the third quarter (April – June 2018) at St. Louis County Department of Public Health, Family Care Health Centers, and Affinia Healthcare. Participants from those sessions were asked to evaluate the effectiveness of the orientation session at its conclusion. As a result of the member orientation, 86% of respondents felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 92% of respondents felt very confident or somewhat confident that they can navigate receiving health care services at their health center, and 94% of respondents felt the orientation session overall 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 third quarter are listed below:

Team	Meeting Date
Provider Services Advisory Board Meeting	April 3, 2018
Gateway Pilot Team Meeting	April 6, 2018
Gateway Operations Team Meeting	April 12, 2018
Community Advisory Board Meeting	April 17, 2018
Provider Services Advisory Board Meeting	May 1, 2018
Community Advisory Board Meeting	May 15, 2018
RHC Commission Meeting	May 16, 2018
Provider Services Advisory Board Meeting	June 5, 2018
Gateway Pilot Team Meeting	June 7, 2018
Community Advisory Board Meeting	June 19, 2018
RHC Commission Meeting	June 20, 2018

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted 807 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 26 members each month during this quarter.

Operational/Policy Development/Issues:

There are no operational or policy issues to report for this quarter.

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 2018, the call center answered 3,286 calls, averaging approximately 51 calls per day. Of calls answered during this time, 20 (<1%) resulted in a consumer complaint. The 20 consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter were related to access to care. The type and number of complaints received during this period of time are outlined below:

Table 2. Summary of Consumer Complaints, April 1, 2018 – June 30, 2018*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	12	Patients (2) reported difficulty scheduling urgent dental appointments. The patients were scheduled for timely appointments. Patients (3) reported difficulty establishing care at the health center. The patients were scheduled for timely new patient appointments. Patients (2) reported not being able to be seen for appointments. In one case, the Chief Medical Officer reached out to the patient and addressed the concerns. In the other case, the health center was notified. Patient (1) reported difficulty scheduling a routine dental appointment. The patient was contacted and was scheduled for a timely dental appointment. Patient (1) reported difficulty obtaining an urgent referral. The health center entered the referral in a timely manner and contacted both the patient and the specialty provider. Patient (1) reported difficulty scheduling a specialist appointment. The RHC determined poor communication between the PCP and specialist caused the issue, and the patient was able to schedule an appointment. Patients (2) reported difficulty getting a prescription written or re-written. In both cases, the patients were unsuccessfully attempted to be reached. Resolution is ongoing in one case.
Transportation	5	Patient (1) reported a late pick-up and conflict with the driver. Logisticare entered the complaint on behalf of the patient. A transportation provider exclusion was entered on the patient's file. Patients (4) reported that transportation did not show for their scheduled pick-ups. In all cases, Logisticare either added transportation provider exclusions to the patients' accounts or attempted to contact the patients. In three cases, Logisticare contacted the health center to ensure the patients were not held responsible for the missed appointments.
Member Services	1	Patient (1) reported a discrepancy in the number of urgent care visits the health center was reporting. The health center confirmed the registration specialist was incorrect and reached out to the patient to advise the error.

Co-Pay	2	Patients (2) reported being notified of additional fees for x-ray services. RHC staff followed up with the health center and determined there are no additional fees needed. The health center followed up with their staff to address the miscommunication.

*Reported consumer complaints are based on Automated Health Systems data as of July 3, 2018.

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

There are no policy, administrative or budget issues to report 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 2018 patient and provider satisfaction evaluation is currently being conducted. Results will be provided in the fourth quarter report.

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 2018

Performance Measure	Outcome
Calls received	3,385
Calls answered	3,286
Abandonment rate	2.91%
Average answer speed (*seconds*)	22
Average length of time per call (*minutes: seconds*)	4:00

*Call center performance metrics are based on Automated Health Systems data as of July 3, 2018.
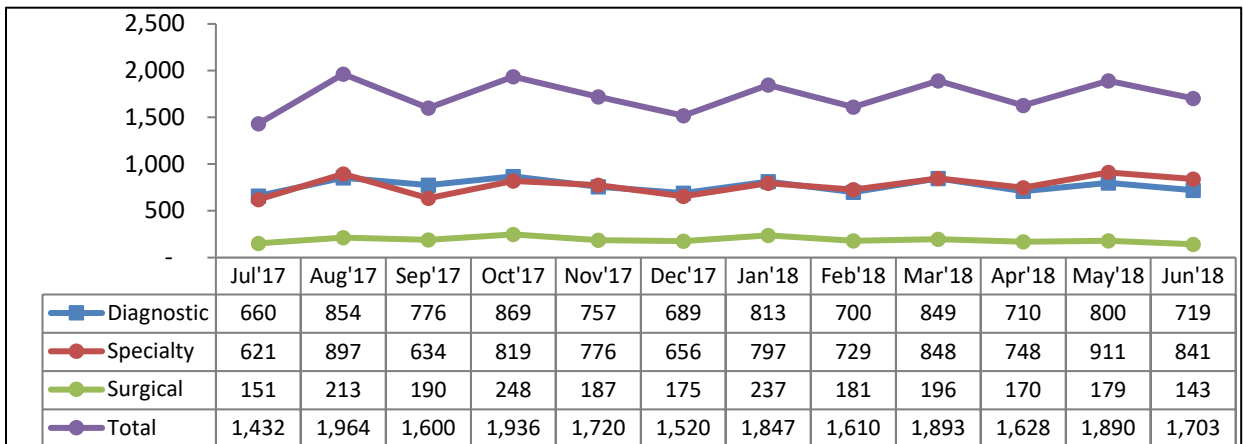
Figure 1. Call Center Actions, April – June 2018

Total actions taken = 5,513
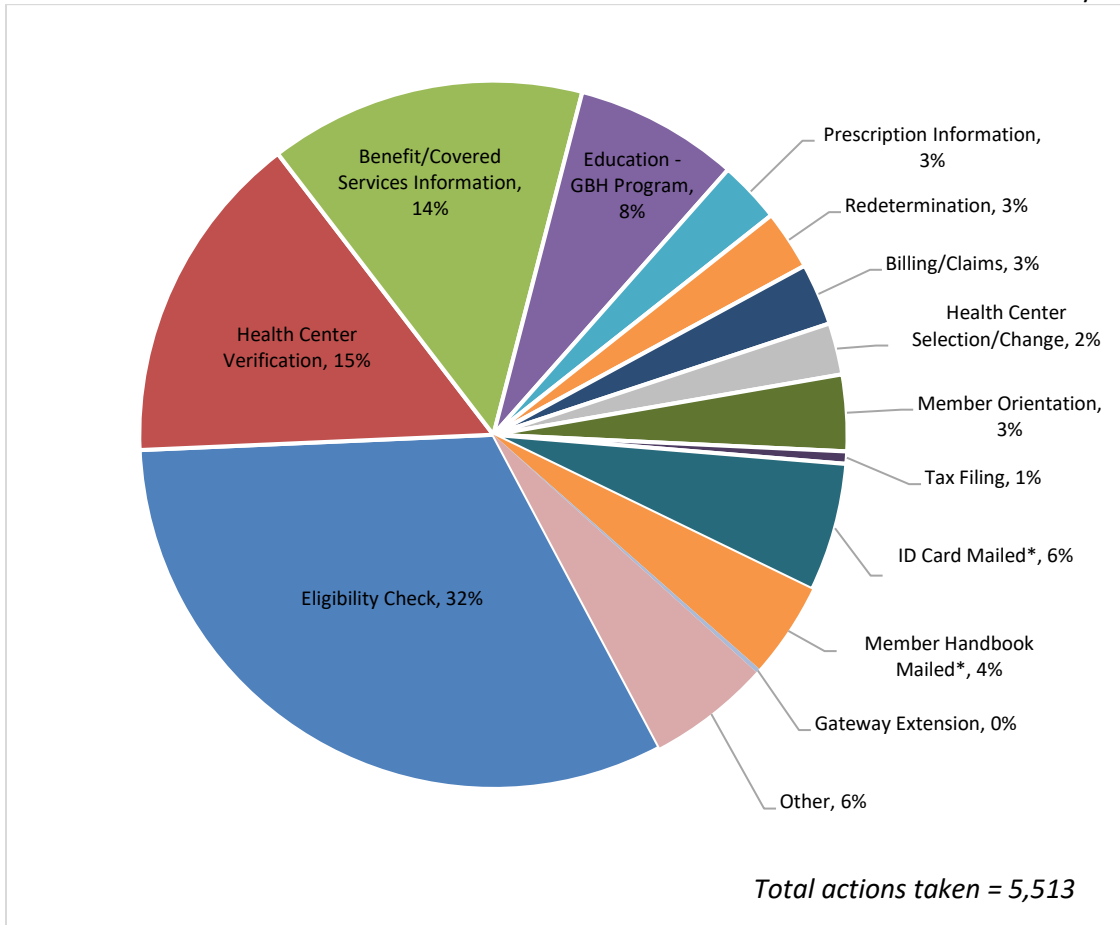
Reported call center actions are based on Automated Health Systems data as of July 3, 2018.
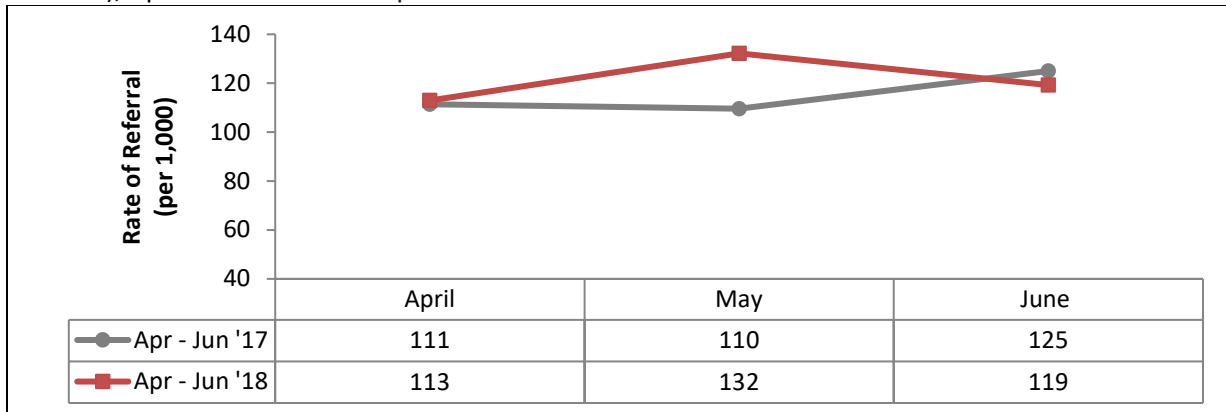
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, July 2017 – June 2018*

	Jul'17	Aug'17	Sep'17	Oct'17	Nov'17	Dec'17	Jan'18	Feb'18	Mar'18	Apr'18	May'18	Jun'18
Diagnostic	660	854	776	869	757	689	813	700	849	710	800	719
Specialty	621	897	634	819	776	656	797	729	848	748	911	841
Surgical	151	213	190	248	187	175	237	181	196	170	179	143
Total	1,432	1,964	1,600	1,936	1,720	1,520	1,847	1,610	1,893	1,628	1,890	1,703

Reported medical referrals are based on Automated Health Systems data as of July 3, 2018.

Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members
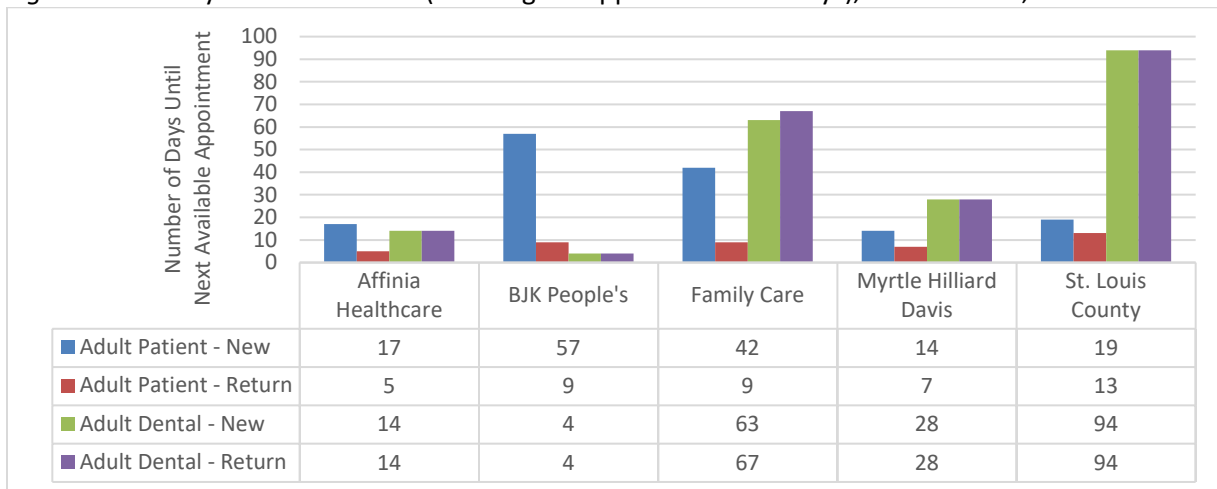
Enrolled), April – June 2017 vs. April – June 2018*

	April	May	June
Apr - Jun '17	111	110	125
Apr - Jun '18	113	132	119

Reported rates of medical referrals are based on Automated Health Systems data as of July 3, 2018. 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 June 30, 2018*

	Affinia Healthcare	BJK People's	Family Care	Myrtle Hilliard Davis	St. Louis County
Adult Patient - New	17	57	42	14	19
Adult Patient - Return	5	9	9	7	13
Adult Dental - New	14	4	63	28	94
Adult Dental - Return	14	4	67	28	94

Wait times self-reported by individual health center as of June 30, 2018, and are calculated for Gateway patients only.

Updates on Provider Incentive Payments:

Table 4. Summary of Provider Payments and Withholds, April – June 2018*

Providers	Provider Payments Withheld	Provider Payments Earned**
BJK People's Health Centers	$33,961	$464,011
Family Care Health Centers	$18,495	$252,692
Affinia Health Centers	$85,446	$1,167,424
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	$39,339	$537,475
St. Louis County Department of Public Health	$26,186	$357,778
Voucher Providers	$0	$2,249,212
Total for All Providers	**$203,427**	**$5,028,592**

*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 7, 2018 for reporting period April - June 2018.
**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
- January 1, 2018 – June 30, 2018
- July 1, 2018 – December 31, 2018

Pay for performance results for the Jan 1 – June 30, 2018 reporting period are pending at this time and will be provided in the fourth quarter report.

Updates on Budget Neutrality Worksheets:

Please see attached worksheets (Attachment II).

Evaluation Activities and Interim Findings:

The Gateway to Better Health Demonstration program has selected Mercer Government Human Services Consulting to serve as the external evaluator. Mercer will assist the SLRHC in developing the final evaluation design for the 2018 – 2022 approval period. The final evaluation design will include a driver diagram, hypotheses, data metrics and methodology focused on evaluating success in achieving the program's objectives. The program evaluation design work with Mercer is being conducted according to the timeline below, with the final evaluation plan being completed in May 2018. As the work with Mercer is finalized, future reports will include additional quality data.

Topic/Task	Target Date
Mercer to facilitate kick off meeting with SLRHC	November 17, 2017
Mercer to facilitate onsite meeting with Pilot Program Planning Team to review updated driver diagram, methodology and data analysis plan, and measures	February 1, 2018
Mercer to complete measure selection and specification description	February 24, 2018
Mercer to submit draft report to Program Staff	March 23, 2018
Mercer receives feedback on draft report from Program Staff	March 28, 2018
Mercer to submit updated draft report to Pilot Planning Team	April 4, 2018
Mercer receives feedback on draft report from Pilot Planning Team	April 9, 2018
Mercer to submit updated draft report to the SLRHC	April 13, 2018
Mercer receives feedback on updated draft report from SLRHC	April 20, 2018
Mercer to submit final draft report to Commission Board	April 24, 2018
Mercer receives feedback on final draft report from Commission Board	May 16, 2018
Mercer to submit Final Report to SLRHC	May 24, 2018
SLRHC to submit Final Report to CMS	August 31, 2018

Updates on the State's Success in Meeting the Milestones Outlined in Section XI:

Date – Specific	Milestone	STC Reference	Date Submitted
12/1/2017	Procure external vendor for evaluation services	Section XI (#39)	Ongoing
12/30/2017	Submit Amended Evaluation Design	Section XI (#40)	12/30/2017
12/30/2017	Submit Draft Annual Report for DY8 (October 2016-September 2017)		12/30/2017
5/31/2018	Finalize Evaluation Design	Section XI, (#41)	8/31/2018
Ongoing – due 60 days at the end of each quarter	Submit Quarterly Reports	Section IX (#34)	
12/30/2018	Submit Draft Annual Report for DY9 (October 2017 – September 2018)	Section IX (#34/#35)	
12/30/2019	Submit Draft Annual Report for DY10 (October 2018 – September 2019)	Section IX (#34/#35)	
12/31/2021	Submit Interim Evaluation	Section XI (#47)	
12/30/2020	Submit Draft Annual Report for DY11 (October 2019 – September 2020)	Section IX (#34/#35)	
12/30/2021	Submit Draft Annual Report for DY12 (October 2020 – September 2021)	Section IX (#34/#35)	
12/30/2022	Submit Draft Annual Report for DY13 (October 2021 – September 2022)	Section IX (#34/#35)	
6/30/2024	Submit Summative Evaluation Report	Section XI (#48)	
9/1/2022	Submit Draft Final Operational Report	Section IX (#34/#35)	

Enclosures/Attachments:

Attachment I: Gateway Team Roster
Attachment II: Updated Budget Neutrality Worksheet
Attachment III: Post Award Forum Summary
Attachment IV: Evaluation Design

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August 30, 2018

Pilot Program Planning Team
Roster

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Associate Vice Chancellor for Clinical Affairs
Washington University School of Medicine

Kate Becker
President
SSM Saint Louis University Hospital

Dwayne Butler
President and Chief Executive Officer
BJK People's Health Centers

Angela Clabon
Chief Executive Office
CareSTL Health (formerly known as Myrtle Hillard Davis Comprehensive Health Centers)

Caroline Day, MD, MPH
Chief Medical Officer
Family Care Health Centers

Alan Freeman
President and Chief Executive Officer
Affinia Healthcare

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

Jennifer Tidball
Director
MO HealthNet Division,
Missouri Department of Social Services

Joe Yancey
Executive Director
Places for People

Pilot Team Operations Subcommittee

Gretchen Leiterman (Chair)
Chief Operating Officer
SSM Health Saint Louis University Hospital

Tony Amato
Assistant Director, Managed Care
SLUCare

Yvonne Buhlinger
Vice President, Development and Community
Relations
Affinia Healthcare

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GBH Section Supervisor
Family Support Division

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Diseases*

Felecia Cooper
Nursing Supervisor, *North Central Community
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Kitty Famous
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BJC Medical Group

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Affinia Healthcare

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St. Louis Integrated Health Network

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Barnes-Jewish Hospital

Dr. James Paine
Chief Operating Officer
CareSTL Health

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BJH Center for Outpatient Health

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Managed Care Operations Manager
MO HealthNet Division (MHD)

Vickie Wade
Vice President of Clinical Services
Betty Jean Kerr People's Health Centers

Jody Wilkins
Nursing Supervisor
South County Health Center

**Pilot Team Finance Subcommittee
Roster**

Gregory Stevenson
Chief Financial Officer
CareSTL Health

Mark Barry
Fiscal Director
St. Louis County Department of Health

Denise Lewis-Wilson
Patient Accounts Manager
St. Louis County Department of Health

Andrew Johnson
Senior Director, A/R Management
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Dennis Kruse
Chief Financial Officer
Family Care Health Centers

Connie Sutter
Manager Rate Setting, MO HealthNet Division
Missouri Department of Social Services

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

Janet Voss
Vice President and Chief Financial Officer
Affinia Healthcare

Budget Neutrality
Gateway to Better Health (Total Computable)

	DY 1 FFY 2010	DY 2 FFY 2011	DY 3 FFY 2012	DY 4 FFY 2013	DY 5 FFY 2014	DY 6 FFY 2015	DY 7 FFY 2016	DY 8 FFY 2017	DY 9 FFY 2018	DY 10 FFY 2019
	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- 09/30/2018	10/01/2018- 12/31/2018
No. of months in DY	3 months	12 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	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	3 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	$801,292,456	$801,292,456
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**	**$801,292,456**	**$801,292,456**
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	$788,974,326	$775,510,919	$776,775,784
St. Louis ConnectCare	$4,850,000	$18,150,000	$14,879,909	$3,148,648	$118,489	$0	$0	$0	$0	$0
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	$4,669,824	$4,755,256	$4,942,151
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	$2,099,586	$1,977,021	$2,054,724
Contingency Provider Network	$0	$0	$379,372	$4,254,902	$5,469,199	$3,937,955	$5,035,278	$4,468,858	$4,941,245	$5,117,983
Voucher	$0	$0	$0	$4,541,262	$6,358,786	$6,926,811	$6,649,760	$5,711,581	$7,449,620	$8,650,208
Infrastructure	$0	$0	$975,000	$1,925,000	$0	$0	$0	$0	$0	
SLRHC Administrative Costs	$75,000	$300,000	$300,000	$300,000	$75,000	$0	$0	$0	$0	
SLRHC Administrative Costs Coverage Model			$584,155	$4,328,950	$3,692,463	$3,098,002	$3,477,955	$3,377,803	$3,784,373	$3,751,606
CRC Program Administrative Costs	$91,684	$700,000	$700,000	$700,000	$175,000	$0	$0	$0	$0	$0
Actual expenditures for DY3 DOS				$2,670,607	$33,308	$0	-$83	$0	$0	
Actual expenditures for DY4 DOS				$0	$2,540,653	$6,559	$229	($325)	$0	
Actual expenditures for DY5 DOS						$2,402,336	$267,821	($11,644)		
Actual expenditures for DY6 DOS							$2,663,397	($2,117)		
Actual expenditures for DY7 DOS								$2,805,489	$ 30,062.36	
Actual expenditures for DY8 DOS									$ 2,908,202.99	
Projected expenditures for DY8 DOS									$ (64,244)	
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**	**$801,292,456**	**$801,292,456**
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	$0
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	$23,119,055	$25,781,537	$24,516,672
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	$24,430,460	$24,901,800.83	$23,171,611	$22,907,515	$24,516,672

*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; FFY 2018 FMAP=64.61; FFY 2019 FMAP=6