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

Demonstration Year: 7 (October 1, 2015 – September 30, 2016)
Federal Fiscal Quarter: 2/2016 (January 1, 2016 – March 31, 2016)

Introduction:

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 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 and specialty care. CMS approved a one-year extension of the Demonstration on September 27, 2013, July 16, 2014 and again on December 11, 2015. 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). 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 (ACA);

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. The goal of the Gateway to Better Health Pilot Program is to provide a bridge to sustainable health care for safety net providers and their uninsured patients in St. Louis City and St. Louis County until coverage options are available through federal health care reform.

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. The Missouri legislature did not expand Medicaid eligibility during its 2013, 2014 or 2015 legislative sessions. Therefore, on September 27, 2013, July 16, 2014 and again on December 11, 2015, CMS approved one-year extensions of the Gateway Demonstration program for patients up to 100% FPL, or until Missouri's Medicaid eligibility is expanded to include the waiver population.

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 second quarter of Demonstration Year 7 (January 1, 2016 – March 31, 2016).

Enrollment Information:

As of March 31, 2016, 19,525 unique individuals were enrolled in the Gateway to Better Health. As of January 1, 2016, the Gateway enrollment cap is at 21,423 (per the STCs issued December 2015), leaving room for approximately 1,898 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 March 2016	Enrollment Months January - March 2016
BJK People's Health Centers	3,382	10,215
Family Care Health Centers	1,402	4,116
Affinia Healthcare (formerly known as Grace Hill)	8,329	24,592
Myrtle Hilliard Davis Comprehensive Health Centers	3,596	10,729
St. Louis County Department of Public Health	2,816	8,312
Total for All Health Centers	**19,525**	**57,964**

**Enrollment numbers are based on MO HealthNet enrollment data as of April 1, 2016.*

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 580 members have attended orientation sessions since its implementation in March of 2015. Member orientations provide an avenue for the SLRHC to explain the program to new Gateway members and to gather feedback from patients. Sessions held during the second quarter (January – March 2016) are listed below:

Organization	**Session Date**
Affinia Healthcare (formerly known as Grace Hill)	January 29, 2016
Family Care Health Centers	February 26, 2016
Betty Jean Kerr People's Health Centers	February 23, 2016
Myrtle Hilliard Davis Health Centers	February 29, 2016

Participants from member orientations held in the second quarter were asked to evaluate the effectiveness of each orientation session at its conclusion. As a result of member orientations, 86% of members felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 85% of members felt very confident or somewhat confident that they can navigate receiving health care service at their health center and 90% of members felt the orientation sessions was very helpful or somewhat helpful.

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 first quarter are listed below:

Team	**Meeting Date**
Gateway to Better Health Medical Referral Team Meeting	January 14, 2016
Gateway to Better Health Outreach Subcommittee Meeting	January 28, 2016
Provider Services Advisory Board Meeting	February 2, 2016
Gateway to Better Health Finance Team Meeting	February 9, 2016
Gateway to Better Health Pilot Program Planning Team	February 10, 2016
Community Advisory Board Meeting	February 16, 2016
Commission Monthly Board Meeting	February 17, 2016
Provider Services Advisory Board Meeting	March 1, 2016
Community Advisory Board Meeting	March 15, 2016

In addition, screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more than 32,000 individuals in MO HealthNet programs, including but not limited to:

- 3,379 adults approved for MO HealthNet for the Aged, Blind, or Disabled; and
- 3,345 adults approved for MO HealthNet for Families.

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted more than 875 applications on average each month during the quarter. With the eligibility review process for Gateway members and other factors, the program experienced an average net gain of roughly 158 members each month during this quarter.

Operational/Policy Development/Issues:

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 second 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 January – March 2016, the call center answered 5,281 calls, averaging approximately 84 calls per day. Of calls answered during this time, 22 (<1%) resulted in a consumer complaint. The 22 consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter was related to patient access to care including, prescription medication, appointment scheduling and transportation. The type and number of complaints received during this period of time are outlined below:

Table 2. Summary of Consumer Complaints, January 1, 2016 – March 31, 2016*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution

		Patients (2) reported difficulty scheduling new patient appointments. One patient was seen at urgent care and subsequent primary care appointments were scheduled. The other patient was informed that the health center does not schedule new patient visits on Saturdays; the patient elected to switch health centers.
		Patients (2) reported difficulty receiving lab results. The patients were contacted and provided with requested results.
		Patients (4) reported difficulty scheduling an appointment at their health centers. The health centers contacted the patients and scheduled appointments or the patients were advised to receive treatment from urgent care.
		Patient (1) reported difficulty being seen through urgent care. Issue was addressed by the Medical Director at the health center.
Access to Care	13	
		Patient (1) reported repeated cancellations of scheduled appointments by the health center. The patient was contacted by the health center and offered an earlier appointment through a different provider.
		Patient (1) reported difficulty obtaining prescriptions and dissatisfaction with suggested treatment plan. The patient was able to obtain the medication and an appointment was scheduled with a new provider within the health center.
		Patient (1) reported an issue with dental care. The health center contacted the patient, explained the need for a referral to oral surgery and assisted the patient with obtaining x-ray copies.
		Patient (1) reported difficulty obtaining diabetic test strips. The patient was provided with a new meter and testing strips.

		Patients (2) reported transportation did not arrive for a scheduled pick-up. The patients were contacted by LogistiCare and offered an apology. Either transportation provider exclusions were added to the patients' accounts or the patients' contact information was updated in LogistiCare's system for future appointments.
Transportation	6	Patients (2) reported difficulty with a transportation provider. The patient was contacted by LogistiCare and offered an apology. The issues were forwarded to the Director of Operations for corrective action and/or the patients were provided with LogistiCare's direct contact information for return trips.
		Patients (2) reported transportation arrived late for a scheduled pick-up. Instructions were provided to contact "Where's my Ride?" for future issues with transportation on the day of service and/or the health centers were contacted so the patients would not be penalized for being late.
Quality of Care	1	Patient (1) reported dissatisfaction with treatment received at health center. The patient elected to switch health centers.
Member Services	2	Patients (2) reported difficulty getting copies of medical records. The patients were provided instructions on how to obtain medical records.

**Reported consumer complaints are based on Automated Health Systems data as of April 7, 2016*

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 populations 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 next patient and provider satisfaction evaluation is scheduled to be conducted is for the January – June reporting period. Results from these evaluations 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. Most recently available outcomes for these measures are detailed in the sections below:

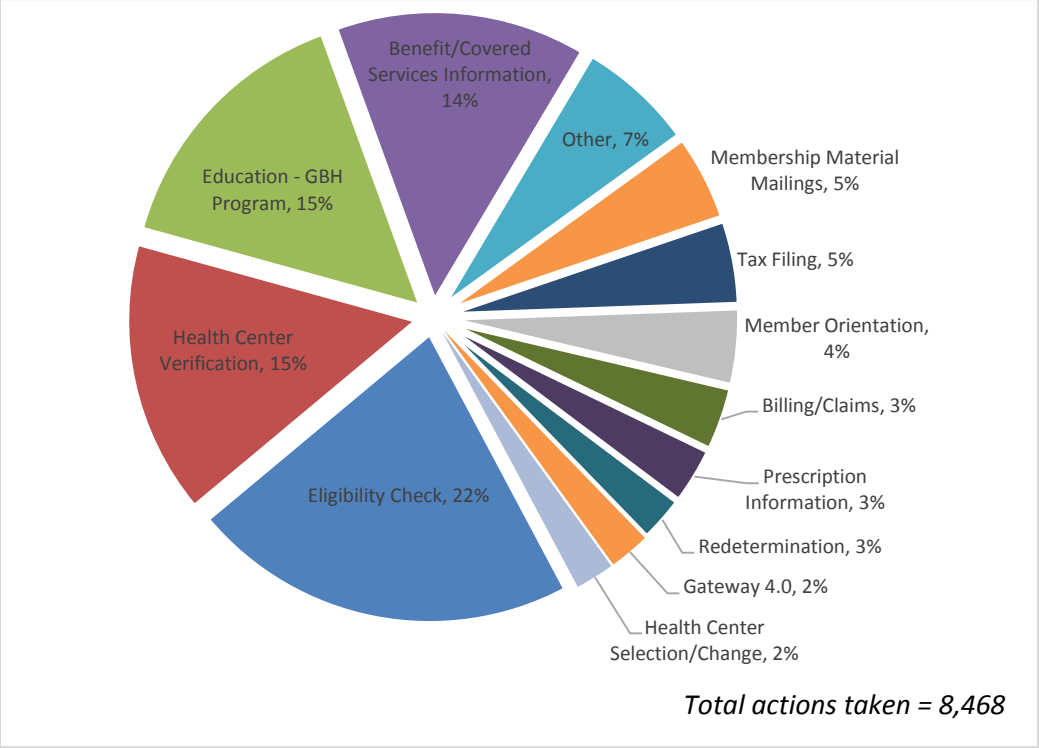
Call Center Performance

Table 3. Call Center Performance, January – March 2016*

Performance Measure	**Outcome**
Calls received	5,492
Calls answered	5,281
Abandonment rate	3.8%
Average answer speed (*seconds*)	31
Average length of time per call (*minutes: seconds*)	3:49

**Call center performance metrics are based on Automated Health Systems data as of April 7, 2016.*

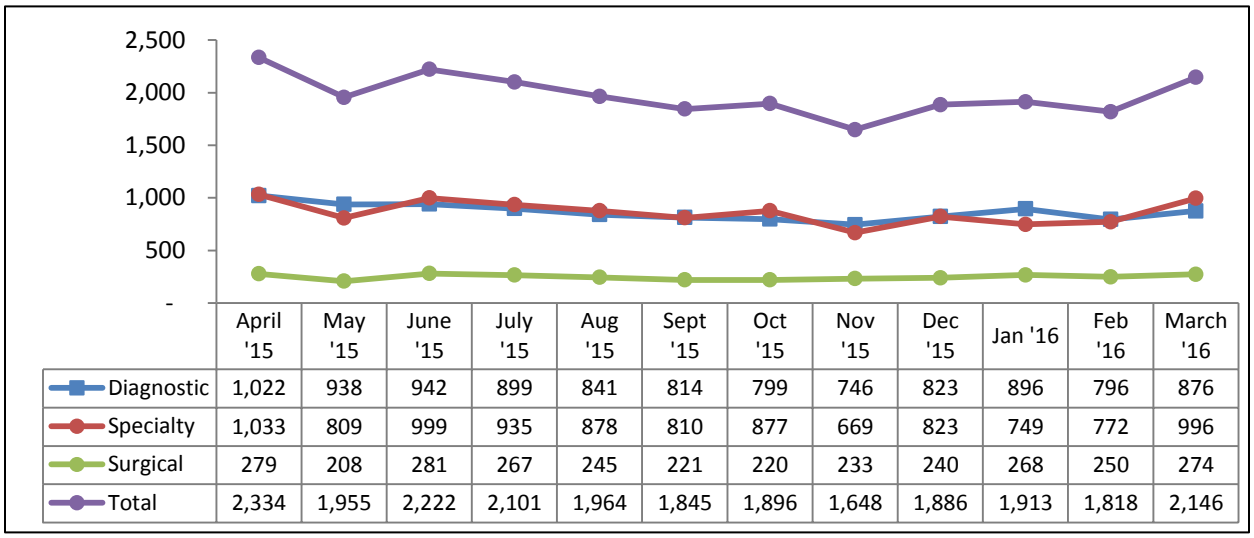
Figure 1. Call Center Actions, January – March 2016*



**Reported call center actions are based on Automated Health Systems data as of April 7, 2016.*

Access to Medical Referrals

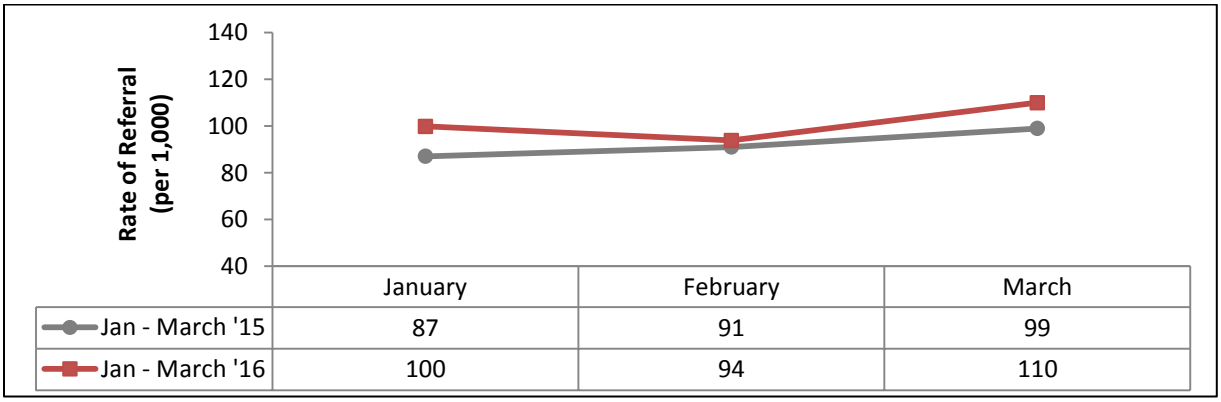
Figure 2. Medical Referrals by Type and Pilot Program Month, April 2015 – March 2016*



	April '15	May '15	June '15	July '15	Aug '15	Sept '15	Oct '15	Nov '15	Dec '15	Jan '16	Feb '16	March '16
Diagnostic	1,022	938	942	899	841	814	799	746	823	896	796	876
Specialty	1,033	809	999	935	878	810	877	669	823	749	772	996
Surgical	279	208	281	267	245	221	220	233	240	268	250	274
Total	2,334	1,955	2,222	2,101	1,964	1,845	1,896	1,648	1,886	1,913	1,818	2,146

**Reported medical referrals are based on Automated Health Systems data as of April 7, 2016.*

Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), January – March 2015 vs. January – March 2016*

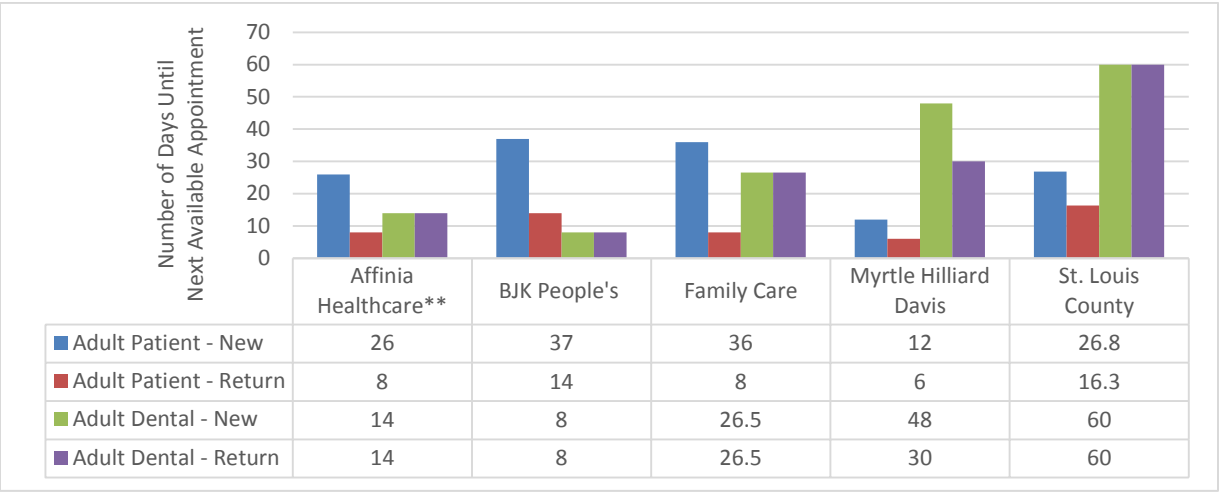


	January	February	March
Jan - March '15	87	91	99
Jan - March '16	100	94	110

**Reported rates of medical referrals are based on Automated Health Systems data as of April 7, 2016. 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 March 31, 2016*



	Affinia Healthcare**	BJK People's	Family Care	Myrtle Hilliard Davis	St. Louis County
Adult Patient - New	26	37	36	12	26.8
Adult Patient - Return	8	14	8	6	16.3
Adult Dental - New	14	8	26.5	48	60
Adult Dental - Return	14	8	26.5	30	60

**Wait times self-reported by individual health center as of March 31, 2016, and are calculated for Gateway patients only.*
***Affinia Healthcare was formerly known as Grace Hill Health Centers.*

Updates on Provider Incentive Payments:

Table 4. Summary of Provider Payments and Withholds, January – March 2016*

Providers	Provider Payments Withheld	Provider Payments Earned**
BJK People's Health Centers	$ 39,944	$ 615,813
Family Care Health Centers	$ 15,764	$ 250,121
Affinia Healthcare (formerly known as Grace Hill)	$ 94,580	$ 1,465,669
Myrtle Hilliard Davis Comprehensive Health Centers	$ 42,084	$ 661,811
St. Louis County Department of Public Health	$ 32,203	$ 498,000
Voucher Providers	$ -	$ 1,894,592
Total for All Providers	$ 224,575	$ 5,386,006

**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 April 7, 2016 for reporting period January-March 2016.*
***Amount represents payments made during the quarter, net of incentive withholds.*

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

Community health centers continue to improve in the pay-for-performance criteria measures. During the June 30, 2015 – December 31, 2015 reporting period, community health centers collectively met five of the six clinical quality measures. Myrtle Hilliard Davis Health Centers and Family Care Health Centers achieved all of the measures.

For this reporting period, the community health centers exceeded the thresholds in five of the six measures (same as prior period): 91% of patients with chronic diseases had two primary care visits (threshold 80%); 91% of patients with diabetes had their HgbA1c levels tested (threshold 85%); 66% of patients with diabetes had a HgbA1c measure of <9% (threshold 60%); 91% of hospitalized patients received follow-up within 7 days of discharge; and the referral rate for specialists was 351/1000 (threshold 680/1000). Also, 74% of patients had a primary care visit during this period (threshold of 80%).

See Attachment II for a comprehensive review of pay-for-performance results for the June – December 2015 reporting period.

Updates on Budget Neutrality Worksheets:

Please see attached worksheets (Attachment III).

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 STLRHC tracks the number of these prescriptions provided to patients. Data for the second quarter of the Demonstration Year 7 is provided below:

Table 5. Number of Insulin and Inhalers Prescriptions Filled by Health Center, January – March 2016*

Providers	Brand Name Insulin Filled	Brand Name Inhalers Filled	Total Brand Name Drugs Filled
BJK People's Health Centers	174	404	578
Family Care Health Centers	81	152	233
Affinia Healthcare (formerly known as Grace Hill)	610	913	1,523
Myrtle Hilliard Davis Comprehensive Health Centers	566	356	922
St. Louis County Department of Public Health	96	360	456
Total for All Providers	1,527	2,185	3,712

**Data based on actuarial analysis from Wakely Consulting Group as of May 3, 2016.*

The pilot program also tracks a number of quality indicators relevant to patients utilizing the 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 a HgbA1c less than or equal to 9%.

Below is baseline data for the reporting period prior to the addition of brand name insulin and inhaler coverage to the benefits package (July – December 2015). Trends for these metrics will be tracked and provided in future reports, as available.

Table 6. Percentage of Patients who met Insulin and Inhalers Metrics, July – December 2015*

Providers	Patients with Chronic Disease with 2 Office Visits within 1 year	Diabetics with HgbA1c test within 6 months	Diabetics with HgbA1c less than or equal to 9%
BJK People's Health Centers	96%	89%	67%
Family Care Health Centers	95%	100%	68%
Affinia Healthcare (formerly known as Grace Hill)	84%	95%	70%
Myrtle Hilliard Davis Comprehensive Health Centers	96%	100%	63%
St. Louis County Department of Public Health	92%	77%	61%
All Providers	**91%**	**91%**	**66%**

**Based on Pay-for-Performance data as of March 7, 2016. All providers were within Gateway to Better Health thresholds for each metric, except St. Louis County Department of Public Health for the patients with diabetes with an HgbA1c test within 6 months of the reporting period metric.*

Enclosures/Attachments:

Attachment I: Gateway Team Rosters

Attachment II: Pay-for-Performance Results

Attachment III: Updated Budget Neutrality Worksheets

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Date Submitted to CMS:
May 27th, 2016

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GATEWAY TO BETTER HEALTH

Pay-for-Performance Incentive Payment Results

Reporting Period: July – December 2015

Background

The State withholds 7% from payments made to the primary care health centers. The amount withheld is tracked on a monthly basis. Primary care health centers provided self-reported data to SLRHC within 30 days of the end of the reporting period for those patients who were enrolled for the entire reporting period. SLRHC validated the data by taking a random sample of the self-reported data and comparing it to the claims data. SLRHC has calculated the funds due to the providers based on the criteria and methodologies described in the Incentive Protocol, approved by CMS. Results for the sixth reporting period, July - December 2015, are summarized below.

Primary Care Health Center Pay-for-Performance Results

The potential incentive payment amount totaled $424,797.90 and 100% will be paid to primary care providers. The following table outlines the pay-for-performance thresholds in comparison to the actual results of each metric.

Table 1		*Actual Outcomes Achieved*					
Pay-for-Performance Criteria	**Threshold**	**GH**	**MHD**	**FC**	**BJKP**	**County**	**Total**
1 - All Patients (1 visit)	80%	70%	80%	80%	60%	95%	74%
2 - Patients with Chronic Disease (2 visits)	80%	84%	96%	95%	96%	92%	91%
3 - Patients with Diabetes HgbA1c Tested	85%	95%	100%	100%	89%	77%	91%
4 - Patients with Diabetes HgbA1c < 9%	60%	70%	63%	68%	67%	61%	66%
5 - Hospitalized Patients	50%	96%	83%	75%	87%	100%	91%

The number of metrics met by each health center for the first round of metrics is depicted by the green highlighted fields in Table 1 above. The health centers earned $361,070.35 of the initial incentive pool leaving a remaining balance of $63,727.55.

According to the Protocol, each health center is eligible for the remaining funds based on their percentage of patients enrolled provided that the specialist referral rate criteria is met. The outcome for referral rates to specialty care was compared to the thresholds and the results are summarized as follows:

Table 2		*Actual Outcomes Achieved*					
Pay-for-Performance Criteria	**Threshold**	**GH**	**MHD**	**FC**	**BJKP**	**County**	**Total**
Referral Rate to Specialists	680/1000	280	322	528	337	536	351

As noted by the green highlights in Table 2, all health centers met the performance criteria for the second round of metrics related to the rate of referrals to specialty care. The following table summarizes the incentive earnings for each health center based on the metrics that were achieved.

Table 3 - Amount Due to Each Health Center

Health Center	Incentive Pool	First Round Earnings	Second Round Earnings	Total Due to Providers
GH	$ 182,956.24	$ 146,364.99	$ 27,446.83	$ 173,811.82
MHD	$ 75,684.88	$ 75,684.88	$ 11,354.13	$ 87,039.01
FC	$ 30,475.26	$ 30,475.26	$ 4,571.85	$ 35,047.11
BJKP	$ 73,912.57	$ 59,130.06	$ 11,088.25	$ 70,218.31
County	$ 61,768.95	$ 49,415.16	$ 9,266.49	$ 58,681.65
Total	**$ 424,797.90**	**$ 361,070.35**	**$ 63,727.55**	**$ 424,797.90**

APPENDIX A: SUMMARY OF CALCULATIONS

The following process was followed to determine the payout for each of the primary care providers.

Step 1: Determine the initial pool amount.

Step 2: Determine which of the following first-tier performance metrics were achieved for each organization:

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
All Newly Enrolled Patients- Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)	80%	20%	EHR Data
Patients with Diabetes, Hypertension, CHF or COPD – Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date)	80%	20%	EHR Data
Patients with Diabetes - Have one HgbA1c test 6 months after reporting period start date	85%	20%	EHR Data
Patients with Diabetes – Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period	60%	20%	EHR Data
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%**	

Step 3: Calculate the earnings for the initial pool based on the number of first-tier metrics achieved.

Step 4: Determine the second pool amount, which is unearned amount from the initial pool.

Step 5: Calculate health center's share of available earnings based on enrollment.

Step 6: Determine which of the following second-tier performance metrics were achieved:

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
Rate of Referral to Specialist among Enrollees	680/1000	100%	Claims data

Step 7: Calculate the earnings for the second pool based on the number of second-tier metrics achieved.

Step 8: Calculate the total payment to the health center by summing the earnings from both pool.

APPENDIX B:
PRIMARY CARE TRENDING REPORT

Pay-for-Performance Criteria	Threshold	Grace Hill							Myrtle							Family Care						
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15
TIER 1 OUTCOMES																						
1 – New patients (1 visit)	80%	68%	52%	75%	67%	65%	74%	70%	56%	58%	86%	71%	75%	83%	80%	70%	73%	74%	80%	81%	78%	80%
2 - Patients with chronic diseases (2 visits)	80%	73%	81%	80%	83%	80%	86%	84%	82%	87%	95%	87%	92%	94%	96%	75%	18%	14%	89%	96%	85%	95%
3 - Patients with diabetes HgbA1c tested	85%	62%	91%	88%	87%	91%	92%	95%	67%	78%	72%	48%	91%	86%	100%	68%	70%	81%	100%	100%	89%	100%
4 - Patients with diabetes HgbA1c <9%	60%	61%	60%	61%	60%	61%	60%	70%	50%	48%	50%	58%	77%	47%	63%	54%	53%	64%	75%	71%	68%	68%
5 - Hospitalized Patients	50%	100%	83%	71%	87%	83%	85%	96%	100%	59%	37%	73%	88%	64%	83%	100%	100%	38%	64%	50%	67%	75%
TIER 2 OUTCOMES																						
1 - Emergency Department Utilization	28/1000	34	13	12	N/A	N/A	N/A	N/A	28	10	27	N/A	N/A	N/A	N/A	12	11	20	N/A	N/A	N/A	N/A
2 - Referral Rate to Specialists	680/1000	447	427	315	277	272	280	281	454	353	309	345	287	322	272	656	647	567	599	518	528	521

Pay-for-Performance Criteria	Threshold	BJK People's							St. Louis County							Total						
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15
TIER 1 OUTCOMES																						
1 – New patients (1 visit)	80%	75%	61%	80%	72%	80%	58%	60%	69%	75%	77%	87%	88%	89%	95%	65%	62%	79%	72%	74%	74%	74%
2 - Patients with chronic diseases (2 visits)	80%	50%	68%	81%	92%	82%	90%	96%	89%	95%	82%	92%	97%	97%	92%	74%	73%	77%	86%	86%	90%	91%
3 - Patients with diabetes HgbA1c tested	85%	71%	57%	85%	89%	81%	90%	89%	71%	83%	85%	89%	92%	89%	77%	66%	77%	83%	80%	90%	90%	91%
4 - Patients with diabetes HgbA1c <9%	60%	46%	37%	55%	56%	62%	61%	67%	39%	64%	63%	68%	80%	65%	61%	54%	53%	59%	63%	68%	60%	66%
5 - Hospitalized Patients	50%	100%	77%	28%	67%	62%	60%	87%	100%	100%	52%	83%	65%	80%	100%	100%	78%	54%	81%	78%	78%	91%
TIER 2 OUTCOMES																						
1 - Emergency Department Utilization	28/1000	24	16	17	N/A	N/A	N/A	N/A	9	7	14	N/A	N/A	N/A	N/A	26	12	12	N/A	N/A	N/A	N/A
2 - Referral Rate to Specialists	680/1000	598	440	363	425	346	337	348	547	510	487	484	506	536	559	496	443	365	363	338	351	349

Note: The threshold for emergency room (ER) utilization for the July 2012 through June 2013 was 36 per 1000. As of January 1, 2014, Gateway to Better Health no longer funded any portion of ER visits and thus no longer captured data for ER utilization.