

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

Demonstration Year: 8 (January 1, 2017 – March 31, 2017)
Federal Fiscal Quarter: 2/2017 (January 1, 2017 – March 31, 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 second quarter of Demonstration Year 8 (January 1, 2017- March 31, 2017).

Enrollment Information:

As of March 31, 2017, 16,546 unique individuals were enrolled in the Gateway to Better Health. The Gateway enrollment cap is set at 21,423, which leaves room for approximately 4,877 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 2017	Enrollment Months January – March 2017
BJK People’s Health Centers	2,781	8,648
Family Care Health Centers	1,287	3,959
Affinia Healthcare (formerly known as Grace Hill)	7,026	21,209
Myrtle Hilliard Davis Comprehensive Health Centers	3,178	9,628
St. Louis County Department of Public Health	2,274	6,871
Total for All Health Centers	16,546	50,315

**Enrollment numbers are based on MO HealthNet enrollment data as of April 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, 883 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 specific sites.

One member orientation was held during the second quarter (January – March 2017) at Family Care Health Centers on March 27, 2017. Participants from that session were asked to evaluate the effectiveness of the orientation session at its conclusion. As a result of the member orientation, 82% of participants felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 86% of participants felt very confident or somewhat confident that they can navigate receiving health care services at their health center, and 92% 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	January 3, 2017
Gateway to Better Health Operations Team Meeting	January 12, 2017
Community Advisory Board Meeting	January 17, 2017
Commission Monthly Board Meeting	January 18, 2017
Gateway to Better Health Pilot Program Planning Team	January 25, 2017
Provider Services Advisory Board Meeting	February 7, 2017
Gateway to Better Health Finance Subcommittee Meeting	February 14, 2017
Commission Monthly Board Meeting	February 15, 2017
Community Advisory Board Meeting	February 21, 2017
Provider Services Advisory Board Meeting	March 7, 2017
Commission Monthly Board Meeting	March 15, 2017
Community Advisory Board Meeting	March 21, 2017

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted 744 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 200 members each month during this quarter.

Operational/Policy Development/Issues:

As of January 1, 2017, Myrtle Hilliard Davis has contracted with Affinia Healthcare to provide urgent care services for their patients. SSM Urgent Care continues to provide urgent care services for Family Care, BJK People's, and St. Louis County Department of Public Health patients.

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 2017, the call center answered 4,451 calls, averaging approximately 72 calls per day. Of calls answered during this time, 26 (<1%) resulted in a consumer complaint. The 26 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, January 1, 2017 – March 31, 2017*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	12	<p>Patients (3) reported difficulty scheduling a new patient appointment. The patients were scheduled for a new patient appointment within two weeks.</p> <p>Patients (2) reported difficulty scheduling follow-up appointment after emergency department visit. Health center staff followed up with patient to schedule an appointment.</p> <p>Patient (2) reported difficulty obtaining a prescription. RHC staff reached out to the health center to assist with obtaining the patient’s prescription.</p> <p>Patient (1) reported difficulty scheduling an appointment. The patient was contacted and the appointment was scheduled.</p> <p>Patient (1) reported difficulty obtaining podiatry services through the health center. The patient was scheduled for an appointment for podiatry services.</p> <p>Patient (1) reported difficulty obtaining a specialty care referral. A referral was obtained for the patient.</p> <p>Patient (1) reported difficulty obtaining a referral. The patient was ineligible for Gateway coverage at the time of the complaint. RHC staff worked with the health center to coordinate the patient’s care as a self-pay patient.</p> <p>Patient (1) reported difficulty being seen for dental services. The health center made arrangements for the patient to be seen at their dental urgent</p>

Transportation	9	<p>Patients (3) reported transportation did not show for a scheduled pick-up. LogistiCare contacted the patients and extended an apology and/or the patient's address was updated and a new trip was set.</p> <p>Patients (2) reported not being picked up for an appointment because transportation was not scheduled by the health center. The health center had no record of the patients requesting transportation. A new appointment was scheduled along with transportation.</p> <p>Patient (1) reported being denied transportation for a scheduled appointment. LogistiCare contacted the patient and extended an apology. The trip was reinstated.</p> <p>Patient (1) reported dissatisfaction with the transportation provider. LogistiCare contacted the patient and extended an apology. The patient was given contact information for future transportation issues.</p> <p>Patient (1) reported difficulty scheduling transportation through the health center. The referral office at the health center followed up with the patient and scheduled transportation for future appointments.</p> <p>Patient (1) reported transportation appointment was scheduled for the incorrect time by the health center. The health center corrected an error in the scheduling process. Transportation was scheduled for future appointments.</p>
Copay	3	<p>Patients (2) reported being quoted a copay that was not consistent with Gateway copay standards. The healthcare site was educated on the Gateway copay scale and the patient was issued a refund.</p> <p>Patient (1) reported difficulty getting reimbursed for a prescription. The pharmacy director spoke with the patient and issued a refund to the patient.</p>
Member Services	2	<p>Patient (1) reported difficulty obtaining diagnostic results. The health center put in an urgent request and the results were received within the same day.</p> <p>Patient (1) reported difficulty obtaining medical records. The health center provided the requested medical records.</p>

**Reported consumer complaints are based on Automated Health Systems data as of April 5 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 next patient and provider satisfaction evaluation will be conducted in September 2017 for the May - July 2017 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. Recently available outcomes for these measures are detailed in the sections below:

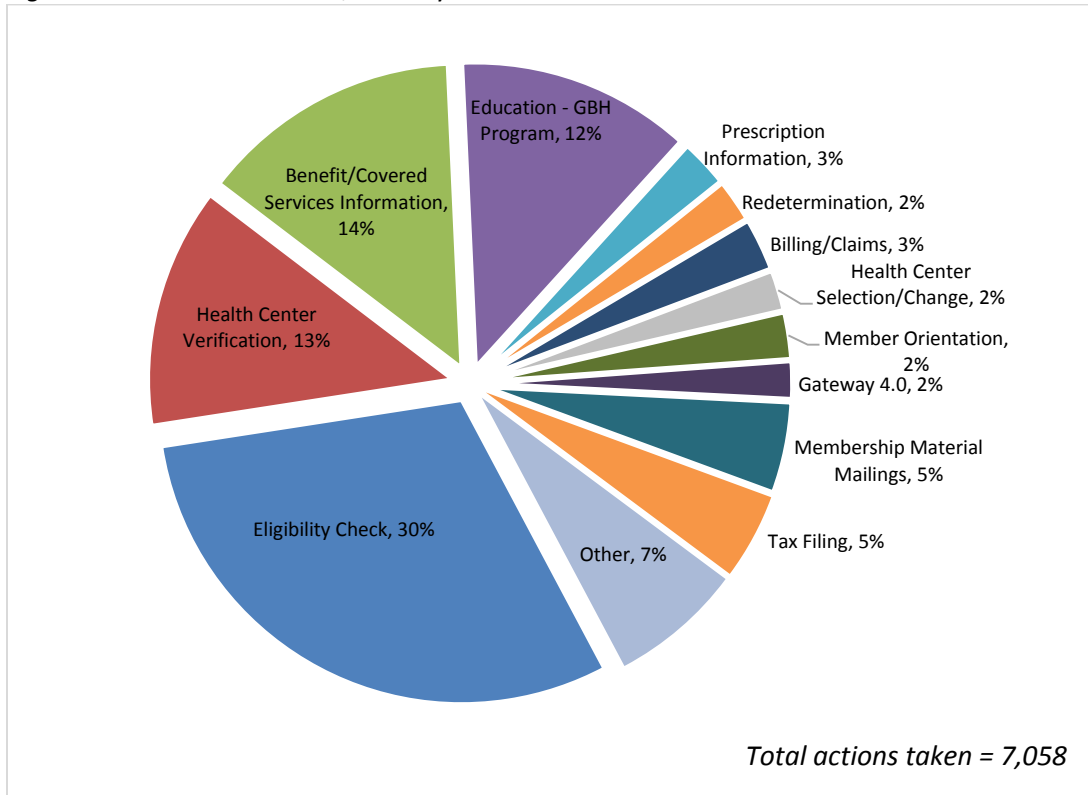
Call Center Performance

Table 3. Call Center Performance, January – March 2017

Performance Measure	Outcome
Calls received	4,451
Calls answered	4,271
Abandonment rate	4.08%
Average answer speed (<i>seconds</i>)	32
Average length of time per call (<i>minutes: seconds</i>)	4:05

**Call center performance metrics are based on Automated Health Systems data as of April 5, 2017.*

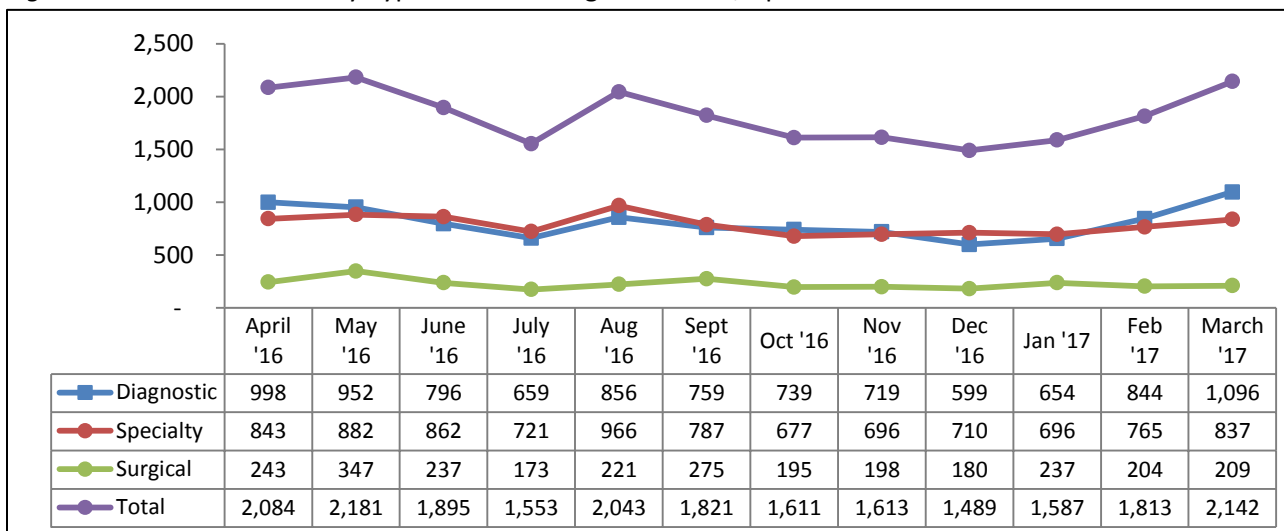
Figure 1. Call Center Actions, January – March 2017



*Reported call center actions are based on Automated Health Systems data as of April 5, 2017.

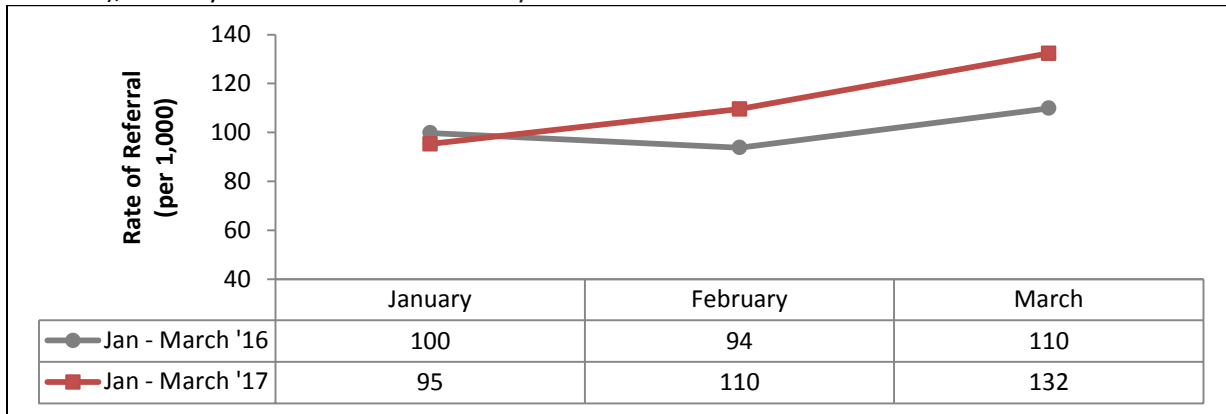
Access to Medical Referrals

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



*Reported medical referrals are based on Automated Health Systems data as of April 5, 2017.

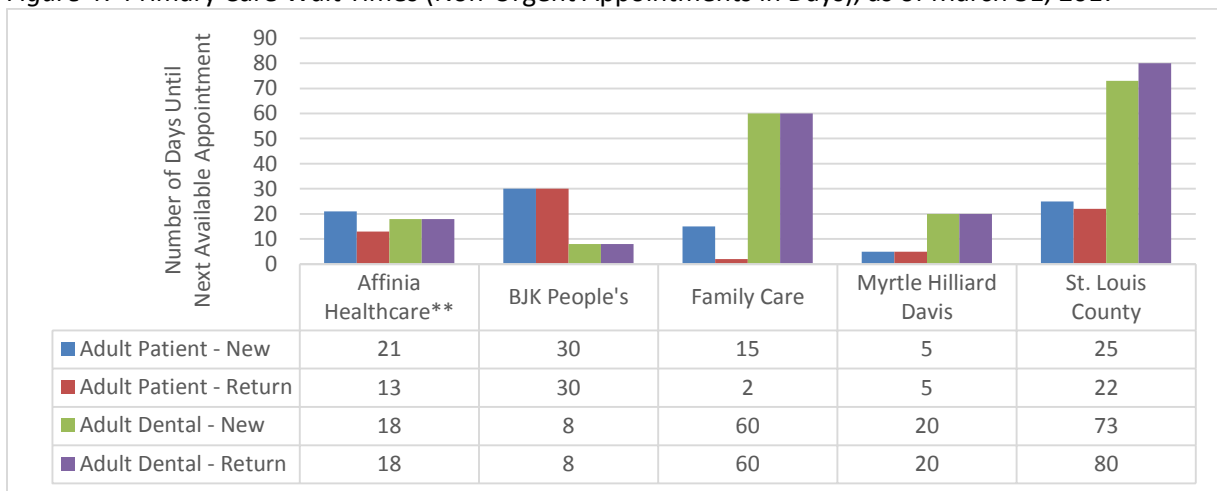
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), January – March 2016 vs. January – March 2017*



*Reported rates of medical referrals are based on Automated Health Systems data as of April 5, 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 March 31, 2017*



*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 Center.

Updates on Provider Incentive Payments:

*Table 4. Summary of Provider Payments and Withholds, January – March 2017**

Providers	Provider Payments Withheld	Provider Payments Earned**
BJK People’s Health Centers	\$37,165	\$574,027
Myrtle Hilliard Davis Comprehensive Health Centers	\$41,367	\$610,388
Affinia Health Centers	\$92,280	\$1,559,073
Family Care Health Centers	\$17,379	\$297,877
St. Louis County Department of Public Health	\$30,002	\$505,599
Voucher Providers	-	\$1,095,298
Total for All Providers	\$218,192	\$4,642,262

**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 6, 2017 for reporting period January - March 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

Community health centers continue to improve in the pay-for-performance criteria measures. During the July 2016 – December 2016 reporting period, community health centers collectively met five of the six clinical quality measures. 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): 86% of patients with chronic diseases had two primary care visits (threshold 80%); 94% of patients with diabetes had their HgbA1c drawn within 6 months (threshold 85%); 65% of patients with diabetes had a HgbA1c measure <9% (threshold 60%); 71% of hospitalized patients received follow-up within 7 days of discharge; and the referral rate for specialists was

346/1000 (threshold 680/1000). Also, 68% of patients had a primary care visit during this period, with a threshold of 80%.

Pay for performance results remain largely similar to those reported in the previous period (January – June 2016), with some minor declines seen across all metrics, except patients with diabetes who had one HgbA1c test within six months. This metric improved by 7% from prior quarter.

See Attachment II for a comprehensive review of pay-for-performance results for the July – December 2016 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 SLRHC tracks the number of these prescriptions provided to patients. Data for the second quarter of the Demonstration Year 8 is provided below:

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

Providers	Brand Name Insulin Filled	Brand Name Inhalers Filled	Total Brand Name Drugs Filled
BJK People’s Health Centers	247	99	346
Family Care Health Centers	143	183	326
Affinia Healthcare (formerly known as Grace Hill)	906	961	1,867
Myrtle Hilliard Davis Comprehensive Health Centers	429	338	767
St. Louis County Department of Public Health	56	133	189
Total for All Providers	1,781	1,714	3,495

**Data provided represents information sourced as of April 18, 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 2015) 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	January – June	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: Pay-for-Performance
- Attachment III: Updated Budget Neutrality Worksheet

State Contact(s):

Mr. Tony Brite
 MO HealthNet Division
 P.O. Box 6500
 Jefferson City, MO
 65102 573/751-1092

Date Submitted to CMS

May 30, 2017



**Pilot Program Planning Team
Roster**

James Crane, MD (Chair)
Associate Vice Chancellor for Clinical Affairs, *Washington University School of Medicine*

Kate Becker
President, *SSM St. Mary's Health Center and SSM Cardinal Glennon Children's Hospital*

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

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

Alan Freeman
CEO, *Affinia Healthcare (formerly Grace Hill Health Centers)*

Suzanne LeLaurin, LCSW
Senior Vice-President for Individuals and Families, *International Institute of St. Louis*

Jay Ludlam
Acting Director, *MO HealthNet Division, Department of Social Services, State of Missouri*

Joe Yancey
Executive Director, *Community Alternatives*

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

Angela Clabon
Chief Executive Officer, *Myrtle Hilliard Davis Comprehensive Health Centers*



Pilot Team Operations Subcommittee

Suzanne Lelaurin, LCSW (Chair)
Senior Vice President for Programs, *International
Institute St. Louis*

Antoinette (Tonie) Briguglio-Mays
Program Development Specialist, *Family Support
Division*

Yvonne Buhlinger
Vice President, Development and Community
Relations, *Affinia Healthcare*

Deneen Busby
Director of Operations, *Myrtle Hilliard Davis
Health Centers*

Peggy Clemens
Practice Manager, *Mercy Clinic Digestive Diseases*

Kitty Famous
Manager, CH Orthopedic & Spine Surgeons, *BJC
Medical Group*

Cindy Fears
Director, Patient Financial Services, *Affinia
Healthcare*

Debbie Haasis
Nursing Supervisor, *South County Health Center*

Amy Yost-Hansel
Director of Managed Care Contracting, *SLUCare*

Linda Hickey
Practice Manager, *Mercy Clinic Heart & Vascular*

Andrew Johnson
Senior Director, A/R Management, *Washington
University School of Medicine*

Lynn Kersting
Chief Operating Officer, *Family Care Health*

Centers

Danielle Landers
Community Referral Coordinator, *St. Louis
Integrated Health Network*

Joan McGinnis
Director of Education, *St. Louis Diabetes Coalition*

Antonie Mitrev
Director of Operations, *Family Care Health Centers*

Harold Mueller
Director, Planning and Development, *Barnes-
Jewish Hospital*

Samantha Neal
Nursing Supervisor, *John C. Murphy Health Center*

Dr. James Paine
Chief Operating Officer, *Myrtle Hilliard Davis
Health Centers*

Jacqueline Randolph
Director, Ambulatory Services, *BJH Center for
Outpatient Health*

Renee Riley
Managed Care Operations Manager, *MO
HealthNet Division (MHD)*

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



**Pilot Team Finance Subcommittee
Roster**

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

Mark Barry/Denise Lewis-Wilson
Fiscal Director/Patient Accounts Manager
St. Louis County Department of Health

Andrew Johnson
Senior Director, A/R Management-PBS
Washington University School of Medicine

Dennis Kruse
Chief Financial Officer,
Family Care Health Centers

Connie Sutter
Senior Auditor,
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 (formerly Grace Hill Health Centers)

GATEWAY TO BETTER HEALTH

Pay-for-Performance Incentive Payment Results

Reporting Period: July - December 2016

Background

The State withholds 7% from payments made to the primary care health centers (PCHC). To calculate the pay-for-performance incentive payments, the St. Louis Regional Health Commission (SLRHC) monitored the PCHC performance against the pay-for-performance metrics outlined in the Incentive Payment Protocol (Protocol). According to the protocol, pay-for-performance incentive payments will be paid out at six-month intervals of the Pilot Program based on performance during the reporting period. PCHC 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 Protocol. The results are summarized below.

Primary Care Health Center Pay-for-Performance Results

The following table outlines the pay-for-performance thresholds in comparison to the actual results of each metric for the PCHC.

Pay-for-Performance Criteria	Threshold	Actual Outcomes Achieved					
		AH	MHD	FC	BJKP	County	Total
1 - All Patients (1 visit)	80%	72%	53%	85%	62%	81%	68%
2 - Patients with Chronic Disease (2 visits)	80%	86%	83%	96%	86%	86%	86%
3 - Patients with Diabetes HgbA1c Tested	85%	97%	93%	90%	97%	87%	94%
4 - Patients with Diabetes HgbA1c < 9%	60%	68%	57%	95%	60%	40%	65%
5 - Hospitalized Patients	50%	75%	44%	100%	70%	100%	71%

The number of metrics met by each PCHC is depicted by the green highlighted fields in the table above. The following table summarizes the incentive earnings for each PCHC based on the metrics achieved.

Table 2

Description		AH	MHD	FC	BJKP	County
Number of Criteria Met	<i>a</i>	4	2	5	4	4
Criteria Weight	<i>b</i>	20%	20%	20%	20%	20%
Incentive Pool Percentage Earned	<i>c = a x b</i>	80%	40%	100%	80%	80%
Incentive Amount Withheld	<i>d</i>	\$ 171,260.05	\$ 77,731.69	\$ 30,077.21	\$ 68,011.49	\$ 56,657.57
Incentive Amount Earned	<i>e = c x d</i>	\$ 137,008.04	\$ 31,092.68	\$ 30,077.21	\$ 54,409.19	\$ 45,326.06
Remaining Balance in PCHC Pool	<i>f = d - e</i>	\$ 34,252.01	\$ 46,639.01	\$ -	\$ 13,602.30	\$ 11,331.51

The PCHC earned \$297,913.18 of the PCHC Incentive Pool (PIP) valued at \$403,738.01, leaving a remaining balance of \$105,824.83 in the PIP. According to the Protocol, each PCHC is eligible for the remaining funds based on the percentage of patients enrolled at the PCHC provided that the specialist referral rate criteria is met. The following tables illustrate how the remaining PIP was allocated to each PCHC.

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

	7% Withheld	Earned	STEP 1	
			Remaining (Unearned)	
AH	\$ 171,260.05	\$ 137,008.04	\$ 34,252.01	
MHD	\$ 77,731.69	\$ 31,092.68	\$ 46,639.01	
FC	\$ 30,077.21	\$ 30,077.21	\$ -	
BJKP	\$ 68,011.49	\$ 54,409.19	\$ 13,602.30	
County	\$ 56,657.57	\$ 45,326.06	\$ 11,331.51	
Total	\$ 403,738.01	\$ 297,913.18	\$ 105,824.83	Remaining Primary Care

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

	STEP 2		STEP 3	
	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
AH	\$ 2,446,572.14	43,932	42%	\$ 44,889.42
MHD	\$ 1,110,452.71	19,940	19%	\$ 20,374.46
FC	\$ 429,674.43	7,715	7%	\$ 7,883.62
BJKP	\$ 971,592.71	17,446	17%	\$ 17,826.67
County	\$ 809,393.86	14,534	14%	\$ 14,850.66
Total	\$ 5,767,685.86	103,568	100%	\$ 105,824.83

Each PCHC outcome for referral rate to specialty care was compared to the thresholds established by the actuary. The results are summarized as follows:

Table 2C Pay-for-Performance Criteria	Threshold	Actual Outcomes Achieved					
		AH	MHD	FC	BJKP	County	Total
Referral Rate to Specialists	680/1000	316	233	497	360	501	346

All of the PCHC met pay-for-performance criteria for rate of referrals to specialty care as indicated by the green highlights above. Therefore, each PCHC has earned 100% of its proportionate share of the remaining PIP as calculated in the following tables.

Table 2D - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC given that the specialty referral metric was met.

Step 4

	PCHC Proportionate Share	IPW	RPCIFP
AH	\$ 44,889.42	100%	\$ 44,889.42
MHD	\$ 20,374.46	100%	\$ 20,374.46
FC	\$ 7,883.62	100%	\$ 7,883.62
BJKP	\$ 17,826.67	100%	\$ 17,826.67
County	\$ 14,850.66	100%	\$ 14,850.66
Total	\$105,824.83		\$ 105,824.83

The total amount due to each PCHC for the July through December 2016 reporting period is summarized as follows:

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

	7% Withheld	Earned	RPCIFP	Total Due to Providers	State/Fed Portion	Local Portion
AH	\$ 171,260.05	\$ 137,008.04	\$ 44,889.42	\$ 181,897.46	147,482.46	34,415.00
MHD	\$ 77,731.69	\$ 31,092.68	\$ 20,374.46	\$ 51,467.14	41,729.56	9,737.58
FC	\$ 30,077.21	\$ 30,077.21	\$ 7,883.62	\$ 37,960.83	30,778.64	7,182.19
BJKP	\$ 68,011.49	\$ 54,409.19	\$ 17,826.67	\$ 72,235.86	58,568.84	13,667.02
County	\$ 56,657.57	\$ 45,326.06	\$ 14,850.66	\$ 60,176.72	48,791.28	11,385.44
Total	\$ 403,738.01	\$ 297,913.18	\$ 105,824.83	\$ 403,738.01	327,350.78	76,387.23

Conclusion

The pay-for-performance metrics were evaluated and payments to PCHC were calculated based on the methodology described in the Protocol. Per the Protocol, the incentive payments summarized in Table 2E will be issued to the health centers no later than March 31, 2017. All of the incentive funds will be paid to the health centers and none will be redirected for administrative or infrastructure payments.