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

Demonstration Year: 10 (October 1, 2018 – September 30, 2019)
Federal Fiscal Quarter: 2/2019 (January 1, 2019 – March 31, 2019)

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 population maintained access to primary and specialty care. CMS approved one-year extensions 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; and

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 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 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 10 (January 1, 2019 – March 31, 2019).

Enrollment Information:

As of April 1, 2019, 13,442 unique individuals were enrolled in Gateway to Better Health. The Gateway enrollment cap is set at 16,000, which leaves room for approximately 2,558 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	Unique Individuals Enrolled as of April 1, 2019	Enrollment Months January – March 2019
BJK People's Health Centers	2,239	7,046
Family Care Health Centers	1,312	4,095
Affinia Healthcare	5,568	17,615
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	2,547	7,947
St. Louis County Dept. of Health	1,776	5,603
Total	**13,442**	**42,306**

**Enrollment numbers are based on MO HealthNet enrollment data as of April 1, 2019*

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 1,495 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 second quarter (January – March 2019) are listed below:

Organization	Session Date
Affinia Healthcare	January 16, 2019
Affinia Healthcare	January 16, 2019
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	February 14, 2019
Family Care Health Centers	March 15, 2019

Four member orientations were held during the second quarter (January – March 2019), two at Affinia Healthcare, one at CareSTL Health, and one at Family Care Health Centers. 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, 95% of respondents felt very confident or somewhat confident that they can navigate receiving health care services at their health center, and 100% 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 second quarter are listed below:

Team	Meeting Date
Community Advisory Board Meeting	January 15, 2019
RHC Commission Meeting	January 16, 2019
Gateway Operations Team Meeting	January 25, 2019
Provider Services Advisory Board	February 5, 2019
Community Advisory Board Meeting	February 19, 2019
Gateway Pilot Team Meeting	February 19, 2019
RHC Commission Meeting	February 20, 2019
Provider Services Advisory Board	March 5, 2019
Community Advisory Board Meeting	March 19, 2019
RHC Commission Meeting	March 20, 2019

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted 819 applications on average each month during the quarter. Through additional enrollment enhancement efforts by the RHC team to streamline the eligibility review process for Gateway members and other factors, the program experienced a net gain of 137 members across 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 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 2019, the call center answered 3,743 calls, averaging approximately 61 calls per day. Of calls answered during this time, 13 (<1%) resulted in a consumer complaint. The 13 consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter were related to member services. The type and number of complaints received during this period of time are outlined below:

Table 2. Summary of Consumer Complaints, January 1, 2019 – March 31, 2019*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Member Services	6	Patient (1) contended suspension due to missed appointments. The appointment system was updated to allow future scheduling of appointments. Patient (1) reported dissatisfaction with quality of care provided by the health center. Patient was contacted by the Clinic Administrator and was offered a same day appointment. Patient (1) reported dissatisfaction with dental services received at the health center. The Dental Administrator reached out and scheduled a timely appointment for the patient. Patient (1) reported difficulty scheduling an appointment at their desired clinic location due to appointment unavailability. Patient was advised to keep the scheduled, timely appointment at their original clinic location. Patient (1) reported difficulty scheduling a post ER appointment, patient was assisted in scheduling a timely appointment. Patient (1) reported dissatisfaction with treatment received at the health center. A specialty care referral was made on behalf of the patient.
Access to Care	3	Patient (1) reported difficulty getting prescriptions filled. An appointment was scheduled for patient to reestablish care and discuss medication needs. Patients (2) reported difficulty getting prescriptions filled. In both cases, medications were re-prescribed and patients connected to refills.
Transportation	4	Patient (1) reported dissatisfaction with transportation services. LogistiCare offered an apology and added a provider exemption to the patient's file. The next transportation appointment was also confirmed for the patient. Patient (1) reported a transportation service no-show up for a scheduled pick-up. LogistiCare extended an apology to the patient and added a provider exemption to the patient's file. Patient (1) was refused transportation services due to a LogistCare error in understanding of GBH transportation guidelines. LogistiCare provided staff re-education for their team. Patient (1) reported difficulty scheduling transportation for an appointment. The appointment was rescheduled for the patient.

**Reported consumer complaints are based on Automated Health Systems data as of April 5, 2019.*

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 next patient and provider satisfaction evaluation will be conducted in the spring and summer of 2019. Results will be provided in the Annual Report.

In addition, the State and SLRHC continually monitor 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:

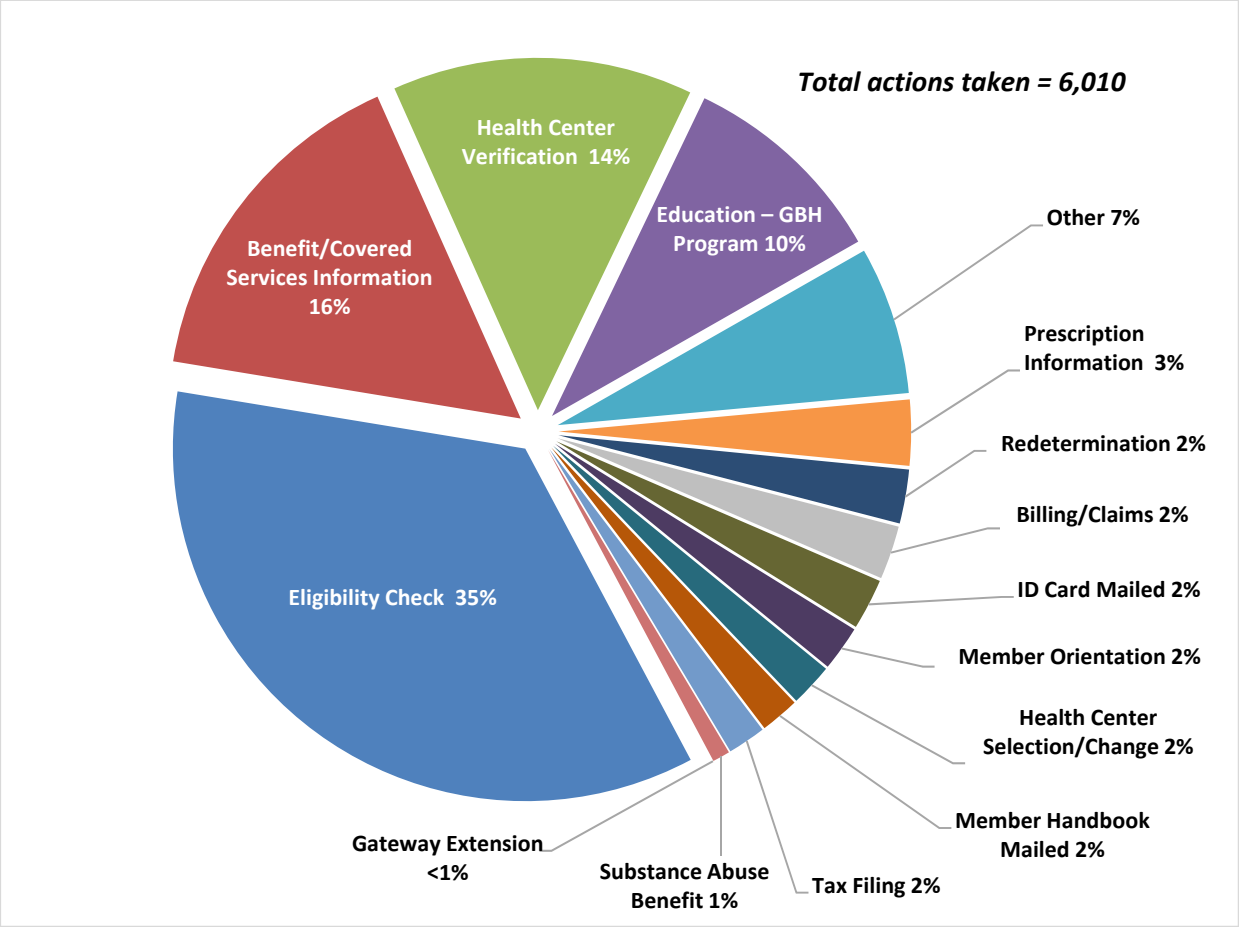
Call Center Performance

Table 3. Call Center Performance, January – March 2019

Performance Measure	**Outcome**
Calls received	3743
Calls answered	3608
Average abandonment rate	3.65
Average answer speed (*seconds*)	30
Average length of time per call (*minutes: seconds*)	3:35

**Call center performance metrics are based on Automated Health Systems data as of April 5, 2019.*

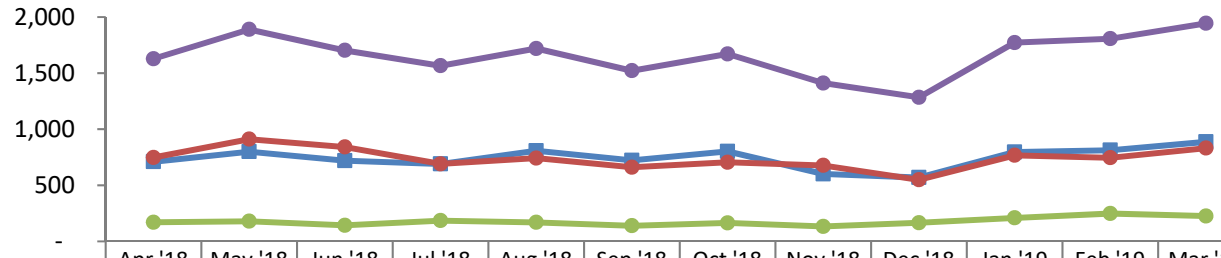
Figure 1. Call Center Actions, January – March 2019



**Reported call center actions are based on Automated Health Systems data as of April 5, 2019.*

Access to Medical Referrals

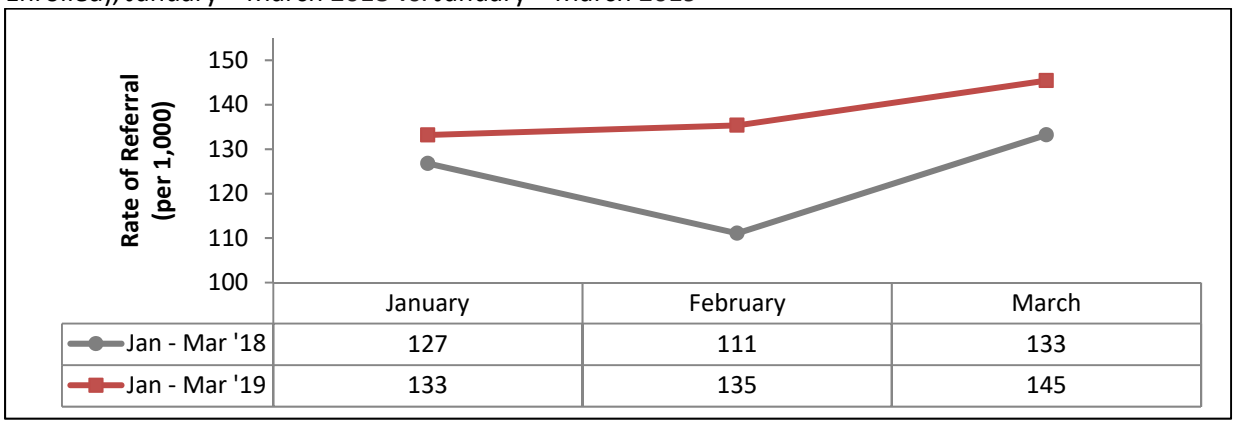
Figure 2. Medical Referrals by Type and Pilot Program Month, April 2018 – March 2019*



	Apr '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19
Diagnostic	710	800	719	690	808	722	802	601	569	796	813	887
Specialty	748	911	841	691	742	661	705	677	549	767	746	831
Surgical	170	179	143	185	169	139	164	133	166	209	248	226
Total	1,628	1,890	1,703	1,566	1,719	1,522	1,671	1,411	1,284	1,772	1,807	1,944

**Reported call center actions are based on Automated Health Systems data as of April 5, 2019.*

Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), January – March 2018 vs. January – March 2019*

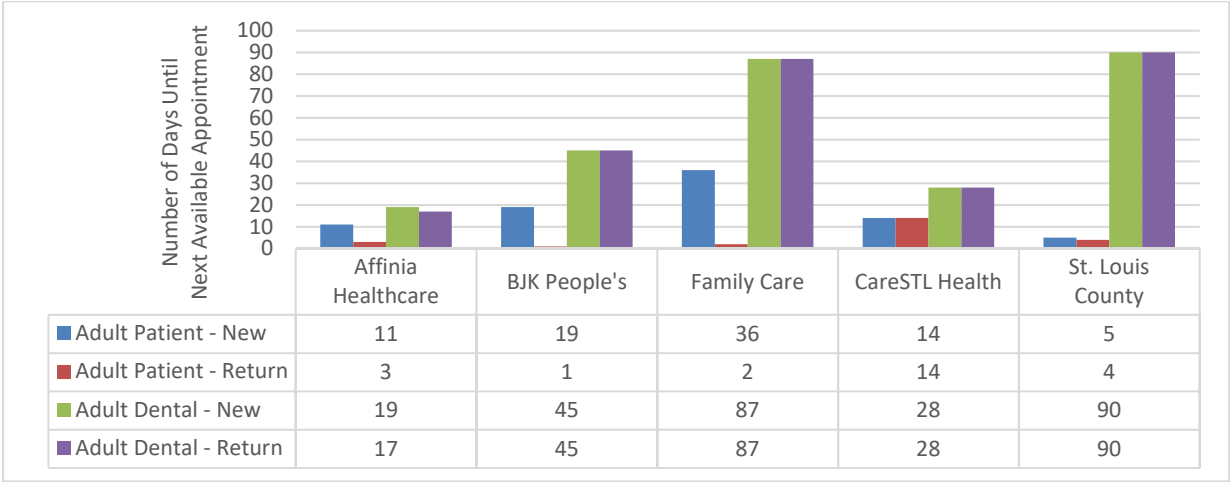


	January	February	March
Jan - Mar '18	127	111	133
Jan - Mar '19	133	135	145

**Reported rates of medical referrals are based on Automated Health Systems data as of April 5, 2019. 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, 2019*



	Affinia Healthcare	BJK People's	Family Care	CareSTL Health	St. Louis County
Adult Patient - New	11	19	36	14	5
Adult Patient - Return	3	1	2	14	4
Adult Dental - New	19	45	87	28	90
Adult Dental - Return	17	45	87	28	90

**Wait times self-reported by individual health center as of March 31, 2019, and are calculated for Gateway patients only.*

Updates on Provider Incentive Payments:

*Table 4. Summary of Provider Payments and Withholds, January – March 2019**

Providers	Provider Payments Withheld	Provider Payments Earned**
Affinia Health Centers	$ 79,489.89	$ 1,245,935.20
BJK People's Health Centers	$ 31,437.43	$ 493,381.13
Family Care Health Centers	$ 18,206.04	$ 284,343.96
Myrtle Hilliard Davis Comprehensive Health Centers	$ 35,186.90	$ 554,967.05
St. Louis County Department of Public Health	$ 25,085.39	$ 393,620.85
Voucher Providers	N/A	$ 1,964,185.82
Total for All Providers	**$ 189,405.65**	**$ 4,936,434.01**

**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 March 8, 2019 for reporting period January – March 2019.*

***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
- January 1, 2019 – June 30, 2019
- July 1, 2019 – December 31, 2019
- January 1, 2020 – June 30, 2020
- July 1, 2020 – December 31, 2020
- January 1, 2021 – June 30, 2021
- July 1, 2021 – December 31, 2021
- January 1, 2022 – June 30, 2022
- July 1, 2022 – December 31, 2022

Community health centers continue to improve in the pay-for-performance criteria measures. During the July 2018 – December 2018 reporting period, community health centers each individually, and also collectively, exceeded the thresholds in five of the six measures: 89% of patients with chronic diabetes had two primary care visits (threshold 80%); 97% of patients with diabetes had their HgbA1C drawn within 6 months (threshold 85%); 69% of patients with diabetes had a HgbA1c measure <9% (threshold 60%); 82% of hospitalized patients received follow-up within 7 days of discharge (threshold 50%); and the referral rate for specialists was 372/1000 (threshold 680/1000). Finally, 72% of patients had a primary care visit during this period, with a threshold of 80%.

Pay-for-performance results either increased or remained comparatively similar to those reported in the previous period (January 2018 – June 2018). The largest increases were seen in the percentage of hospitalized patients receiving follow-up within 7 days of discharge and the percentage of patients with diabetes who had an HgbA1c measure <9%. These metrics improved by 14% and 6%, respectively, from the prior quarter.

See Attachment II for a comprehensive review of pay-for-performance results for the July 2018 – December 2018 reporting period.

Updates on Budget Neutrality Worksheets:

Please see attached worksheets (Attachment III)

Evaluation Activities and Interim Findings:

In August of 2018, the SLRHC submitted a revised evaluation design to CMS in anticipation of the approval of a new substance use disorder benefit for Gateway to Better Health members. This amendment was approved by CMS and services became accessible to Gateway patients as of February 1, 2019. Metrics evaluating this initiative will be outlined in future reports as Gateway to Better Health members begin to utilize these additional services. More information on the substance use benefit will be provided as the data becomes available.

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)	Ongoing
12/30/2018	Submit Draft Annual Report for DY9 (October 2017 – September 2018)	Section IX (#34/#35)	12/30/2018
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: Pay for Performance Results
Attachment III: Updated Budget Neutrality Worksheet

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Submitted to CMS by May 30, 2019

Pilot Program Planning Team
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Betty Jean Kerr People's Health Centers

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Places for People

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SLUCare

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Dr. James Paine
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CareSTL Health

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BJH Center for Outpatient Health

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Betty Jean Kerr People's Health Centers

Jody Wilkins
Nursing Supervisor
South County Health Center

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Affinia Healthcare

Thomas Vu
Chief Financial Officer
CareSTL Health

GATEWAY TO BETTER HEALTH

Pay-for-Performance Incentive Payment Results

Reporting Period: July - December 2018

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 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.

Table 1

Pay-for-Performance Criteria	Threshold	*Actual Outcomes Achieved*					
		AH	MHD	FC	BJKP	County	Total
1 - All Patients (1 visit)	80%	71%	62%	79%	79%	78%	72%
2 - Patients with Chronic Disease (2 visits)	80%	84%	98%	92%	90%	92%	89%
3 - Patients with Diabetes HgbA1c Tested	85%	96%	100%	95%	96%	97%	97%
4 - Patients with Diabetes HgbA1c < 9%	60%	63%	79%	74%	76%	68%	69%
5 - Hospitalized Patients	50%	100%	78%	60%	80%	65%	82%

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	*a*	4	4	4	4	4
Criteria Weight	*b*	20%	20%	20%	20%	20%
Incentive Pool Percentage Earned	*c = a x b*	80%	80%	80%	80%	80%
Incentive Amount Withheld	*d*	$ 161,695.82	$ 75,072.03	$ 36,487.88	$ 64,543.95	$ 51,478.36
Incentive Amount Earned	*e = c x d*	$ 129,356.66	$ 60,057.62	$ 29,190.30	$ 51,635.16	$ 41,182.69
Remaining Balance in PCHC Pool	*f = d - e*	$ 32,339.16	$ 15,014.41	$ 7,297.58	$ 12,908.79	$ 10,295.67

The PCHC earned $311,422.43 of the PCHC Incentive Pool (PIP) valued at $389,278.04, leaving a remaining balance of $77,855.61 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.

STEP 1

	7% Withheld	Earned	Remaining (Unearned)
AH	$ 161,695.82	$ 129,356.66	$ 32,339.16
MHD	$ 75,072.03	$ 60,057.62	$ 15,014.41
FC	$ 36,487.88	$ 29,190.30	$ 7,297.58
BJKP	$ 64,543.95	$ 51,635.16	$ 12,908.79
County	$ 51,478.36	$ 41,182.69	$ 10,295.67
Total	$ 389,278.04	$ 311,422.43	**$ 77,855.61**

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	$ 2,309,940.29	35,401	42%	$ 32,339.16
MHD	$ 1,072,457.57	16,436	19%	$ 15,014.41
FC	$ 521,255.43	7,989	9%	$ 7,297.58
BJKP	$ 922,056.43	14,131	17%	$ 12,908.79
County	$ 735,405.14	11,271	13%	$ 10,295.67
Total	**$ 5,561,114.86**	**85,228**	100%	**$ 77,855.61**

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	343	208	575	341	597	372

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	$ 32,339.16	100%	$ 32,339.16
MHD	$ 15,014.41	100%	$ 15,014.41
FC	$ 7,297.58	100%	$ 7,297.58
BJKP	$ 12,908.79	100%	$ 12,908.79
County	$ 10,295.67	100%	$ 10,295.67
Total	**$ 77,855.61**		**$ 77,855.61**

The total amount due to each PCHC for the July through December 2018 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	$ 161,695.82	$ 129,356.66	$ 32,339.16	$ 161,695.82	129,372.83	32,322.99
MHD	$ 75,072.03	$ 60,057.62	$ 15,014.41	$ 75,072.03	60,065.13	15,006.90
FC	$ 36,487.88	$ 29,190.30	$ 7,297.58	$ 36,487.88	29,193.95	7,293.93
BJKP	$ 64,543.95	$ 51,635.16	$ 12,908.79	$ 64,543.95	51,641.61	12,902.34
County	$ 51,478.36	$ 41,182.69	$ 10,295.67	$ 51,478.36	41,187.84	10,290.52
Total	$ 389,278.04	$ 311,422.43	$ 77,855.61	**$ 389,278.04**	311,461.36	77,816.68

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, 2019. All of the incentive funds will be paid to the health centers and none will be redirected for administrative or infrastructure payments.

Budget Neutrality

Gateway to Better Health (Total Computable)

	DY 1 FFY 2010 07/28/2010 - 09/30/2010	DY 2 FFY 2011 10/01/2010 - 09/30/2011	DY 3 FFY 2012 10/01/2011- 9/30/2012	DY 4 FFY 2013 10/01/2012- 09/30/2013	DY 5 FFY 2014 10/01/2013- 9/30/2014	DY 6 FFY 2015 10/01/2014- 09/30/15	DY 7 FFY 2016 10/01/2015- 9/30/2016	DY 8 FFY 2017 10/01/2016- 9/30/2017	DY 9 FFY 2018 10/01/2017- 9/30/2018	DY 10 FFY 2019 10/01/2018- 9/30/2019	DY 11 FFY 2020 10/01/2019 - 12/31/2019	Total - 9.5 year demonstration 07/28/2010 to 12/31/2019
No. of months in DY	**3 months**	**12 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**	**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**	**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	$200,323,114	**$7,566,136,192**
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**	**$200,323,114**	**$7,566,136,192**
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*	*$788,984,704*	*$776,958,667*	*$776,476,322*	*$196,406,810*	$7,010,923,206
St. Louis ConnectCare	$4,850,000	$18,150,000	$14,879,909	*$3,148,648*	$118,489	$0	$0	$0	$0	$0	$0	$41,147,045
Affinia Healthcare (formerly Grace Hill Neighborhood	$1,462,500	$5,850,000	*$5,071,706*	*$5,016,507*	*$6,073,656*	$5,648,970	*$4,805,114*	*$4,669,873*	*$4,477,945*	*$4,590,949*	*$1,186,553*	$48,853,772
CareSTL Health (formerly Myrtle Davis Comprehensi	$937,500	$3,750,000	*$3,097,841*	*$2,108,161*	*$1,838,040*	$2,157,443	*$2,098,142*	*$2,063,214*	*$1,990,419*	*$2,050,013*	*$530,399*	$22,621,172
Contingency Provider Network	$0	$0	*$379,372*	*$4,254,902*	*$5,469,199*	$3,937,955	*$5,035,278*	*$4,504,649*	*$4,424,835*	*$4,605,483*	*$1,128,837*	$33,740,512
Voucher	$0	$0	$0	*$4,541,262*	*$6,358,786*	$6,926,811	*$6,649,760*	*$5,720,641*	*$7,031,870*	*$7,140,735*	*$55,474*	$44,425,340
Infrastructure	$0	$0	$975,000	*$1,925,000*	*$0*	$0	$0	$0	$0	$0	$0	$2,900,000
SLRHC Administrative Costs	$75,000	$300,000	$300,000	*$300,000*	*$75,000*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$1,050,000
SLRHC Administrative Costs Coverage Model			$584,155	*$4,328,950*	*$3,692,463*	$3,098,002	*$3,477,955*	*$3,377,895*	*$3,453,866*	*$3,983,025*	*$1,015,041*	$27,011,354
CRC Program Administrative Costs	$91,684	$700,000	$700,000	*$700,000*	*$175,000*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,366,684
Actual expenditures for DY3 DOS				$2,670,607	*$33,308*	*$0*	*-$83*	*$0*	*$0*	*$0*	*$0*	$2,703,832
Actual expenditures for DY4 DOS				$0	*$2,540,653*	*$6,559*	*$229*	*-$325*	*$0*	*$0*	*$0*	$2,547,116
Actual expenditures for DY5 DOS						*$2,402,336*	*$267,821*	*-$11,644*	*$0*	*$0*	*$0*	$2,658,513
Actual expenditures for DY6 DOS							*$2,663,397*	*-$21,117*	*$0*	*$0*	*$0*	$2,642,279
Actual expenditures for DY7 DOS								*$2,805,489*	*$30,539*	*$0*	*$0*	$2,836,029
Actual expenditures for DY8 DOS									*$2,924,315*	*$35,419*	*$0*	$2,959,735
Actual expenditures for DY9 DOS										*$2,180,497*	*$0*	$2,180,497
Projected expenditures for DY9 DOS										*$230,013*	*$0*	$230,013
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**	**$200,323,114**	**$7,253,797,099**
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	$0	$312,339,093
Annual expenditure by DY Payment Date as reported on CMS 64s (Demo expenses NOT including residual DSH)			$25,987,982	$28,994,039	$26,374,594	$24,178,076	$24,997,613	$23,108,677	$21,409,474	$24,816,134	$3,916,304	
Annual expenditure authority cap by DY DOS (Demo expenses NOT including residual DSH)	$7,416,684	$28,750,000	$28,691,815	$28,870,549	$26,459,146	$24,411,460	$24,902,278	$23,526,021	$21,378,934	$22,370,205	$3,916,304	

*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=65.40