

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: 4/2016 (July 1, 2016 – September 30, 2016)

Introduction:

On July 28, 2010, Centers for Medicare and Medicaid Services (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, 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). 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; 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 (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, 2015 or 2016 legislative sessions. Therefore, 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, 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 fourth quarter of Demonstration Year 7 (July 1, 2016 – September 30, 2016).

Enrollment Information:

As of September 30, 2016, 18,091 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 3,332 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 September 2016	Enrollment Months July – September 2016
BJK People’s Health Centers	3,078	9,399
Family Care Health Centers	1,317	3,934
Affinia Healthcare (formerly known as Grace Hill)	7,651	22,836
Myrtle Hilliard Davis Comprehensive Health Centers	3,520	10,748
St. Louis County Department of Public Health	2,525	7,537
Total for All Health Centers	18,091	54,454

**Enrollment numbers are based on MO HealthNet enrollment data as of October 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 750 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. Sessions held during the third quarter (July – September 2016) are listed below:

Organization	Session Date
BJK People’s Health Centers	July 27, 2016
St. Louis County Department of Public Health	August 9, 2016
	August 12, 2016
	August 14, 2016

Participants from member orientations held in the fourth quarter were asked to evaluate the effectiveness of each orientation session at its conclusion. As a result of member orientations, 84% of members felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 84% of members felt very confident or somewhat confident that they can navigate receiving health care service at their health center, and 94% of members felt the orientation sessions 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 fourth quarter are listed below:

Team	Meeting Date
Gateway to Better Health Operations Subcommittee Meeting	July 14, 2016
Community Advisory Board Meeting	July 19, 2016
Commission Monthly Board Meeting	July 20, 2016
Provider Services Advisory Board Meeting	August 2, 2016
Gateway to Better Health Pilot Program Planning Team	August 9, 2016
Community Advisory Board Meeting	August 16, 2016
Commission Monthly Board Meeting	August 17, 2016
Provider Services Advisory Board Meeting	September 6, 2016
Gateway to Better Health Finance Subcommittee Meeting	September 13, 2016
Community Advisory Board Meeting	September 20, 2016

Screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more than 32,700 individuals in MO HealthNet programs, including but not limited to:

- 3,556 adults approved for MO HealthNet for the Aged, Blind, or Disabled; and
- 3,656 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 711 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 loss of roughly 380 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 fourth 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 July – September 2016, the call center answered 3,910 calls, averaging approximately 61 calls per day. Of calls answered during this time, 16 (<1%) resulted in a consumer complaint. The 16 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, prescription medication and appointment scheduling. The type and number of complaints received during this period of time are outlined below

Table 2. Summary of Consumer Complaints, July 1, 2016 – September 30, 2016*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	6	Patients (2) reported difficulty filling a prescription. The health center advised the patients that the prescriptions are no longer on the formulary. Patients were either provided with an alternative medication or assisted with applying for a Patient Assistance Program for the medication. Patient (1) reported difficulty scheduling a new patient appointment. The patient was contacted and an appointment was scheduled. Patient (1) reported difficulty getting prescription refills authorized. The health center contacted the patient to let them know the process and procedures required prior to getting a prescription refill. Patient (1) reported difficulty getting a vaccination. The health center contacted the patient and suggested they come in as a walk-in for the vaccination. Patient (1) reported difficulty scheduling an appointment. The health center contacted the patient and scheduled an appointment.

Transportation	7	<p>Patients (2) reported not being picked up for a scheduled appointment. Logisticare contacted the patients and offered an apology. Logisticare also confirmed transportation arrangements for future appointments.</p> <p>Patients (2) reported being late for a scheduled appointment. Logisticare contacted the health center to advise the center of the patient's late arrival.</p> <p>Patient (1) reported being charged with a missed appointment after transportation did not show for a scheduled pick-up. The patient's appointment was rescheduled and the missed appointment was removed from the patient's record.</p> <p>Patient (1) reported not being picked up for a return ride after an appointment. Logisticare followed up with the patient to provide education on the process for securing a return ride after an appointment.</p> <p>Patient (1) reported not being seen for an appointment because transportation arrived late. A new appointment was scheduled for the patient.</p>
Copay	2	<p>Patient (1) reported being charged a copay that was not consistent with Gateway copay standards. The patient was notified that the procedure performed was not a covered Gateway service and, therefore, not subject to Gateway copay standards.</p> <p>Patient (1) reported being charged a copay for a prescription that was not consistent with Gateway copay standards. The pharmacy at the health center followed up with the patient and a refund was issued.</p>
Quality of Care	1	<p>Patient (1) reported difficulty obtaining specialty care referrals and dissatisfaction with the care received at their health center. RHC staff updated the patient on the status of their specialty care referral. The health center was notified of the patient's concerns with the care received onsite.</p>

**Reported consumer complaints are based on Automated Health Systems data as of October 4, 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. In August 2016, the SLRHC contracted with

Princeton Survey Research Associates International (PSRAI) to evaluate patients' experience and satisfaction with the program. This survey found that, overall, Gateway enrollees believe their physical health has improved since enrolling in Gateway and that the program is having a positive impact on their health. Majorities report they are satisfied with the quality of the care they have received (94%) and would recommend Gateway to friends or family members (77%). Many patients also do not feel they would be able to maintain the same level of health if the Gateway program was no longer available.

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:

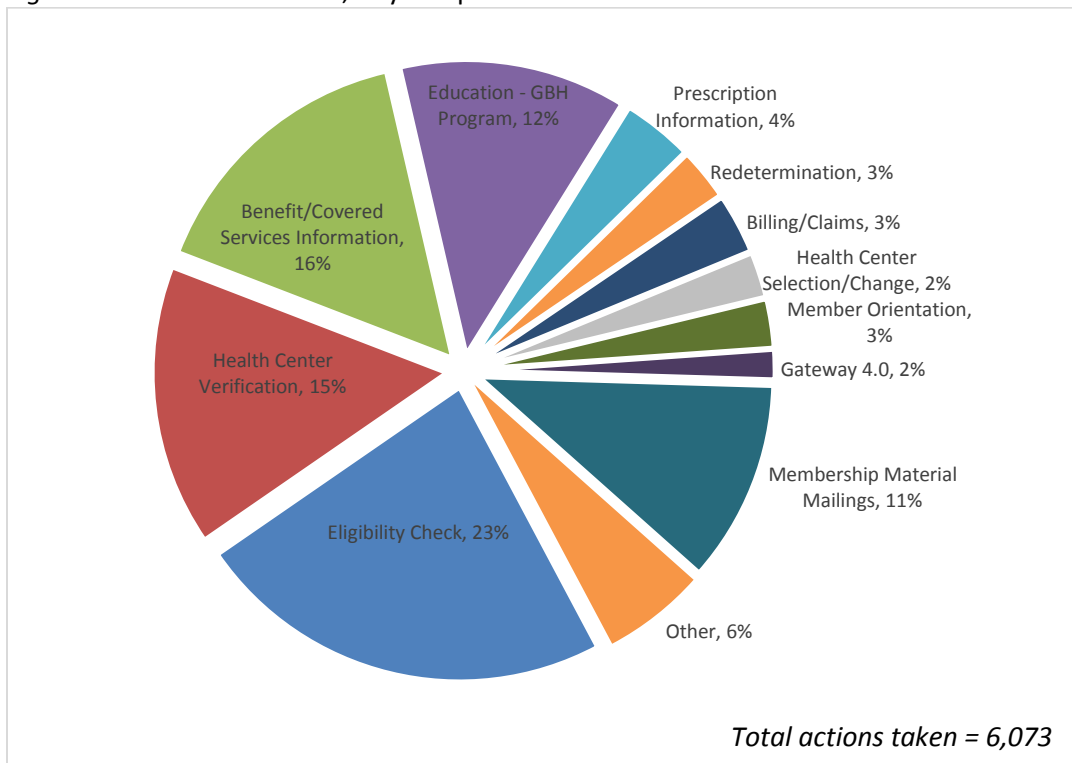
Call Center Performance

Table 3. Call Center Performance, July – September 2016*

Performance Measure	Outcome
Calls received	3,910
Calls answered	3,731
Abandonment rate	4.6%
Average answer speed (seconds)	30
Average length of time per call (minutes: seconds)	3:43

*Call center performance metrics are based on Automated Health Systems data as of October 4, 2016.

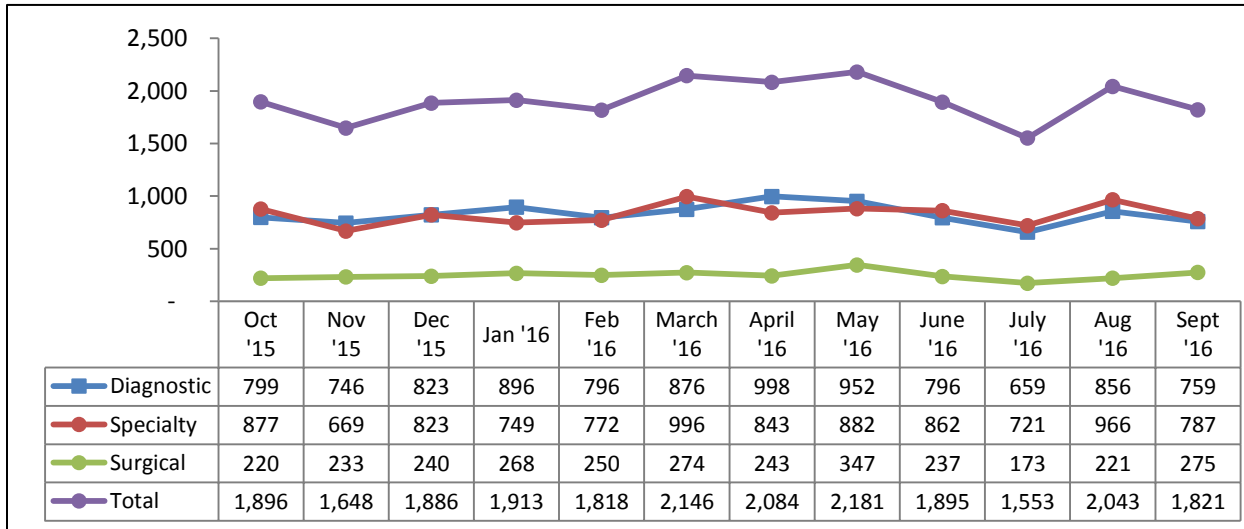
Figure 1. Call Center Actions, July – September 2016*



*Reported call center actions are based on Automated Health Systems data as of October 4, 2016.

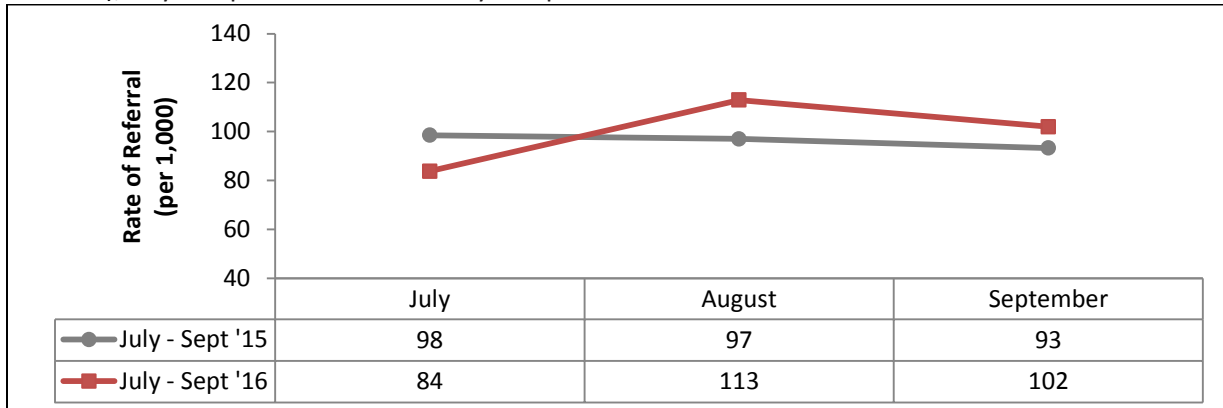
Access to Medical Referrals

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



*Reported medical referrals are based on Automated Health Systems data as of October 4, 2016.

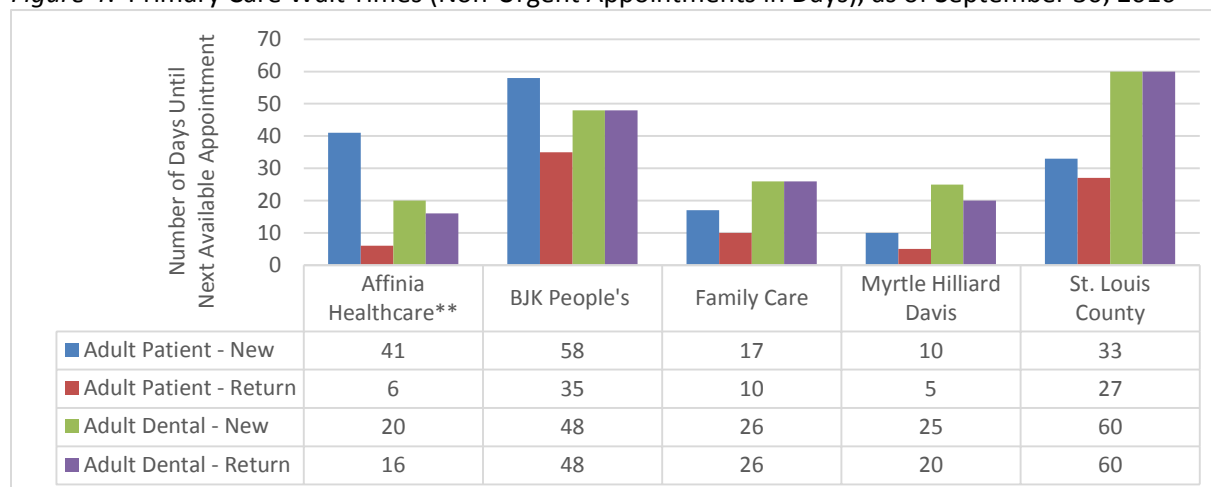
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), July – September 2015 vs. July – September 2016*



*Reported rates of medical referrals are based on Automated Health Systems data as of October 4, 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 September 30, 2016*



*Wait times self-reported by individual health center as of September 30, 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, July – September 2016*

Providers	Provider Payments Withheld	Provider Payments Earned**
BJK People's Health Centers	\$ 36,817	\$ 565,673
Family Care Health Centers	\$ 15,336	\$ 247,715
Affinia Healthcare (formerly known as Grace Hill)	\$ 88,966	\$ 1,403,153
Myrtle Hilliard Davis Comprehensive Health Centers	\$ 41,897	\$ 656,511
St. Louis County Department of Public Health	\$ 29,283	\$ 475,510
Voucher Providers	\$ -	\$ 2,216,748
Total for All Providers	\$ 212,299	\$ 5,565,310

*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 October 6, 2016 for reporting period July – September 2016.

**Amount represents actual payments made during the quarter, inclusive of incentive payouts for previous performance periods.

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 January 1, 2016 – June 30, 2016 reporting period, community health centers collectively met five of the six clinical quality measures. St. Louis County Department of Public Health 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): 88% of patients with chronic diseases had two primary care visits (threshold 80%); 87% of patients with diabetes had their HgbA1c levels tested (threshold 85%); 69% of patients with diabetes had a HgbA1c measure of <9% (threshold 60%); 88% of hospitalized patients received follow-up within 7 days of discharge; and the referral rate for specialists was 351/1000 (threshold 680/1000). Also, 72% 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 January – June 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 STLRHC tracks the number of these prescriptions provided to patients. Data for the fourth quarter of the Demonstration Year 7 is provided below:

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

Providers	Brand Name Insulin Filled	Brand Name Inhalers Filled	Total Brand Name Drugs Filled
BJK People’s Health Centers	454	276	730
Family Care Health Centers	157	98	255
Affinia Healthcare (formerly known as Grace Hill)	728	619	1,347
Myrtle Hilliard Davis Comprehensive Health Centers	372	197	569
St. Louis County Department of Public Health	83	170	253
Total for All Providers	1,794	1,360	3,154

**Prescription information for September 2016 not yet available. Data based on actuarial analysis from Wakely Consulting Group as of August 30, 2016.*

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 first reporting period including this new benefit (January – June 2016).

*Table 6. Percentage of Patients who met Insulin and Inhalers Metrics, July – December 2015 vs. January – June 2016**

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

**Based on Pay-for-Performance data as of August 30, 2016. All percentages are within Gateway to Better Health thresholds for each metric.*

Enclosures/Attachments:

- Attachment I: Gateway Team Roster
- Attachment II: Pay-for-Performance Results
- Attachment III: Updated Budget Neutrality Worksheets

State Contact(s):

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

November 21, 2016



**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*

Jhonna Craig, MD, MBA
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*

Joe Parks
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**

John Atkinson
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: January – June 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%	66%	89%	66%	81%	72%
2 - Patients with Chronic Disease (2 visits)	80%	87%	93%	93%	84%	88%	88%
3 - Patients with Diabetes HgbA1c Tested	85%	90%	92%	94%	74%	85%	87%
4 - Patients with Diabetes HgbA1c < 9%	60%	73%	63%	83%	60%	73%	69%
5 - Hospitalized Patients	50%	95%	93%	75%	77%	62%	88%

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 in light of the metrics that were achieved.

Description		AH	MHD	FC	BJKP	County
Number of Criteria Met	<i>a</i>	4	4	5	3	5
Criteria Weight	<i>b</i>	20%	20%	20%	20%	20%
Incentive Pool Percentage Earned	<i>c = a x b</i>	80%	80%	100%	60%	100%
Incentive Amount Withheld	<i>d</i>	\$ 189,558.20	\$ 84,856.63	\$ 32,130.96	\$ 79,249.30	\$ 63,633.20
Incentive Amount Earned	<i>e = c x d</i>	\$ 151,646.56	\$ 67,885.30	\$ 32,130.96	\$ 47,549.58	\$ 63,633.20
Remaining Balance in PCHC Pool	<i>f = d - e</i>	\$ 37,911.64	\$ 16,971.33	\$ -	\$ 31,699.72	\$0.00

The PCHC earned \$362,845.60 of the PCHC Incentive Pool (PIP) valued at \$449,428.29, leaving a remaining balance of \$86,582.69 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	\$	189,558.20	\$	151,646.56	\$	37,911.64
MHD	\$	84,856.63	\$	67,885.30	\$	16,971.33
FC	\$	32,130.96	\$	32,130.96	\$	-
BJKP	\$	79,249.30	\$	47,549.58	\$	31,699.72
County	\$	63,633.20	\$	63,633.20	\$	-
Total	\$	449,428.29	\$	362,845.60	\$	86,582.69

Remaining Primary Care Incentive

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	\$	2,707,974.29	48,626	42%	\$ 36,518.53
MHD	\$	1,212,237.57	21,768	19%	\$ 16,347.69
FC	\$	459,013.71	8,242	7%	\$ 6,190.05
BJKP	\$	1,132,132.86	20,329	18%	\$ 15,267.44
County	\$	909,045.71	16,323	14%	\$ 12,258.98
Total	\$	6,420,404.14	115,288	100%	\$ 86,582.69

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	308	277	506	370	580	366

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 tables below.

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	\$ 36,518.53	100%	\$ 36,518.53
MHD	\$ 16,347.69	100%	\$ 16,347.69
FC	\$ 6,190.05	100%	\$ 6,190.05
BJKP	\$ 15,267.44	100%	\$ 15,267.44
County	\$ 12,258.98	100%	\$ 12,258.98
Total	\$ 86,582.69		\$ 86,582.69

The total amount due to each PCHC for the January through June 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	\$ 189,558.20	\$ 151,646.56	\$ 36,518.53	\$ 188,165.09	152,564.25	35,600.84
MHD	\$ 84,856.63	\$ 67,885.30	\$ 16,347.69	\$ 84,232.99	68,296.11	15,936.88
FC	\$ 32,130.96	\$ 32,130.96	\$ 6,190.05	\$ 38,321.01	31,070.67	7,250.34
BJKP	\$ 79,249.30	\$ 47,549.58	\$ 15,267.44	\$ 62,817.02	50,932.04	11,884.98
County	\$ 63,633.20	\$ 63,633.20	\$ 12,258.98	\$ 75,892.18	61,533.38	14,358.80
Total	\$ 449,428.29	\$ 362,845.60	\$ 86,582.69	\$ 449,428.29	364,396.45	85,031.84

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 September 30, 2016. All of the incentive funds will be paid to the health centers and none will be redirected for administrative or infrastructure payments.