State of Missouri

Gateway to Better Health Demonstration 11-W-00250/7

Section 1115 Quarterly Report

Demonstration Year: 8 (July 1, 2017 – September 30, 2017)
Federal Fiscal Quarter: 4/2017 (July 1, 2017 – September 30, 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 June 16, 2016. On September 1, 2017, CMS approved a five-year extension of the Demonstration. 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 fourth quarter of Demonstration Year 8 (July 1, 2017- September 30, 2017).

Enrollment Information:

As of September 30, 2017, 15,338 unique individuals were enrolled in the Gateway to Better Health. The Gateway enrollment cap is set at 21,423, which leaves room for approximately 6,085 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 2017	Enrollment Months July – September 2017
BJK People's Health Centers	2,732	8,382
Family Care Health Centers	1,261	3,859
Affinia Healthcare (formerly known as Grace Hill)	6,400	19,656
Myrtle Hilliard Davis Comprehensive Health Centers	2,943	9,105
St. Louis County Department of Public Health	2,002	6,131
Total for All Health Centers	**15,338**	**47,133**

**Enrollment numbers are based on MO HealthNet enrollment data as of October 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, more than 1,025 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 each site.

One member orientation was held during the fourth quarter (July – September 2017) at Affinia's Health Center on September 25, 2017. Participants from those sessions were asked to evaluate the effectiveness of the orientation session at its conclusion. As a result of the member orientation, 84% of participants felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 84% of participants felt very confident or somewhat confident that they can navigate receiving health care services at their health center, and 88% 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 fourth quarter are listed below:

Team	Meeting Date
Provider Services Advisory Board Meeting	July 04, 2017
Gateway to Better Health Operations Team Meeting	July 13, 2017
Community Advisory Board Meeting	July 18, 2017
RHC Commission Meeting	July 19, 2017
Provider Services Advisory Board Meeting	August 01, 2017
Gateway Pilot Team Meeting	August 14, 2017
RHC Commission Meeting	August 16, 2017
Provider Services Advisory Board Meeting	September 01, 2017
Community Advisory Board Meeting	September 19, 2017
RHC Commission Meeting	September 20, 2017
Finance Team Meeting	September 27, 2017

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted 659 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 185 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 2017, the call center answered 3,162 calls, averaging approximately 49 calls per day. Of calls answered during this time, 18 (<1%) resulted in a consumer complaint. The 18 consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter were related to access to care, including appointment scheduling and transportation. The type and number of complaints received during this period of time are outlined below:

Table 2. Summary of Consumer Complaints, July 1 – September 30, 2017*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	15	Patients (4) reported difficulty scheduling a new patient appointment. New patient appointments were scheduled. Patients (4) reported difficulty scheduling a dental appointment. Patients were scheduled for appointments within a week. Patients (3) reported difficulty getting a prescription filled. An appointment was scheduled to establish care and get the prescriptions filled. Patients were assisted in receiving their prescriptions. Patient (1) reported difficulty scheduling a podiatrist appointment. The patient was scheduled for a timely appointment. Patient (1) reported difficulty scheduling an eye appointment. An
Transportation	3	Patients (2) reported transportation was denied. LogistiCare contacted the patients and scheduled a new transportation appointment. LogistiCare corrected insurance issue. Patient (1) reported difficulty scheduling transportation through the health

**Reported consumer complaints are based on Automated Health Systems data as of October 3, 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. Results from the most current reporting period are available below:

Patient Satisfaction Survey Results

In the May – August 2017 reporting period, a total of 607 patients participated in the survey. In general, Gateway patients are highly satisfied with the services they received and 96% of respondents indicated that they would recommend their health center to others. Detailed results are outlined below:

Patient Satisfaction Survey Results for Primary Care Services, May - August 2017

Survey Item	Average Ratings*
Doctor and staff listened and explained things well	4.75
Overall quality of service	4.42

5-point rating scale (1= Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent)

When asked how their experience with the health centers could be improved for future visits, 56% of respondents had positive feedback for the health centers and expressed gratitude for the program. While, 21% of respondents indicated wait times to be seen once arrived for the appointment as their main issue with their experience at the health centers.

Provider Satisfaction Survey Results

Provider satisfaction surveys were distributed to the five primary care health centers in the Gateway provider network to assess both referring providers' and support staff's experience with the referral process for the program. In the May 2017 reporting period, a total of 81 surveys were collected. Overall throughout the pilot program, trends showed improved satisfaction among health center support staff but declining satisfaction among health center providers. The SLRHC regularly meets with referral staff and providers at the health centers to identify sources of dissatisfaction and have communicated trending issues to specialty care providers within the Gateway network.

The lowest scores during the May 2017 reporting period were related to the timeliness of available appointments. Detailed results for the most recent reporting period are outlined below:

Provider Satisfaction Survey Results, May, 2017

Survey Item	Average Ratings*
Overall ease of scheduling a consultation	2.6
Ease of contacting the rendering provider	2.6
Helpfulness and courtesy of staff when scheduling	2.8
Timeliness of available appointments	2.1
Report from consultation provider, did you receive it?	2.1
Report from consultation provider, was it meaningful?	2.5
Rendering specialist available to speak with you?	2.3

4-point rating scale (1= Needs Improvement, 2=Average, 3=Above Average, 4=Excellent)

In addition, the State and SLRHC continually monitors call center performance, access to medical referrals (including referrals for diagnostic care, specialty care and surgical procedures) and wait times for medical appointments. Recent available outcomes for these measures are detailed in the sections below:

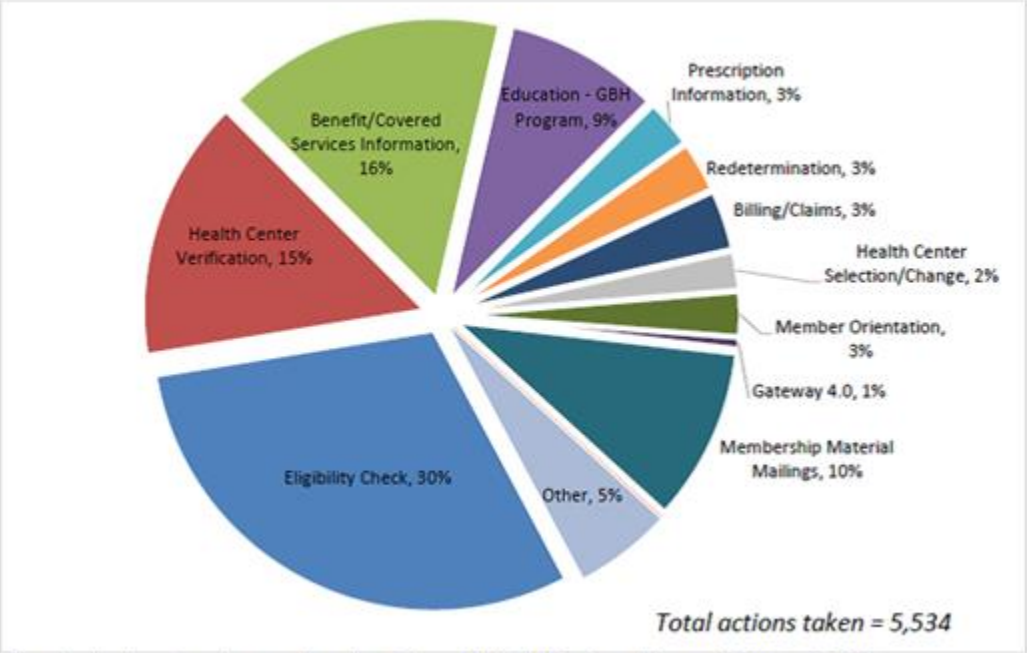
Call Center Performance

Table 3. Call Center Performance, July – September 2017

Performance Measure	Outcome
Calls received	3,256
Calls answered	3,162
Abandonment rate	2.88%
Average answer speed (*seconds*)	23
Average length of time per call (*minutes: seconds*)	4:22

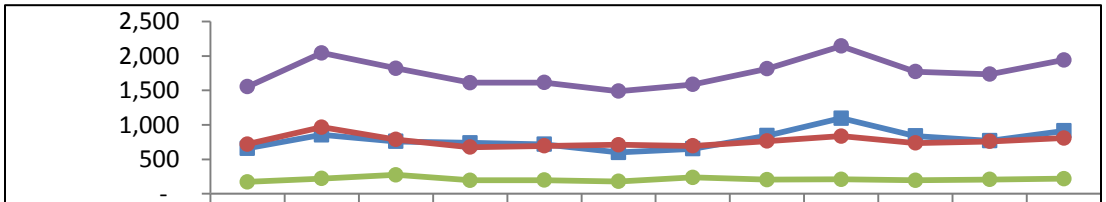
**Call center performance metrics are based on Automated Health Systems data as of October 3, 2017.*

Figure 1. Call Center Actions, July – September 2017



**Reported call center actions are based on Automated Health Systems data as of October 3, 2017.*

Access to Medical Referrals

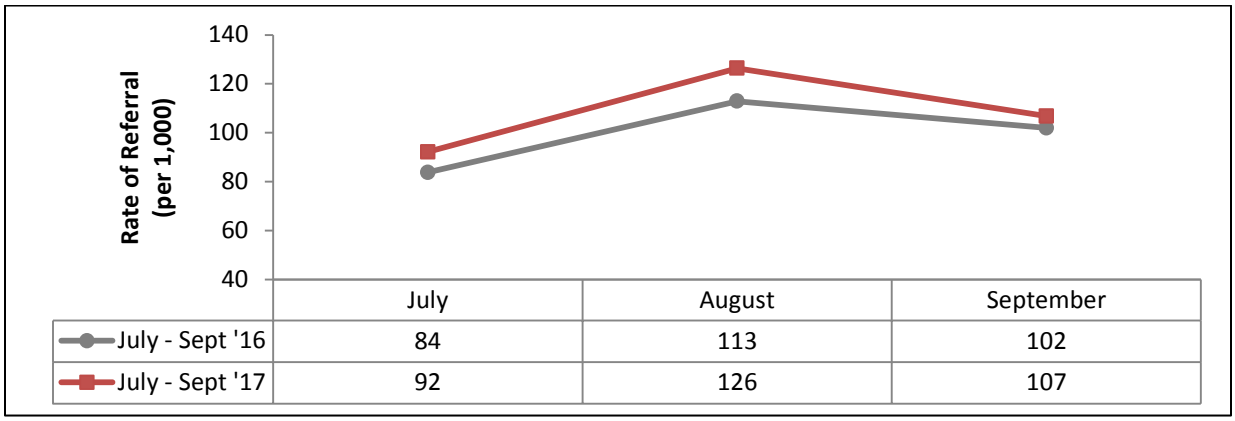


	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	March '17	April '17	May '17	June '17	July '17	Aug '17	Sept '17
Diagnostic	659	856	759	739	719	599	654	844	1,096	838	768	913
Specialty	721	966	787	677	696	710	696	765	837	737	759	809
Surgical	173	221	275	195	198	180	237	204	209	196	207	219
Total	1,553	2,043	1,821	1,611	1,613	1,489	1,587	1,813	2,142	1,771	1,734	1,941

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

**Reported medical referrals are based on Automated Health Systems data as of October 3, 2017.*

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

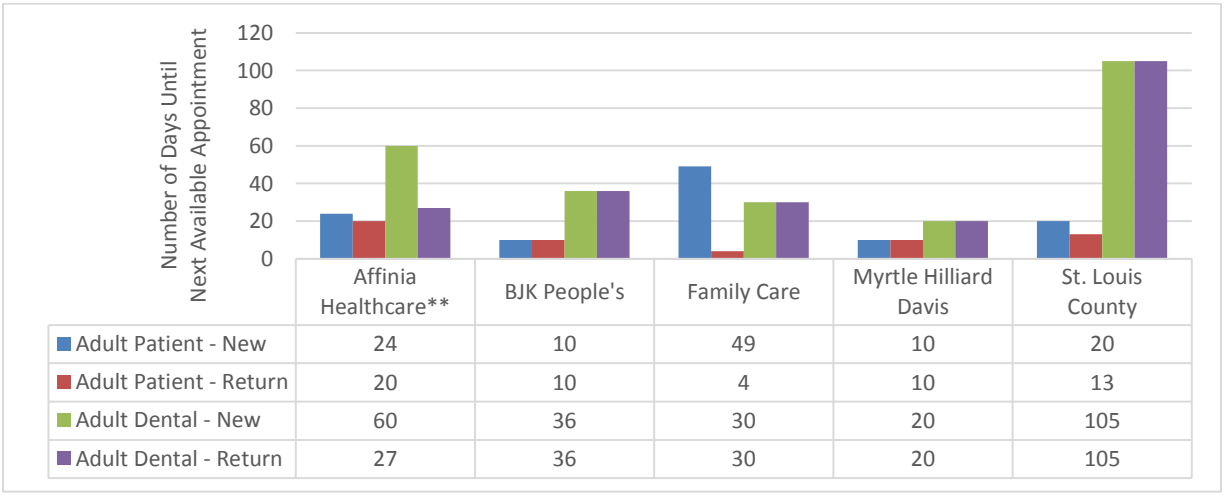


	July	August	September
July - Sept '16	84	113	102
July - Sept '17	92	126	107

**Reported rates of medical referrals are based on Automated Health Systems data as of October 3, 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 July 31, 2017*



	Affinia Healthcare**	BJK People's	Family Care	Myrtle Hilliard Davis	St. Louis County
Adult Patient - New	24	10	49	10	20
Adult Patient - Return	20	10	4	10	13
Adult Dental - New	60	36	30	20	105
Adult Dental - Return	27	36	30	20	105

**Wait times self-reported by individual health center as of September 30, 2017, 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 2017*

Providers	Provider Payments Withheld	Provider Payments Earned**
BJK People's Health Centers	$36,107	$55,436
Family Care Health Centers	$16,735	$270,786
Affinia Health Centers	$84,993	$1,348,964
Myrtle Hilliard Davis Comprehensive Health Centers	$39,391	$607,249
St. Louis County Department of Public Health	$26,579	$411,450
Voucher Providers	-	$1,881,659
Total for All Providers	**$203,806**	**$5,075,543**

**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 5, 2017 for reporting period July - September 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 January 2017 – June 2017 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): 87% of patients with chronic diabetes had two primary care visits (threshold 80%); 85% of patients with diabetes had their HgbA1C drawn within 6 months (threshold 85%); 60% of patients with diabetes had a HgbA1c measure <9% (threshold 60%); 71% of hospitalized patients received follow-up within 7 days of discharge (threshold 50%); and the referral rate for specialists was 395/1000 (threshold 680/1000). Also, 75% 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 (July – December 2016), with some minor declines seen across all metrics, except patients who had a primary care visit during the period of January 1 – June 30, 2017. This metric improved by 7% from prior quarter.

See Attachment II for a comprehensive review of pay-for-performance results for the January – June 2017 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 fourth quarter of the Demonstration Year 8 is provided below:

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

Providers	Brand Name Insulin Filled	Brand Name Inhalers Filled	Total Brand Name Drugs Filled
BJK People's Health Centers	229	382	6,229
Family Care Health Centers	53	150	3,664
Affinia Healthcare (formerly known as Grace Hill)	725	845	18,255
Myrtle Hilliard Davis Comprehensive Health Centers	342	268	7,855
St. Louis County Department of Public Health	0	107	9,461
Total for All Providers	1,349	1,752	45,464

**Data provided represents information sourced as of October 17, 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 2016) 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	January – June 2016	July – December 2016	January – June 2017
Patients with Chronic Disease with 2 Office Visits within 1 year	88%	86%	87%
Diabetics with HgbA1c test within 6 months	87%	94%	85%
Diabetics with HgbA1c less than or equal to 9%	69%	65%	60%

**Based on Pay-for-Performance data as of June 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 Results
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

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*

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

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

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

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

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

Joe Yancey
Executive Director*, Community Alternatives*

Pilot Team Operations Subcommittee

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

Tony Amato
Assistant Director, *Managed Care, SLUCare*

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*

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

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

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

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

Bernard Ceasor
GBH Section Supervisor, *Family Support Division*

Felecia Cooper
Nursing Supervisor, *North Central Community Health Center*

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

Gina Ivanovic
Manager, Referral Programs, *Washington University School of Medicine*

Lynn Kersting
Chief Operating Officer, *Family Care Health Centers*

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

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

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

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

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

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

Jody Wilkins
Nursing Supervisor, *South County Health Center*

Pilot Team Finance Subcommittee
Roster

Gregory Stevenson
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 2017

Background

The State withholds 7% from payments made to the primary care health centers. The amount withheld is tracked on a monthly basis. Primary care health centers provided self-reported data to SLRHC within 30 days of the end of the reporting period for those patients who were enrolled for the entire reporting period. SLRHC validated the data by taking a random sample of the self-reported data and comparing it to the claims data. SLRHC has calculated the funds due to the providers based on the criteria and methodologies described in the Incentive Protocol, approved by CMS. Results for the sixth reporting period, January – June 2017, are summarized below.

Primary Care Health Center Pay-for-Performance Results

The potential incentive payment amount totaled $426,451.51 and 100% will be paid to primary care providers. The following table outlines the pay-for-performance thresholds in comparison to the actual results of each metric.

Table 1		*Actual Outcomes Achieved*					
Pay-for-Performance Criteria	**Threshold**	**AH**	**MHD**	**FC**	**BJKP**	**County**	**Total**
1 - All Patients (1 visit)	80%	75%	70%	88%	72%	80%	75%
2 - Patients with Chronic Disease (2 visits)	80%	87%	86%	94%	91%	81%	87%
3 - Patients with Diabetes HgbA1c Tested	85%	89%	85%	85%	85%	67%	85%
4 - Patients with Diabetes HgbA1c < 9%	60%	65%	65%	69%	52%	42%	60%
5 - Hospitalized Patients	50%	91%	44%	80%	50%	61%	71%

The number of metrics met by each health center for the first round of metrics is depicted by the green highlighted fields in Table 1 above. The health centers earned $305,306.64 of the initial incentive pool leaving a remaining balance of $121,144.87.

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

Table 2 Pay-for-Performance Criteria	Threshold	*Actual Outcomes Achieved*					
		AH	MHD	FC	BJKP	County	Total
Referral Rate to Specialists	680/1000	394	250	553	375	538	395

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

Table 3 - Amount Due to Each Health Center				
Health Center	**Incentive Pool**	**First Round Earnings**	**Second Round Earnings**	**Total Due to Providers**
AH	$ 179,360.48	$ 143,488.38	$ 50,952.11	$ 194,440.49
MHD	$ 82,054.80	$ 49,232.88	$ 23,309.84	$ 72,542.72
FC	$ 33,909.11	$ 33,909.11	$ 9,632.78	$ 43,541.89
BJKP	$ 73,886.73	$ 44,332.04	$ 20,989.49	$ 65,321.53
County	$ 57,240.39	$ 34,344.23	$ 16,260.65	$ 50,604.88
Total	**$ 426,451.51**	**$ 305,306.64**	**$ 121,144.87**	**$ 426,451.51**

APPENDIX A: SUMMARY OF CALCULATIONS

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

Step 1: Determine the initial pool amount.

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

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
All Newly Enrolled Patients- Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)	80%	20%	EHR Data
Patients with Diabetes, Hypertension, CHF or COPD – Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date)	80%	20%	EHR Data
Patients with Diabetes - Have one HgbA1c test 6 months after reporting period start date	85%	20%	EHR Data
Patients with Diabetes – Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period	60%	20%	EHR Data
Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.	50%	20%	Self-reported by health centers and AHS Call Center Data
TOTAL POSSIBLE SCORE		**100%**	

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

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

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

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

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

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

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

APPENDIX B:
PRIMARY CARE TRENDING REPORT

Pay-for-Performance Criteria	Threshold	Affinia										Myrtle									
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17
TIER 1 OUTCOMES																					
1 - New patients (1 visit)	80%	68%	52%	75%	67%	65%	74%	70%	72%	72%	75%	56%	58%	86%	71%	75%	83%	80%	66%	53%	70%
2 - Patients with chronic diseases (2 visits)	80%	73%	81%	80%	83%	80%	86%	84%	87%	86%	87%	82%	87%	95%	87%	92%	94%	96%	93%	83%	86%
3 - Patients with diabetes HgbA1c tested	85%	62%	91%	88%	87%	91%	92%	95%	90%	97%	89%	67%	78%	72%	48%	91%	86%	100%	92%	93%	85%
4 - Patients with diabetes HgbA1c <9%	60%	61%	60%	61%	60%	61%	60%	70%	73%	68%	65%	50%	48%	50%	58%	77%	47%	63%	63%	57%	65%
5 - Hospitalized Patients	50%	100%	83%	71%	87%	83%	85%	96%	95%	75%	91%	100%	59%	37%	73%	88%	64%	83%	93%	44%	44%
TIER 2 OUTCOMES																					
1 - Emergency Department Utilization	28/1000	34	13	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	28	10	27	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2 - Referral Rate to Specialists	680/1000	447	427	315	277	272	280	281	308	316	394	454	353	309	345	287	322	272	277	233	250

Pay-for-Performance Criteria	Threshold	Family Care										BJK People's									
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17
TIER 1 OUTCOMES																					
1 - New patients (1 visit)	80%	70%	73%	74%	80%	81%	78%	80%	89%	85%	88%	75%	61%	80%	72%	80%	58%	60%	66%	62%	72%
2 - Patients with chronic diseases (2 visits)	80%	75%	18%	14%	89%	96%	85%	95%	93%	96%	94%	50%	68%	81%	92%	82%	90%	96%	84%	86%	91%
3 - Patients with diabetes HgbA1c tested	85%	68%	70%	81%	100%	100%	89%	100%	94%	90%	85%	71%	57%	85%	89%	81%	90%	89%	74%	97%	85%
4 - Patients with diabetes HgbA1c <9%	60%	54%	53%	64%	75%	71%	68%	68%	83%	95%	69%	46%	37%	55%	56%	62%	61%	67%	60%	60%	52%
5 - Hospitalized Patients	50%	100%	100%	38%	64%	50%	67%	75%	75%	100%	80%	100%	77%	28%	67%	62%	60%	87%	77%	70%	50%
TIER 2 OUTCOMES																					
1 - Emergency Department Utilization	28/1000	12	11	20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24	16	17	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2 - Referral Rate to Specialists	680/1000	656	647	567	599	518	528	521	506	497	553	598	440	363	425	346	337	348	370	360	375

Final

Attachment 2 Pay for Performance Results

Pay-for-Performance Criteria	Threshold	St. Louis County										Total									
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17
TIER 1 OUTCOMES																					
1 - New patients (1 visit)	80%	69%	75%	77%	87%	88%	89%	95%	81%	81%	80%	65%	62%	79%	72%	74%	74%	74%	72%	68%	75%
2 - Patients with chronic diseases (2 visits)	80%	89%	95%	82%	92%	97%	97%	92%	88%	86%	81%	74%	73%	77%	86%	86%	90%	91%	88%	86%	87%
3 - Patients with diabetes HgbA1c tested	85%	71%	83%	85%	89%	92%	89%	77%	85%	87%	67%	66%	77%	83%	80%	90%	90%	91%	87%	94%	85%
4 - Patients with diabetes HgbA1c <9%	60%	39%	64%	63%	68%	80%	65%	61%	73%	40%	42%	54%	53%	59%	63%	68%	60%	66%	69%	65%	60%
5 - Hospitalized Patients	50%	100%	100%	52%	83%	65%	80%	100%	62%	100%	61%	100%	78%	54%	81%	78%	78%	91%	88%	71%	71%
TIER 2 OUTCOMES																					
1 - Emergency Department Utilization	28/1000	9	7	14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26	12	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2 - Referral Rate to Specialists	680/1000	547	510	487	484	506	536	559	580	501	538	496	443	365	363	338	351	349	366	346	395

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

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- 09/30/2018	DY 10 FFY 2019 10/01/2018- 12/31/2018
No. of months in DY	**3 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**3 months**
No. of months of direct payments to facilities	**3 months**	**12 months**	**9 months**	**0 months**	**0 months**	**0 months**	**0 months**	**0 months**	**0 months**	**0 months**
No. of months of Pilot Program (will be implemented on 07/01/2012)	**0 months**	**0 months**	**3 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**3 months**
Without Waiver Projections										
Estimated DSH Allotment**	$189,681,265	$748,599,611	*$766,126,399*	*$811,102,775*	$814,509,721	*$809,021,633*	*$812,093,381*	$812,093,381	$812,093,381	$203,023,345
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**	**$812,093,381**	**$203,023,345**
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*	*$788,949,862*	*$783,745,920*	*$196,770,667*
St. Louis ConnectCare	$4,850,000	$18,150,000	$14,879,909	*$3,148,648*	$118,489	$0	$0	$0	$0	$0
Grace Hill Neighborhood Health Centers	$1,462,500	$5,850,000	*$5,071,706*	*$5,016,507*	*$6,073,656*	$5,648,970	*$4,805,114*	*$4,669,864*	*$5,509,763*	*$1,378,162*
Myrtle Davis Comprehensive Health Centers	$937,500	$3,750,000	*$3,097,841*	*$2,108,161*	*$1,838,040*	$2,157,443	*$2,098,142*	*$2,099,527*	*$2,548,584*	*$637,480*
Contingency Provider Network	$0	$0	*$379,372*	*$4,254,902*	*$5,469,199*	$3,937,955	*$5,035,278*	*$4,771,728*	*$5,381,420*	*$1,345,232*
Voucher	$0	$0	$0	*$4,541,262*	*$6,358,786*	$6,926,811	*$6,649,760*	*$5,433,044*	*$8,005,012*	*$1,953,902*
Infrastructure	$0	$0	$975,000	*$1,925,000*	*$0*	$0	$0	$0	$0	
SLRHC Administrative Costs	$75,000	$300,000	$300,000	*$300,000*	*$75,000*	*$0*	*$0*	*$0*	*$0*	
SLRHC Administrative Costs Coverage Model			$584,155	*$4,328,950*	*$3,692,463*	$3,098,002	*$3,477,955*	*$3,377,953*	*$3,784,373*	*$937,902*
CRC Program Administrative Costs	$91,684	$700,000	$700,000	*$700,000*	*$175,000*	*$0*	*$0*	*$0*	*$0*	*$0*
Actual expenditures for DY3 DOS				$2,670,607	*$33,308*	*$0*	*-$83*	*$0*	*$0*	
Actual expenditures for DY4 DOS				$0	*$2,540,653*	*$6,559*	*$229*	*-$325*	*$0*	
Actual expenditures for DY5 DOS						*$2,402,336*	*$267,821*	*-$11,644*		
Actual expenditures for DY6 DOS							*$2,663,397*	*-$2,117*		
Actual expenditures for DY7 DOS								*$2,805,489*		
Projected expenditures for DY7 DOS									*$322,135*	
Projected expenditures for DY8 DOS									*$2,796,174*	
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**	**$812,093,381**	**$203,023,345**
Amount under (over) the annual waiver cap	$14,478,583	$40,766,549	$64,535,605	$46,779,262	$74,982,338	$70,796,756	$0	$0	$0	$0
Annual expenditure by DY Payment Date as reported on CMS 64s (Demo expenses NOT including residual DSH)			$25,987,982	$28,994,039	$26,374,594	$24,178,076	$24,997,613	$23,143,519	$28,347,461	$6,252,678
Annual expenditure authority cap by DY DOS (Demo expenses NOT including residual DSH)	$7,416,684	$28,750,000	$28,691,897	$28,870,873	$26,470,790	$24,430,460	$25,193,873	$23,148,290	$25,229,152	$6,252,678

*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