

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: 1/2016 (October 1, 2015 – December 31, 2015)

Introduction:

On July 28, 2010, CMS approved the State of Missouri’s “Gateway to Better Health” Demonstration, which preserved access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The Demonstration was amended in June 2012, to enable the Safety Net Pilot Program to be implemented by July 1, 2012. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net maintained access to primary care and specialty care. The Centers for Medicare and Medicaid Services (CMS) approved an extension of the Demonstration on September 27, 2013. The State has been authorized to spend up to \$30 million (total computable) annually to preserve and improve primary care 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 (for this reporting period) includes the following main objectives:

- 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);
- Connect the uninsured and Medicaid populations to a primary care home which will enhance coordination, quality and efficiency of health care through patient and provider involvement;
- Maintain and enhance quality service delivery strategies to reduce health disparities;
- Have the affiliation partners provide health care services to an additional 2 percent of uninsured individuals over the current service levels by July 1, 2012; and
- Transition the affiliation partner community to a coverage model, as opposed to a direct payment model, by July 1, 2012.

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 for safety net providers and their uninsured patients in St. Louis City and St. Louis County to coverage options 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, when the covered patients were expected to be able to enroll in Medicaid or other coverage available through health care reform.

The Missouri legislature did not expand Medicaid eligibility during its 2013-2015 legislative sessions. In September 2013, July 2014, and again in December 2015, CMS approved a one-year extension of the Gateway Demonstration program for patients up to 100% FPL until December 31, 2016, 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 first quarter of Demonstration Year 7 (October 1, 2015 – December 31, 2015).

Enrollment Information:

As of December 31, 2015, 19,012 unique individuals were enrolled in the Gateway to Better Health. During the first quarter, the Gateway enrollment cap was 22,600. As of January 1, 2016, the enrollment cap was changed to 21,423 per the STCs issued December 2015. With this new enrollment cap, there is room in the program for approximately 2,411 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 December 2015	Enrollment Months December 2015
BJK People’s Health Centers	3,303	10,135
Family Care Health Centers	1,360	4,147
Affinia Healthcare (formerly known as Grace Hill)	8,186	24,771
Myrtle Hilliard Davis Comprehensive Health Centers	3,385	10,394
St. Louis County Department of Public Health	2,778	8,414
Total for All Health Centers	19,012	57,861

**Enrollment numbers are based on MO HealthNet enrollment data as of January 1, 2015.*

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 Medical/Referral, Outreach and Finance workgroups. 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 400 members have attended orientation sessions. 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 first quarter (October – December 2015) are listed below:

Organization	Session Date
Myrtle Hilliard Davis Health Centers	October 13, 2015
St. Louis County Department of Public Health	November 5, 2015 November 17, 2015 November 20, 2015
Betty Jean Kerr People’s Health Centers	December 2, 2015

Participants 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 96% of members felt the orientation sessions was very helpful or somewhat helpful.

The SLRHC regularly uses the infrastructure of its public Advisory Boards and Gateway Team meetings to gather input about the Demonstration. Public meetings held during the first quarter are listed below:

Team	Meeting Date
Provider Services Advisory Board Meeting	October 6, 2015
Gateway to Better Health Pilot Program Planning Team	October 7, 2015
Community Advisory Board Meeting	October 20, 2015
Commission Monthly Board Meeting	October 21, 2015
Provider Services Advisory Board Meeting	November 3, 2015
Gateway to Better Health Outreach Subcommittee Meeting	November 5, 2015
Community Advisory Board Meeting	November 17, 2015
Commission Monthly Board Meeting	November 18, 2015
Provider Services Advisory Board Meeting	December 1, 2015
Gateway to Better Health Pilot Program Planning Team	December 1, 2015
Community Advisory Board Meeting	December 15, 2015

In addition, screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more than 32,000 individuals in MO HealthNet programs, including:

- More than 16,500 children (18 years or under) approved for MO HealthNet for Families or MO HealthNet for Kids;
- More than 9,200 adults approved for Uninsured Women's Health Services;
- 3,181 adults approved for MO HealthNet for the Aged, Blind, or Disabled; and
- 3,050 adults approved for MO HealthNet for Families.

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted more than 860 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 244 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 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 October – December 2015, the call center answered 3,624 calls, averaging approximately 59 calls per day. Of calls answered during this time, 17 (<1%) resulted in a consumer complaint. The 17 consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter was related to patient access to care including, prescription medication, appointment scheduling and transportation. The type and number of complaints received during this period of time are outlined below:

Table 2. Summary of Consumer Complaints, October 1, 2015 – December 31, 2015*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	11	<p>Patients (2) reported difficulty getting prescriptions filled. The patients were contacted by health center staff to provide education about medication protocol and/or received prescription fills.</p> <p>Patients (2) reported difficulty getting prescriptions filled. The patients were scheduled for follow up appointments and received prescription fills.</p> <p>Patient (1) reported difficulty getting prescriptions filled. The patient was scheduled for an appointment to address the issue. The patient was also given the option to go to urgent care.</p> <p>Patients (2) reported difficulty obtaining referrals. The patients were scheduled for appointments.</p> <p>Patient (1) reported difficulty obtaining a referral. The patient was advised that department criteria for scheduling was not met. The patient was offered a referral to a different specialty care provider in network.</p> <p>Patient (1) reported difficulty being seen for a scheduled appointment. The patient opted to switch health centers.</p> <p>Patient (1) reported difficulty receiving test results. The patient was contacted with the results.</p> <p>Patient (1) reported difficulty scheduling a follow up appointment after a hospital discharge. The patient was disenrolled from their health center and was provided with assistance in choosing a new health center and scheduling an appointment.</p>
Transportation	4	<p>Patients (2) reported transportation did not arrive for a scheduled pick-up. The patients were contacted by LogistiCare and offered an apology. Transportation provider exclusions were added to the patients' accounts and the issues were forwarded to the Director of Operations for corrective action.</p> <p>Patient (1) reported difficulty with a transportation provider. The patient was contacted by LogistiCare and offered an apology. A transportation provider exclusion was added to the patient's account and the issue was forwarded to the Director of Operations for corrective action.</p> <p>Patient (1) reported difficulty being seen for a scheduled appointment because transportation was not scheduled by the health center. Follow up will be made on future appointments where transportation is needed.</p>

Co-Payment	2	<p>Patient (1) reported being charged a co-pay that was not consistent with Gateway standards. The patient was contacted and a refund was issued.</p> <p>Patient (1) reported being quoted a co-pay that was not consistent with Gateway standards. The patient was contacted about receiving the service at the standard Gateway co-pay.</p>
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**Reported consumer complaints are based on Automated Health Systems data as of January 7, 2016*

Action Plans for Addressing Any Policy, Administration, or Budget Issues Identified:

No policy, administrative or budget issues have been identified this quarter.

Quality Assurance/Monitoring Activity:

The State and SLRHC are continually monitoring the performance of the program to ensure it is providing access to quality health care for the populations it serves. Representatives from the provider organizations meet regularly to evaluate clinical, consumer and financial issues related to the program.

The SLRHC conducts satisfaction surveys with referring physicians (including support staff) and Gateway to Better Health enrollees on a regular basis. The next patient and provider satisfaction evaluation is scheduled to be conducted is for the June – December reporting period. Results from these evaluations will be provided in future quarterly reports.

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

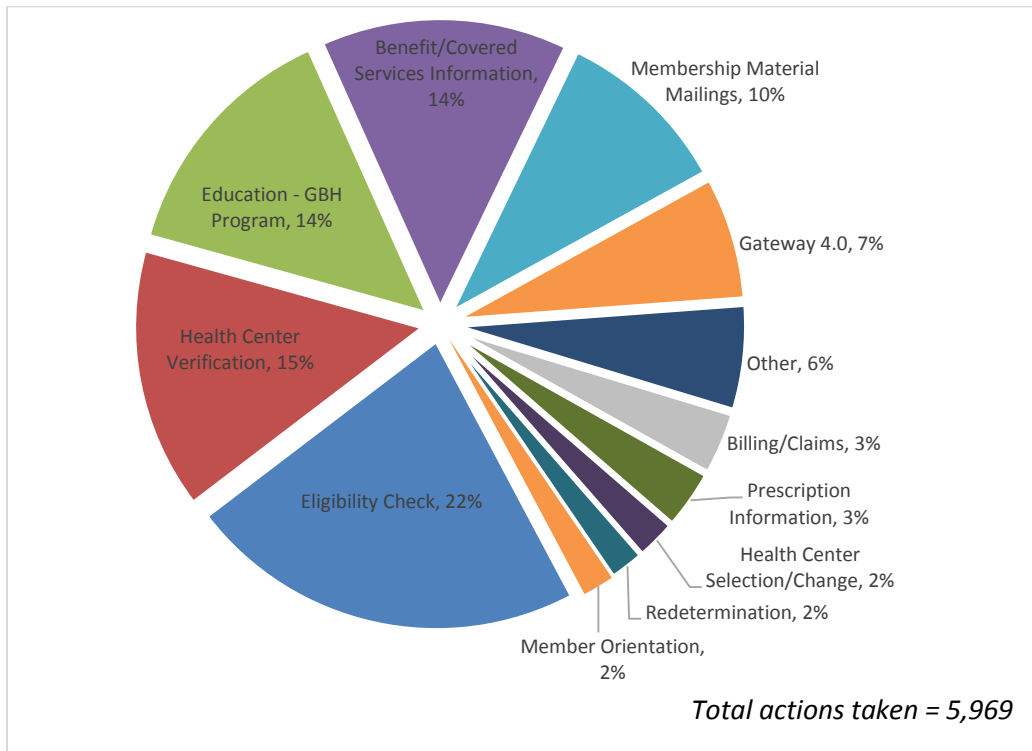
Call Center Performance

Table 3. Call Center Performance, October - December 2015*

Performance Measure	Outcome
Calls received	3,733
Calls answered	3,624
Abandonment rate	2.9%
Average answer speed (<i>seconds</i>)	20
Average length of time per call (<i>minutes: seconds</i>)	3:46

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

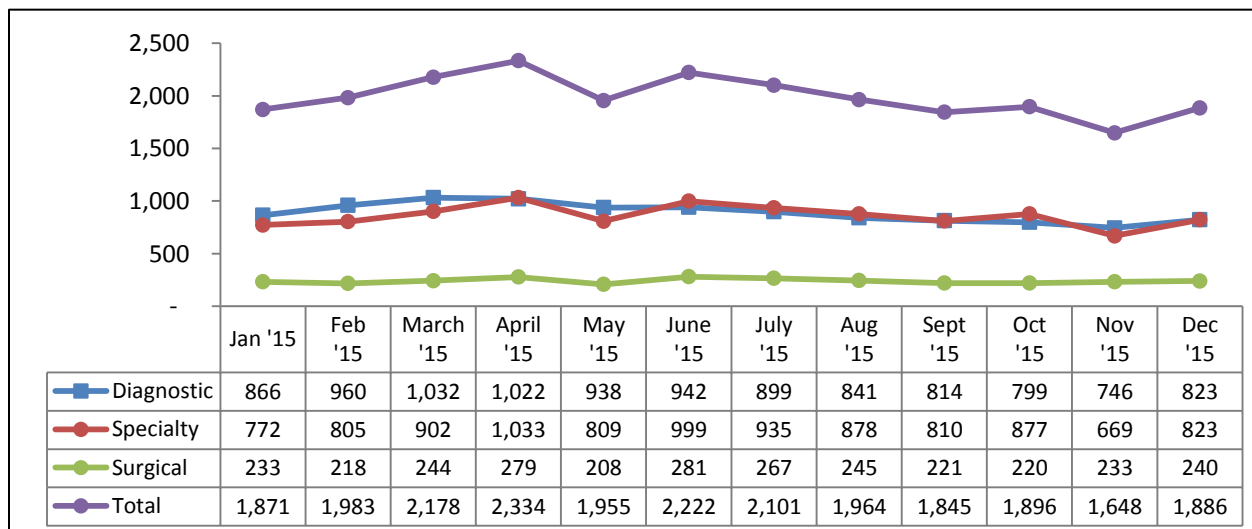
Figure 1. Call Center Actions, October – December 2015*



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

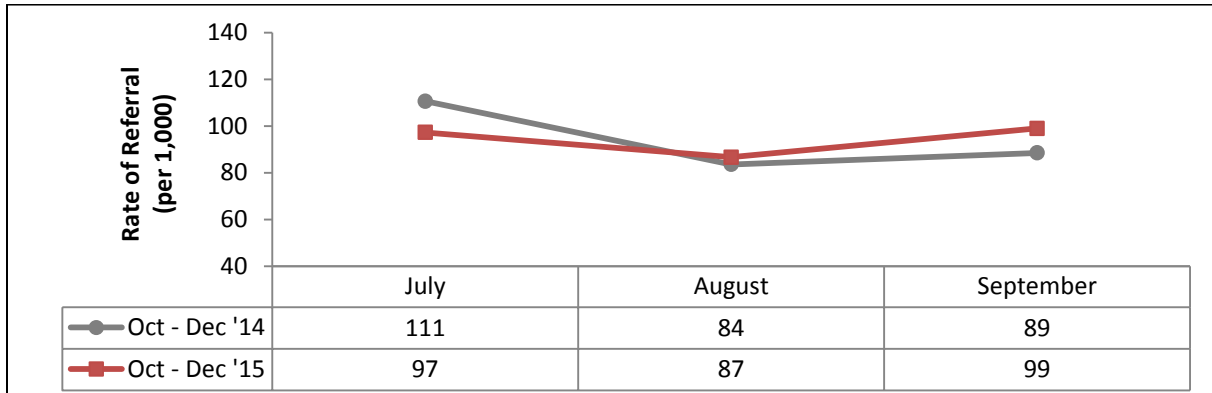
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, January – December 2015*



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

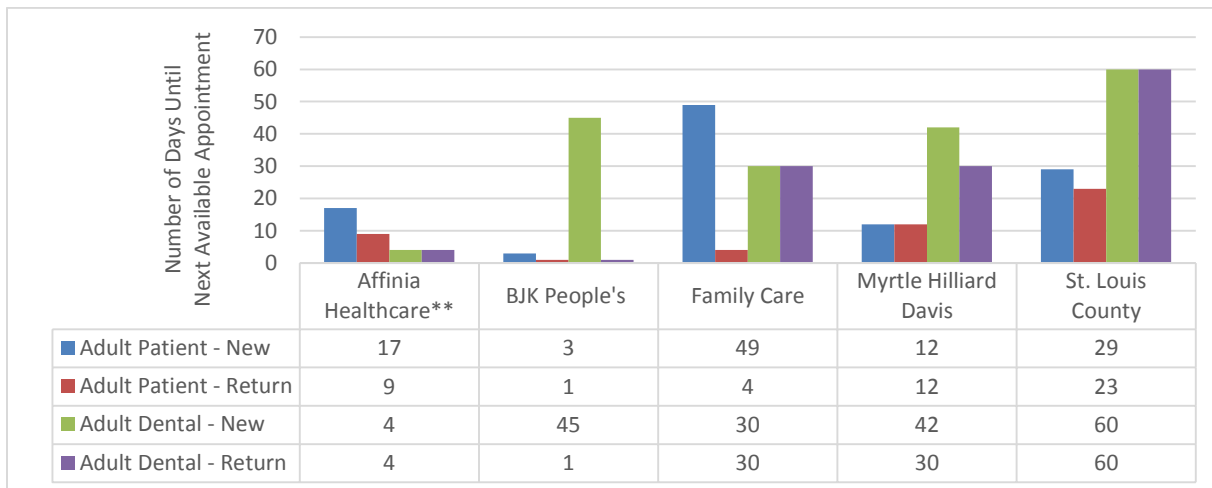
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), October – December 2014 vs. October – December 2015*



*Reported rates of medical referrals are based on Automated Health Systems data as of January 7, 2016. Referral types include diagnostic, specialty and surgical procedures. Rate of referral is determined by using the total referrals divided by the average monthly enrollment.

Primary Care Appointment Wait Times

Figure 4. Primary Care Wait Times (Non-Urgent Appointments in Days), as of December 31, 2015*



*Wait times self-reported by individual health center as of December 31, 2015, and are calculated for Gateway patients only.

**Affinia Healthcare was formerly known as Grace Hill Health Centers.

Updates on Provider Incentive Payments:

Table 4. Summary of Provider Payments and Withholds, October – December 2015*

Providers	Provider Payments Withheld	Provider Payments Earned**
BJK People’s Health Centers	\$ 36,089	\$ 478,908
Family Care Health Centers	\$ 14,581	\$ 193,492
Affinia Healthcare (formerly known as Grace Hill)	\$ 87,464	\$ 1,194,406
Myrtle Hilliard Davis Comprehensive Health Centers	\$ 37,115	\$ 506,837
St. Louis County Department of Public Health	\$ 29,615	\$ 392,995
Voucher Providers	\$ -	\$ 1,672,881
Total for All Providers	\$ 204,863	\$ 4,439,519

*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 January 7, 2016 for reporting period October-December 2015.

**Amount represents payments made during the quarter, net of incentive withholds.

As documented in previous quarterly reports, the Incentive Payment Protocol requires 7% of provider funding to be withheld from Gateway providers. The 7% withhold is tracked and managed on a monthly basis. The SLRHC is responsible for monitoring the health centers’ performance against the pay-for-performance metrics in the Incentive Payment Protocol.

Pay-for-performance incentive payments are paid out at six-month intervals of the Pilot Program based on performance during the following reporting periods:

- July 1, 2012 – December 31, 2012
- January 1, 2013 – June 30, 2013
- July 1, 2013 – December 31, 2013
- January 1, 2014 – June 30, 2014
- July 1, 2014 – December 31, 2014
- January 1, 2015 – June 30, 2015
- June 30, 2015 – December 31, 2015

Pay for performance results for the July 1 – December 31, 2015 reporting period are pending at this time and will be provided in future quarterly reports.

Updates on Budget Neutrality Worksheets:

Please see attached worksheets (Attachment II).

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 Plans to Secure Financial Sustainability:

Planning for financial sustainability of the Affiliation Partners and SLRHC has been underway throughout the demonstration period. Updates are provided below:

Affiliation Partners

The Affiliation Partners successfully transitioned from a direct payment methodology to a coverage model on July 1, 2012. The move to a coverage model has required these providers to understand underlying cost structures and streamline operations in preparation for the post-Demonstration environment. The long-term sustainability of the Affiliation Partners depends on the expansion of Medicaid in the State of Missouri. Gateway has been an important bridge to this expansion. However, the Missouri legislature has not approved expansion, making the ongoing operations of Gateway to Better Health critical to the lasting financial sustainability of the health centers: Affinia Healthcare (formerly known as Grace Hill Health Centers), Family Care, Betty Jean Kerr People's, Myrtle Hilliard Davis and St. Louis County Department of Public Health.

St. Louis Regional Health Commission Sustainability

At the current time, SLRHC's major priorities are (1) the successful management of the Gateway program, and (2) informing the public about the criticality of Medicaid expansion in Missouri. Once these duties have been successfully discharged, the SLRHC will reassess its priorities. The SLRHC continues to sustain its non-Gateway operations through contributions from St. Louis City and County.

Updates on Pilot Program and Implementation Activities:

As documented in previous quarterly reports, the Pilot Program was implemented on July 1, 2012; patients enrolled in Gateway to Better Health began receiving health care services under the coverage model as of that date. First convened in July 2010, the Pilot Program Planning Team serves to monitor the progress of the Pilot Program. Topics monitored include: specialty care referrals, enrollment, call center performance, consumer complaints, evaluation findings and budgets compared to actual expenses. The Planning Team also provides guidance and feedback throughout the operation of the program.

As in previous quarters, the State's Family Support Division continues to determine eligibility and to enroll individuals into Gateway to Better Health Pilot Program. Similarly, the MO HealthNet Division continues to monitor the progress of the program and implementation of the claims adjudication system.

Updates on Transition Plan:

The state submitted a transition plan on June 25, 2014. When the state determines a long-term solution for covering this population, the transition plan will be updated explaining how the patients will be transitioned into new coverage options.

Updates on any Amendment Requests:

An amendment to add coverage for brand name insulin and inhaler medication to the benefit package for Gateway members, where there is no generic alternative was submitted in February 2015. With the 2016 approval for an extension of the demonstration project, approved December 11, 2015, this amendment request was approved for DY7.

Updates on the State’s Success in Meeting the Milestones Outlined in Section XII:

Table 6. Updates on the State’s Success in Meeting Section XII Milestones

Date – Specific	Milestone	STC Reference	Date Submitted
10/01/2010	Submit strategic plan for developing the pilot plan	Section XII (#55a)	09/24/2010
11/25/2010	Submit Draft Evaluation Design	Section XII (#57)	11/19/2010
01/01/2011	Submit draft plan for the pilot program including business plans for the SLRHC, CRC Program, and each of the Affiliation Partners	Section XII (#55b)	12/30/2010
01/28/2011	Submit draft annual report for DY 1 (July 2010 – September 2010)	Section IX (#38)	1/28/2011
07/01/2011	Submit plan for the pilot program, including any needed amendments to the Demonstration and final business plans for the SLRHC, CRC Program, and each of the Affiliation Partners	Section XII (#55c)	6/30/2011
07/01/2011	Submit financial audit of ConnectCare	Section XII (#55d)	6/30/2011
10/01/2011	Submit draft operational plan for the pilot program	Section XII (#55e)	9/29/2011
01/01/2012	Submit operational plan for the pilot program	Section XII (#55f)	12/30/2011
01/27/2012	Submit draft annual report for DY 2 (October 2010 – September 2011)	Section IX (#38)	01/27/2012
07/01/2012	State must implement the pilot program, contingent on CMS approval	Section XII (#56a)	Implemented 07/1/2012
07/01/2012	Submit draft Transition Plan	Section III (#16)	6/27/2012
08/01/2012	Submit MOU between the State and SLRHC for CMS review	Section XIV	7/30/2012
09/01/2012	Incentive protocol	Section V (#21)	8/16/2012
10/31/2012	Submit revised evaluation design	Section XIII, (#57)	10/31/2012
01/28/2013	Submit draft annual report for DY 3 (October 2011 – September 2012)	Section IX, (#38)	01/28/2013
12/31/2013	ConnectCare, Grace Hill, and Myrtle Davis attain financial sustainability	Section XII (#56b)	See page 9
12/31/2013	SLRHC and CRC must attain financial sustainability	Section XII (#56d)	12/31/2013
01/28/2014	Submit draft annual report for DY 4 (October 2012 – September 2013)	Section IX (#38)	1/28/2014
01/29/2014	Submit revised Evaluation Design	Section XIII (#57)	1/29/2014
06/30/2014	Submit Transition Plan	Section III (#16)	6/25/2014
	Submit revised Evaluation Design	Section XIII (#55)	11/19/2014
	Submit draft annual report for DY 5 (October 2013 – September 2014)	Section IX (#36)	1/20/2015
	Submit draft annual report for DY 6 (October 2014 – September 2014)	Section IX (#36)	1/22/2016
07/01/2017	Submit Draft Final Report	Section IX (#39)	

Date – Specific	Milestone	STC Reference	Date Submitted
Ongoing through 07/01/2012	Ensure that there is a 2 percent increase in the number of uninsured persons receiving services at Affiliation Partners	Section XII (#56e)	Ongoing
Ongoing	Ensure that all individuals who present at the Affiliation Partners are screened for Medicaid and CHIP and assisted in enrolling, if eligible	Section XII (#56f)	Ongoing

Enclosures/Attachments:

Attachment I: Gateway Team Rosters

Attachment II: Updated Budget Neutrality Worksheets

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573/751-1092

Date Submitted to CMS:



**Pilot Program Planning Team
Roster**

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Jhonna Craig, MD, MBA
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Joe Yancey
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Faisal Khan, MBBS, MPH
St. Louis County Department of Public Health, Director



**Pilot Team Outreach Subcommittee
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Janet Voss
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Gateway to Better Health (Total Computable)

	DY 1	DY 2	DY 3	DY 4	DY 5	DY 6	DY 7	DY 8	Total - 6.5 year demonstration
	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	
	07/28/2010 - 09/30/2010	10/01/2010 - 09/30/2011	10/01/2011- 9/30/2012	10/01/2012- 09/30/2013	10/01/2013- 9/30/2014	10/01/2014- 09/30/15	10/01/2015- 9/30/2016	10/01/2016- 12/31/2017	07/28/2010 to 12/31/2016
No. of months in DY	3 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	
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	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	\$813,628,633	\$203,407,158	\$5,156,077,195
Without Waiver Total	\$189,681,265	\$748,599,611	\$766,126,399	\$811,102,775	\$814,509,721	\$809,021,633	\$813,628,633	\$203,407,158	\$5,156,077,195

With Waiver Projections

Residual DSH	\$167,785,998	\$679,083,062	\$675,602,811	\$735,329,474	\$713,152,789	\$714,046,801	\$782,439,078	\$197,666,855	\$4,467,440,013
St. Louis ConnectCare	\$4,850,000	\$18,150,000	\$14,879,909	\$3,148,648	\$118,489	\$0	\$0	\$0	\$41,147,045
Grace Hill Neighborhood Health Centers	\$1,462,500	\$5,850,000	\$5,071,706	\$5,016,507	\$6,073,656	\$5,648,970	\$5,863,944	\$1,284,778	\$34,987,283
Myrtle Davis Comprehensive Health Centers	\$937,500	\$3,750,000	\$3,097,841	\$2,108,161	\$1,838,040	\$2,157,443	\$2,456,185	\$537,814	\$16,345,170
Contingency Provider Network	\$0	\$0	\$379,372	\$4,254,902	\$5,469,199	\$3,937,955	\$5,647,205	\$1,233,200	\$19,688,634
Voucher	\$0	\$0	\$0	\$4,541,262	\$6,358,786	\$6,926,811	\$8,439,544	\$1,823,465	\$26,266,403
Infrastructure	\$0	\$0	\$975,000	\$1,925,000	\$0	\$0	\$0	\$0	\$2,900,000
SLRHC Administrative Costs	\$75,000	\$300,000	\$300,000	\$300,000	\$75,000	\$0	\$0	\$0	\$1,050,000
SLRHC Administrative Costs Coverage Model			\$584,155	\$4,328,950	\$3,692,463	\$3,098,002	\$3,950,078	\$861,045	\$15,653,649
CRC Program Administrative Costs	\$91,684	\$700,000	\$700,000	\$700,000	\$175,000	\$0	\$0	\$0	\$2,366,684
Actual expenditures for DY3 DOS				\$2,670,607	\$33,308	\$0	\$0	\$0	\$2,703,915
Actual expenditures for DY4 DOS				\$0	\$2,540,653	\$6,559	-\$1,642		\$2,545,569
Actual expenditures for DY5 DOS						\$2,402,336	\$72,309		\$2,474,645
Projected expenditures for DY6 DOS							\$2,957,245		\$2,957,245
Actual expenditures for DY6 DOS							\$1,804,686		\$1,804,686
Total With Waiver Expenditures	\$175,202,682	\$707,833,062	\$701,590,793	\$764,323,513	\$739,527,383	\$738,224,877	\$813,628,633	\$203,407,158	\$4,640,330,944

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	\$515,746,251
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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	\$31,189,555	\$5,740,303	
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Annual expenditure authority cap by DY DOS (Demo expenses NOT including residual DSH)

	\$7,416,684	\$28,750,000	\$28,691,897	\$28,869,002	\$26,275,279	\$26,531,113	\$26,356,956	\$5,740,303	
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*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