

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

Demonstration Year: 8 (October 1, 2016 – September 30,
2017)

Federal Fiscal Quarter: 1/2017 (October 1, 2016 – December 31 2016)

Introduction:

The current funding provided by this demonstration project builds on and maintains the success of the “St. Louis Model,” which was first implemented through the “Health Care for the Indigent of St. Louis” amendment to the Medicaid Section 1115 Demonstration Project. This amendment authorized the diversion of 6.27 percent of the Statewide DSH cash distributions, previously allocated to St. Louis Regional Hospital, to a “St. Louis Safety Net Funding Pool,” which funded primary and specialty care for the uninsured. The downsizing and ultimate closure of St. Louis Regional Hospital in 1997 led to the “St. Louis Model.”

On July 28, 2010, CMS approved the State of Missouri’s “Gateway to Better Health” Demonstration, which built upon “the St. Louis Model” to preserve access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net maintained access to primary and specialty care. CMS approved a one-year extension of the Demonstration on September 27, 2013, July 16, 2014, December 11, 2015, and again on June 16, 2016. The State has been authorized to spend up to \$30 million (total computable) annually to preserve and improve primary and specialty care in St. Louis in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). This Demonstration includes the following main objectives:

- I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available 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;
- 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 first quarter of Demonstration Year 8 (October 1, 2016 – December 31, 2016).

Enrollment Information:

As of December 31, 2016, 17,220 unique individuals were enrolled in the Gateway to Better Health. As of January 1, 2016, the Gateway enrollment cap is at 21,423, leaving room for approximately 4,203 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 2016 | Enrollment Months October – December 2016 |
|--|--|--|
| BJK People’s Health Centers | 2,889 | 8,748 |
| Family Care Health Centers | 1,272 | 3,842 |
| Affinia Healthcare (formerly known as Grace Hill) | 7,333 | 21,926 |
| Myrtle Hilliard Davis Comprehensive Health Centers | 3,313 | 10,009 |
| St. Louis County Department of Public Health | 2,413 | 7,225 |
| Total for All Health Centers | 17,220 | 51,750 |

**Enrollment numbers are based on MO HealthNet enrollment data as of January 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 820 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 first quarter (October – December 2016) are listed below:

| Organization | Session Date |
|--|--|
| Myrtle Hilliard Davis Comprehensive Health Centers | November 9, 2016 |
| BJK People’s Health Centers | December 14, 2016 |
| St. Louis County Department of Public Health | December 9, 2016 December 12, 2016 December 19, 2016 |
| Family Care Health Centers | December 12, 2016 |

Participants from member orientations held in the first quarter were asked to evaluate the effectiveness of each orientation session at its conclusion. As a result of member orientations, 89% of members felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 93% of members felt very confident or somewhat confident that they can navigate receiving health care services at their health center, and 96% 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 first quarter are listed below:

| Team | Meeting Date |
|--|---------------------|
| Provider Services Advisory Board Meeting | October 4, 2016 |
| Gateway to Better Health Pilot Program Planning Team Meeting | October 5, 2016 |
| Gateway to Better Health Operations Subcommittee Meeting | October 13, 2016 |
| Community Advisory Board Meeting | October 18, 2016 |
| Commission Monthly Board Meeting | October 19, 2016 |

| | |
|--|-------------------|
| Provider Services Advisory Board Meeting | November 1, 2016 |
| Commission Monthly Board Meeting | November 16, 2016 |
| Provider Services Advisory Board Meeting | December 6, 2016 |
| Gateway to Better Health Pilot Program Planning Team Meeting | December 9, 2016 |
| Community Advisory Board Meeting | December 20, 2016 |

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted 687 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 354 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 first 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 October – December 2016, the call center answered 3,533 calls, averaging approximately 60 calls per day. Of calls answered during this time, 22 (<1%) resulted in a consumer complaint. The 22 consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter were related to transportation and patient access to care including, appointment scheduling. The type and number of complaints received during this period of time are outlined below:

Table 2. Summary of Consumer Complaints, October 1, 2016 – December 31, 2016*

| Type of Complaint | Number of Complaints | Nature of Complaints/Resolution |
|-------------------|----------------------|--|
| Access to Care | 10 | <p>Patients (3) reported difficulty obtaining a referral. The patients were issued referrals for the needed services.</p> <p>Patients (2) reported difficulty scheduling a primary care appointment. The patients were contacted by the health center and a timely appointment was scheduled.</p> <p>Patients (2) reported difficulty scheduling a specialty care appointment. The patients were contacted and either a timely appointment was scheduled or the patient was given the option to receive care from an alternative provider.</p> <p>Patient (1) reported difficulty obtaining a prescription refill. The patient opted to fill the prescription at an out of network location. The health center contacted the patient and educated them on prescription procedures at the health center for the future.</p> <p>Patient (1) reported difficulty scheduling an appointment for an immunization. The health center notified the patient that the immunization could be administered without an appointment.</p> <p>Patient (1) reported difficulty scheduling a dental appointment. The dental</p> |
| Transportation | 5 | <p>Patients (3) 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, verified pick up addresses and offered the “Where’s My Ride?” number for patients to track their rides during future appointments.</p> <p>Patients (2) reported being charged with a missed appointment after transportation did not show for a scheduled pick-up. The missed appointment was removed from the patients’ record at the health center.</p> |
| Copay | 3 | <p>Patients (2) reported being charged a copay that was not consistent with Gateway copay standards. The healthcare site was educated on the Gateway copay scale and the patient was contacted.</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 with issued.</p> |

| | | |
|-----------------|---|---|
| Quality of Care | 3 | <p>Patients (2) reported dissatisfaction with a prescribed treatment plan at their health center. One patient was encouraged to schedule an appointment with a different provider. The other patient was disenrolled from their health center. RHC staff reached out to the patient to enroll them in a new health center.</p> <p>Patient (1) reported dissatisfaction with a treatment plan and requested prescription reimbursement. The patient's medical records were reviewed and it was concluded that the appropriate treatment was prescribed. Reimbursement was not warranted.</p> |
| Member Services | 1 | <p>Patient (1) reported difficulty obtaining test results from their health center. The health center informed the patient that a physician consult appointment was required to receive the test results.</p> |

**Reported consumer complaints are based on Automated Health Systems data as of January 7, 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 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 will be conducted in July 2017 for the April – June 2017 reporting period. Results from these evaluations will be provided in future quarterly reports.

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

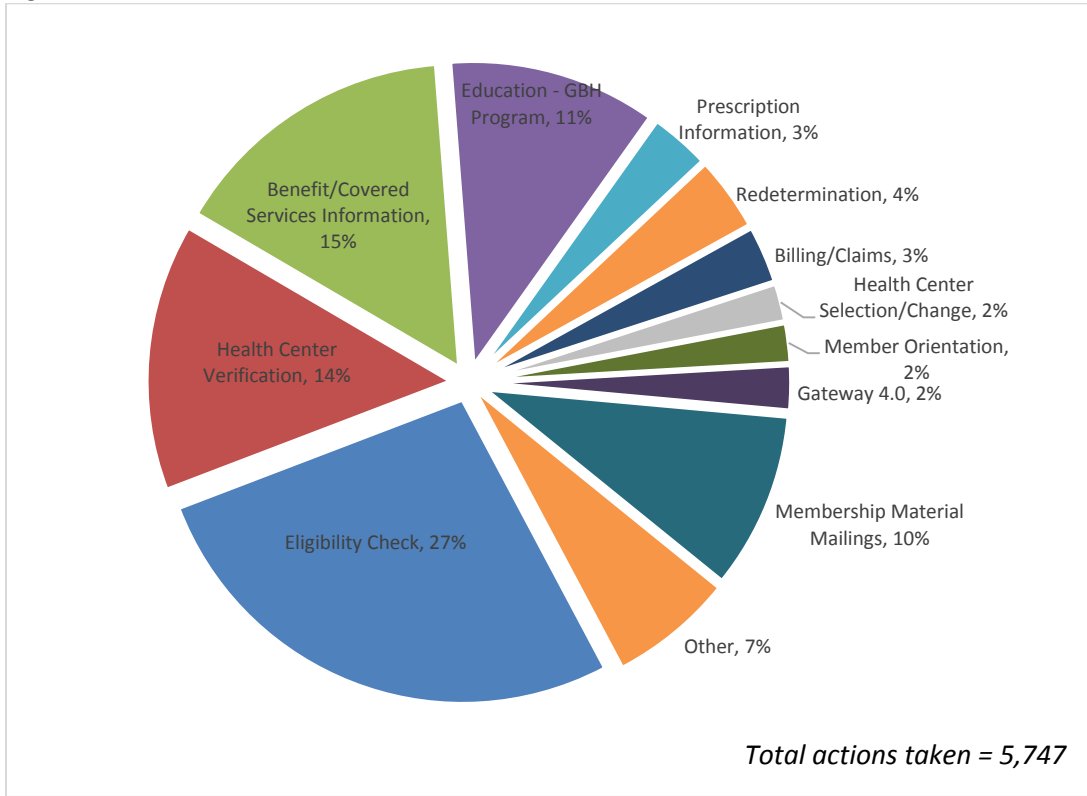
Call Center Performance

*Table 3. Call Center Performance, October – December 2016**

| Performance Measure | Outcome |
|---|----------------|
| Calls received | 3,533 |
| Calls answered | 3,436 |
| Abandonment rate | 2.7% |
| Average answer speed (<i>seconds</i>) | 23 |
| Average length of time per call (<i>minutes: seconds</i>) | 4:06 |

*Call center performance metrics are based on Automated Health Systems data as of January 6, 2017.

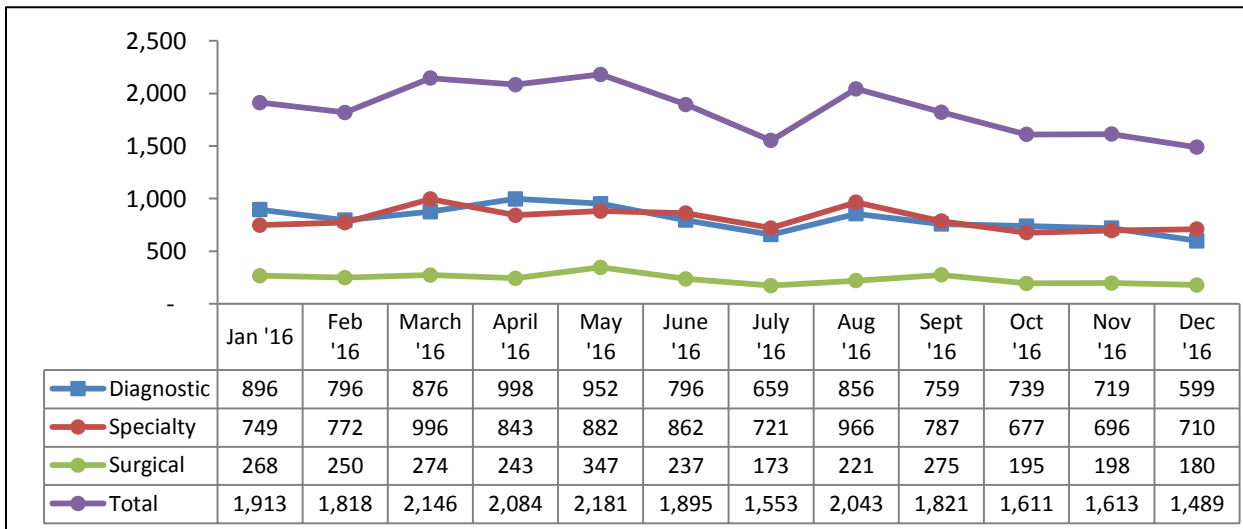
Figure 1. Call Center Actions, October – December 2016*



*Reported call center actions are based on Automated Health Systems data as of January 6, 2017.

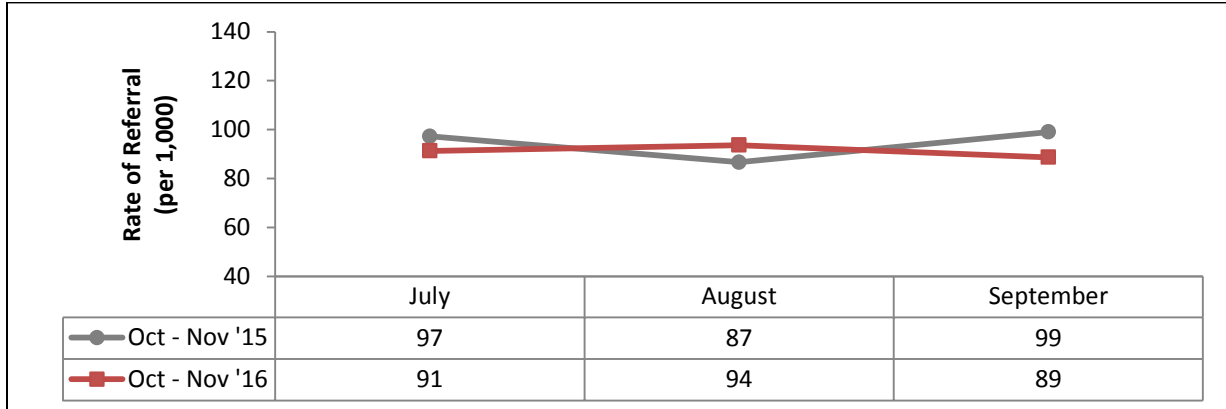
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, January 2016 – December 2016*



*Reported medical referrals are based on Automated Health Systems data as of January 6, 2017.

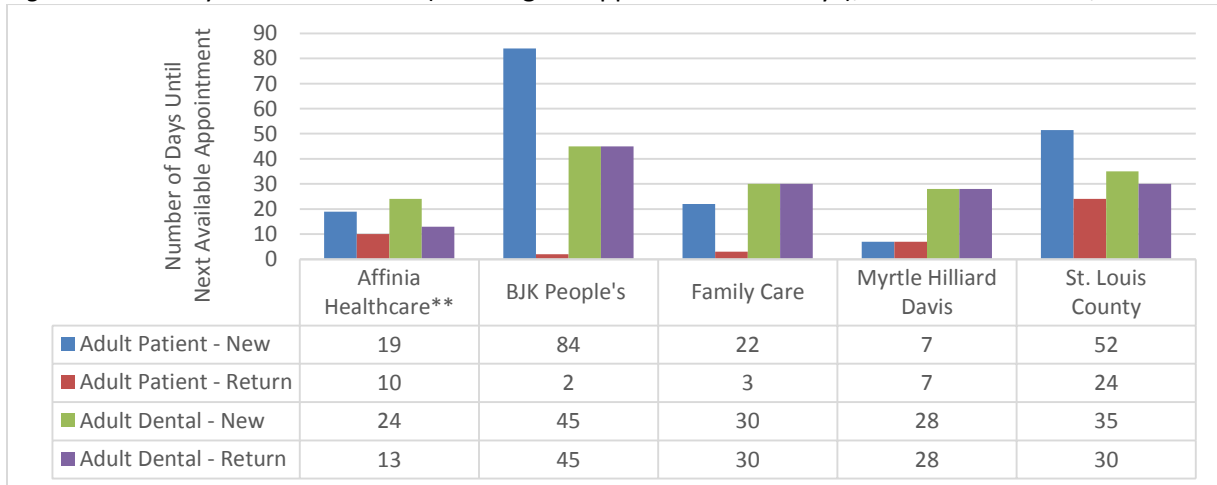
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), October – December 2015 vs. October – December 2016*



*Reported rates of medical referrals are based on Automated Health Systems data as of January 6, 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 December 31, 2016*



*Wait times self-reported by individual health center as of December 31, 2016, and are calculated for Gateway patients only.

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

Updates on Provider Incentive Payments:

Table 4. Summary of Provider Payments and Withholds, October – December 2016*

| Providers | Provider Payments Withheld | Provider Payments Earned** |
|--|-----------------------------------|-----------------------------------|
| BJK People's Health Centers | \$ 33,744.61 | \$ 448,111.96 |
| Family Care Health Centers | \$ 14,673.81 | \$ 194,858.94 |
| Affinia Healthcare (formerly known as Grace Hill) | \$ 83,685.72 | \$ 1,142,992.93 |
| Myrtle Hilliard Davis Comprehensive Health Centers | \$ 38,649.85 | \$ 527,876.83 |
| St. Louis County Department of Public Health | \$ 27,782.69 | \$ 368,939.92 |
| Voucher Providers | - | \$ 2,107,307.41 |
| Total for All Providers | \$ 198,536.68 | \$ 4,790,087.99 |

*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 6, 2017, for reporting period October – December 2016.

**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

Pay for performance results for the July 1 – December 31, 2016, 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 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 first quarter of the Demonstration Year 8 is provided below:

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

| Providers | Brand Name Insulin Filled | Brand Name Inhalers Filled | Total Brand Name Drugs Filled |
|--|----------------------------------|-----------------------------------|--------------------------------------|
| BJK People’s Health Centers | 453 | 398 | 851 |
| Family Care Health Centers | 163 | 182 | 345 |
| Affinia Healthcare (formerly known as Grace Hill) | 925 | 971 | 1,896 |
| Myrtle Hilliard Davis Comprehensive Health Centers | 390 | 316 | 706 |
| St. Louis County Department of Public Health | 31 | 137 | 168 |
| Total for All Providers | 1,962 | 2,004 | 3,966 |

**Prescription information for September 2016 not yet available. Data based on actuarial analysis from Wakely Consulting Group as of January 23, 2017.*

The pilot program also tracks a number of quality indicators relevant to patients utilizing this new benefit to measure its effect on their health outcomes. The measures below are collected in six-month reporting periods through the Incentive Payment Protocol:

- Number of patients with chronic diseases with at least two office visits within one year;
- Number of patients with diabetes with one HgbA1c test within six months; and
- Number of patients with diabetes with an HgbA1c less than or equal to 9%.

Below is baseline data (July – December 2015) for the reporting period prior to the addition of brand name insulin and inhaler coverage to the benefits package, as well as data for the 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**

| Metric | 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.

Data for these metrics from the July – December 2016 pay-for-performance reporting period will be provided in future quarterly report to compare to previous reporting periods.

Enclosures/Attachments:

Attachment I: Gateway Team Roster

Attachment I: Updated Budget Neutrality Worksheets

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February 28, 2017



**Pilot Program Planning Team
Roster**

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

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

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

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

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

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

Joe Yancey
Executive Director, *Community Alternatives*

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

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



Pilot Team Operations Subcommittee

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

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

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

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

Peggy Clemens
Practice Manager, *Mercy Clinic Digestive Diseases*

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

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

Debbie Haasis
Nursing Supervisor, *South County Health Center*

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

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

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Lynn Kersting
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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)

**Budget Neutrality
Gateway to Better Health (Total Computable)**

| | DY 1 | DY 2 | DY 3 | DY 4 | DY 5 | DY 6 | DY 7 | DY 8 | DY 9 | Total - 7.5 year demonstration |
|---|-------------------------|-------------------------|-----------------------|------------------------|-----------------------|----------------------|-----------------------|-----------------------|----------------------|--------------------------------|
| | FFY 2010 | FFY 2011 | FFY 2012 | FFY 2013 | FFY 2014 | FFY 2015 | FFY 2016 | FFY 2017 | FFY 2018 | |
| | 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- 9/30/2017 | 10/01/2017-12/31/17 | 07/28/2010 to 12/31/2017 |
| No. of months in DY | 3 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 | |
| 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 | |
| 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 | \$203,023,345 | \$5,966,251,511 |
| 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 | \$203,023,345 | \$5,966,251,511 |
| 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 | \$787,162,378 | \$197,316,487 | \$5,456,575,568 |
| St. Louis ConnectCare | \$4,850,000 | \$18,150,000 | \$14,879,909 | \$3,148,648 | \$118,489 | \$0 | \$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 | \$4,805,114 | \$5,122,320 | \$1,226,254 | \$40,277,026 |
| 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 | \$2,279,424 | \$549,341 | \$18,815,891 |
| Contingency Provider Network | \$0 | \$0 | \$379,372 | \$4,254,902 | \$5,469,199 | \$3,937,955 | \$5,035,278 | \$4,860,032 | \$1,174,004 | \$25,110,743 |
| Voucher | \$0 | \$0 | \$0 | \$4,541,262 | \$6,358,786 | \$6,926,811 | \$6,649,760 | \$6,522,363 | \$1,901,231 | \$32,900,214 |
| Infrastructure | \$0 | \$0 | \$975,000 | \$1,925,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$2,900,000 |
| SLRHC Administrative Costs | \$75,000 | \$300,000 | \$300,000 | \$300,000 | \$75,000 | \$0 | \$0 | \$0 | \$0 | \$1,050,000 |
| SLRHC Administrative Costs Coverage Model | | | \$584,155 | \$4,328,950 | \$3,692,463 | \$3,098,002 | \$3,477,955 | \$3,314,848 | \$856,029 | \$19,352,403 |
| CRC Program Administrative Costs | \$91,684 | \$700,000 | \$700,000 | \$700,000 | \$175,000 | \$0 | \$0 | \$0 | \$0 | \$2,366,684 |
| Actual expenditures for DY3 DOS | | | | \$2,670,607 | \$33,308 | \$0 | -\$83 | \$0 | | \$2,703,832 |
| Actual expenditures for DY4 DOS | | | | \$0 | \$2,540,653 | \$6,559 | \$229 | -\$325 | | \$2,547,116 |
| Actual expenditures for DY5 DOS | | | | | | \$2,402,336 | \$267,821 | -\$9,283 | | \$2,660,874 |
| Actual expenditures for DY6 DOS | | | | | | | \$2,663,397 | -\$7,486 | | \$2,655,911 |
| Projected expenditures for DY7 DOS | | | | | | | | \$645,087 | | \$645,087 |
| Actual expenditures for DY7 DOS | | | | | | | | \$2,204,023 | | \$2,204,023 |
| 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 | \$203,023,345 | \$5,653,912,418 |
| 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 | \$312,339,093 |
| Annual expenditure by DY Payment Date as reported on CMS 64s (Demo expenses NOT including residual DSH) | | | \$25,987,982 | \$28,994,039 | \$26,374,594 | \$24,178,076 | \$24,997,613 | \$24,931,003 | \$5,706,858 | |
| 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 | \$24,425,092 | \$24,915,359 | \$22,098,987 | \$5,706,858 | |

*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