

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

Demonstration Year: 9 (October 1, 2017 – September 30, 2018)
Federal Fiscal Quarter: 1/2018 (October 1, 2017 – December 31, 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, June 16, 2016, and again on September 1, 2017 for a five-year extension. The State has been authorized to spend up to \$30 million (total computable) annually to preserve and improve primary and specialty care in St. Louis in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). This Demonstration includes the following main objectives:

- I. Preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured.
- II. Connect the uninsured to a primary care home which will enhance coordination, quality and efficiency of health care through patient and provider involvement;
- III. Maintain and enhance quality service delivery strategies to reduce health disparities.

For the first two years of the Demonstration, through June 30, 2012, certain providers referred to as Affiliation Partners were paid directly for uncompensated care. These providers included St. Louis ConnectCare, Affinia Healthcare and 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. On September 1, 2017, CMS approved a five-year extension of the demonstration program.

Under the Demonstration, the State has authority to claim as administrative costs limited amounts incurred for the functions related to the design and implementation of the Demonstration pursuant to a Memorandum of Understanding (MOU) with the St. Louis Regional Health Commission (SLRHC). The SLRHC, formed in 2001, is a non-profit, non-governmental organization whose mission is to increase access to health care for people who are medically uninsured and underinsured; reduce health disparities among populations in St. Louis City and County; and improve health outcomes among populations in St. Louis City and County, especially among those most at risk.

In order to meet the requirements for the Demonstration project, the 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 9 (October 1, 2017- December 31, 2017).

Enrollment Information:

As of December 31, 2017, 14,765 unique individuals were enrolled in the Gateway to Better Health. The Gateway enrollment cap is set at 21,423, which leaves room for approximately 6,658 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 2017	Enrollment Months October – December
BJK People’s Health Centers	2,514	7,852
Family Care Health Centers	1,268	3,899
Affinia Healthcare	6,253	19,627
Myrtle Hilliard Davis Comprehensive Health Centers	2,816	8,841
St. Louis County Department of Public Health	1,914	6,018
Total for All Health Centers	14,765	46,237

**Enrollment numbers are based on MO HealthNet enrollment data as of January 1, 2018.*

Outreach/Innovation Activities:

Each month the SLRHC shares information and gathers input about the Demonstration from its 20-member board, and its 30-member Community and Provider Services Advisory boards. Full rosters of these boards may be found at www.stlrhc.org.

The SLRHC shares monthly financial, enrollment and customer service reports about the Pilot Program with these advisory boards in addition to the Pilot Program Planning Team and the committees that report to this team; these committees include the Operations and Finance subcommittees. Members of the community, health center leadership, health center medical staff and representatives from other medical providers in the St. Louis region are represented on these committees. (Full rosters can be found in Attachment I of this report).

The SLRHC conducts orientation sessions for members of the Pilot Program on a regular basis. The sessions are open to all members, but targeted towards those members newly enrolled in the program during the last six months. To date, more than 1,115 members have attended orientation sessions since its implementation in March 2015. Member orientations provide an avenue for the SLRHC to explain the program to new Gateway members and to gather feedback from patients. As of January 2017, member orientations are held twice a year at each site.

Sessions held during the first quarter (October – December 2017) are listed below:

Organization	Session Date
Myrtle Hilliard Davis	October 17, 2017
St. Louis County Department of Public Health – South County St. Louis County Department of Public Health – North Central	October 19, 2017 December 4, 2017
Betty Jean Kerr People’s	December 13, 2017

Four member orientations were held during the first quarter (October – December 2017) at Myrtle Hilliard Davis, St. Louis County Department of Public Health – South County, St. Louis County Department of Public Health – North Central and BJK People’s Health Centers. Participants from those sessions were asked to evaluate the effectiveness of the orientation session at its conclusion. As a result of the member orientation, 87% of participants felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 91% of participants felt very confident or somewhat confident that they can navigate receiving health care services at their health center, and 93% of participants felt the orientation session overall was very helpful or somewhat helpful.

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

Team	Meeting Date
Provider Services Advisory Board Meeting	October 3, 2017
Gateway Pilot Team Meeting	October 9, 2017
Community Advisory Board Meeting	October 17, 2017
RHC Commission Meeting	October 18, 2017
Gateway Operations Team Meeting	October 24, 2017
Provider Services /Community Joint Advisory Board Meeting	November 7, 2017
RHC Commission Meeting	November 15, 2017
Gateway Pilot Team Meeting	December 5, 2017
Community Advisory Board Meeting	December 19, 2017

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted 995 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 135 members each month during this quarter.

Operational/Policy Development/Issues:

There are no operational or policy issues to report for this quarter.

Financial/Budget Neutrality Development/Issues:

The State continues to monitor budget neutrality for this quarter as claims are processed. The program remained budget neutral for the 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 2017, the call center answered 3,535 calls, averaging approximately 58 calls per day. Of calls answered during this time, 4 (<1%) resulted in a consumer complaint. The 4 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. The type and number of complaints received during this period of time are outlined below:

Table 2. Summary of Consumer Complaints, October 1, 2017 – December 31, 2017*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	3	<p>Patient (1) reported difficulty getting diabetic testing tips. The test strips were made available to the patient.</p> <p>Patient (1) reported difficulty getting an insulin pen. The patient’s health center provided a prescription for the medication.</p> <p>Patient (1) needed lab work that could not be completed at SLU Hospital. Arrangements were made for the patient to have lab work completed at Barnes-Jewish Hospital.</p>
Transportation	1	<p>Patient (1) reported transportation did not show for a scheduled pick-up. LogistiCare contacted health center to notify them of transportation issue. The patient was not charged with a no-show visit at the health center.</p>

*Reported consumer complaints are based on Automated Health Systems data as of January 5, 2018.

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

There are no policy, administrative or budget issues to report this quarter.

Quality Assurance/Monitoring Activity:

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

The SLRHC conducts satisfaction surveys with referring physicians (including support staff) and Gateway to Better Health enrollees on a regular basis. The next patient and provider satisfaction evaluation will be conducted during the Spring and Summer of 2018. Results 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. Recent available outcomes for these measures are detailed in the sections below:

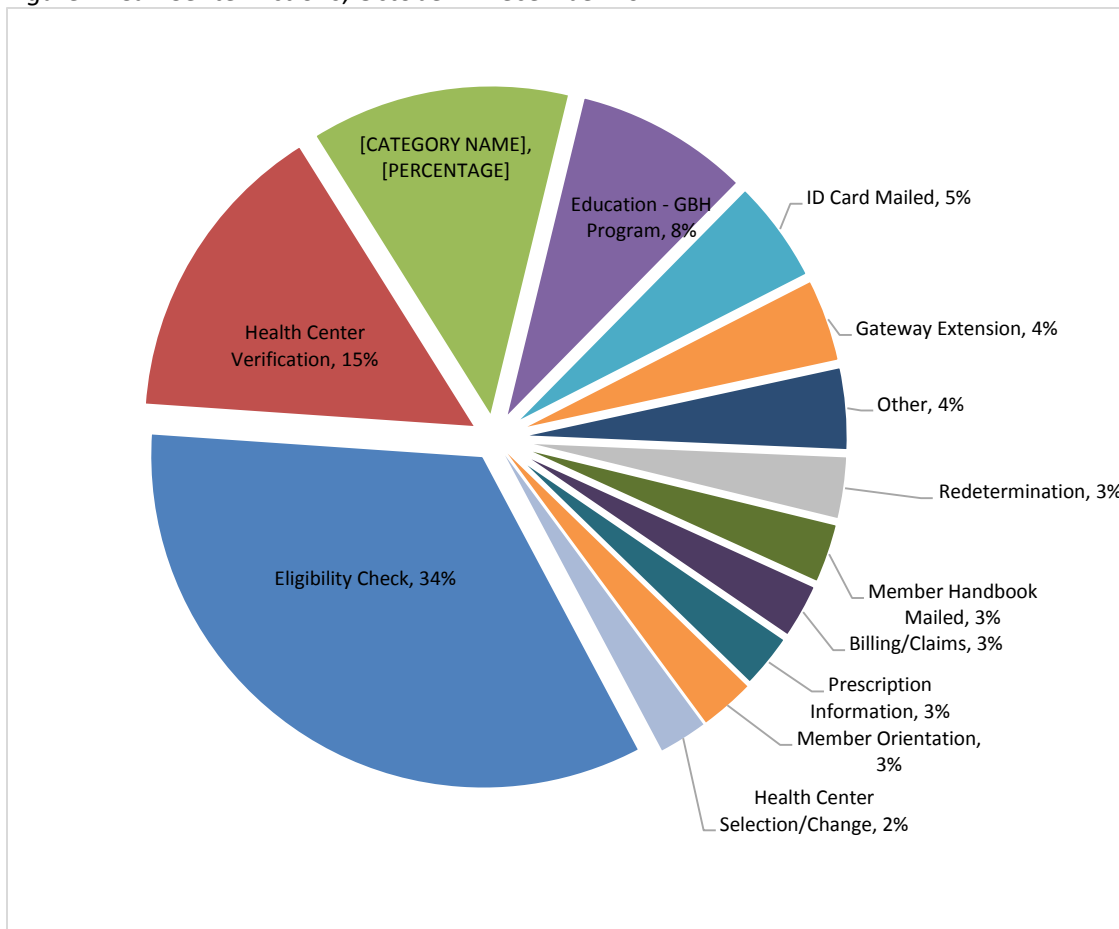
Call Center Performance

Table 3. Call Center Performance, October – December 2017

Performance Measure	Outcome
Calls received	3,692
Calls answered	3,535
Abandonment rate	4.25%
Average answer speed (seconds)	28
Average length of time per call (minutes: seconds)	4:04

*Call center performance metrics are based on Automated Health Systems data as of January 5, 2018.

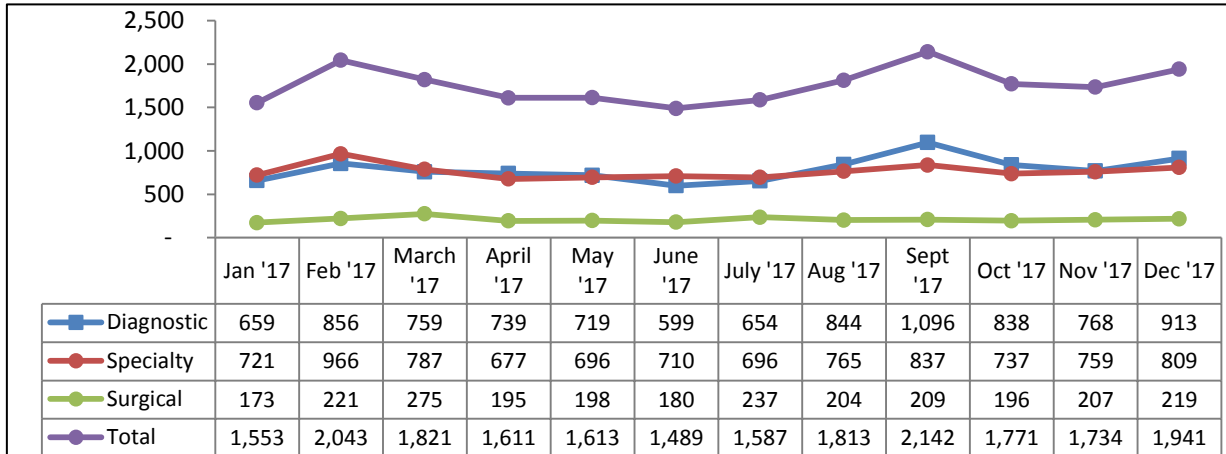
Figure 1. Call Center Actions, October – December 2017



*Reported call center actions are based on Automated Health Systems data as of January 5, 2018.

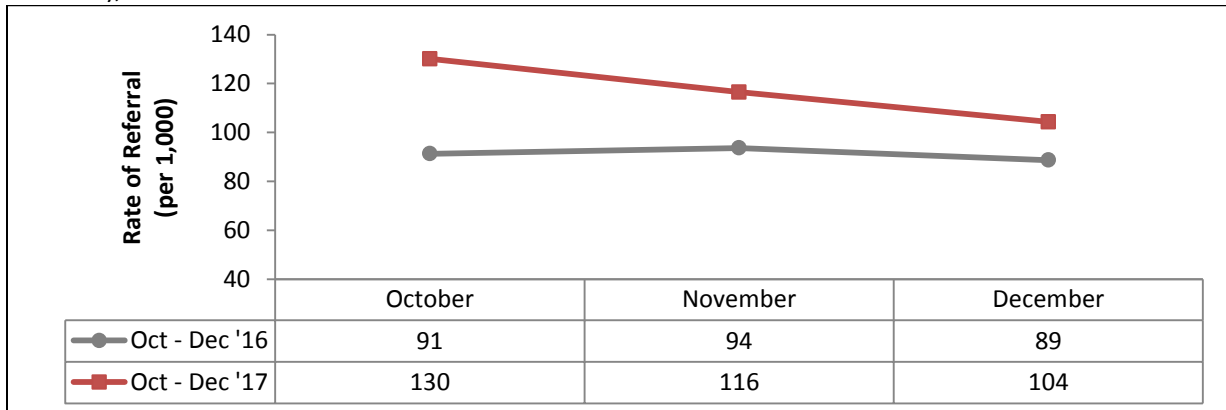
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, January 2017 – December 2017*



*Reported medical referrals are based on Automated Health Systems data as of January 5, 2018.

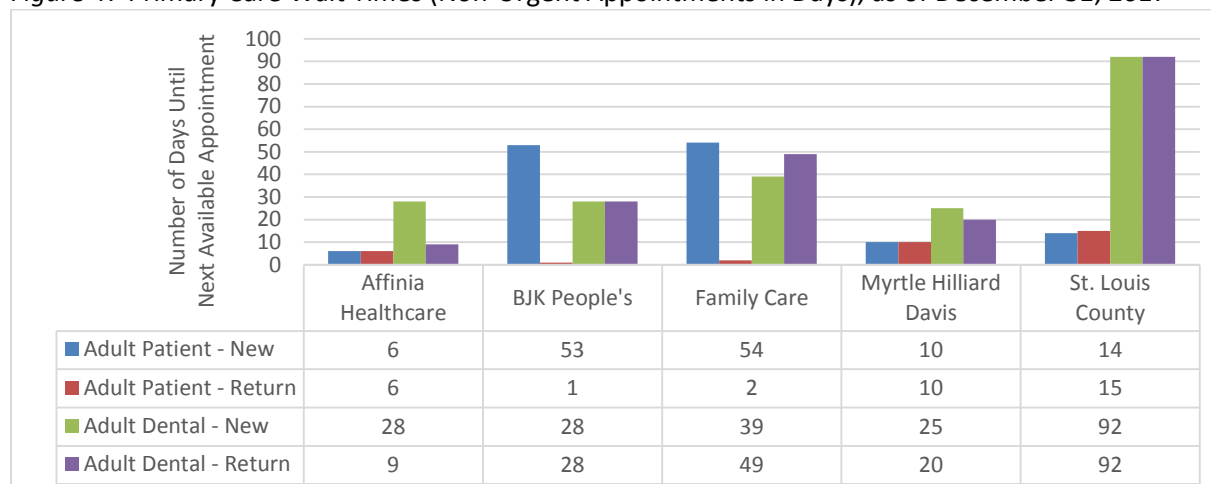
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), October – December 2016 vs. October – December 2017*



*Reported rates of medical referrals are based on Automated Health Systems data as of January 5, 2018. 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, 2017*



*Wait times self-reported by individual health center as of December 31, 2017, and are calculated for Gateway patients only.

Updates on Provider Incentive Payments:

Table 4. Summary of Provider Payments and Withholds, October – December 2017*

Providers	Provider Payments Withheld	Provider Payments Earned**
BJK People’s Health Centers	\$33,874	\$460,096
Family Care Health Centers	\$17,033	\$231,356
Affinia Health Centers	\$85,561	\$1,162,137
Myrtle Hilliard Davis Comprehensive Health Centers	\$38,527	\$523,297
St. Louis County Department of Public Health	\$26,186	\$355,674
Voucher Providers	-	\$1,899,822
Total for All Providers	\$201,181	\$4,632,382

*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 5, 2018 for reporting period October - December 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
- January 1, 2018 – June 30, 2018
- July 1, 2018 – December 1, 2018

Pay for performance results for the July 1 – December 31, 2017 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 Gateway to Better Health Demonstration program has selected Mercer Government Human Services Consulting to serve as the external evaluator. Mercer will assist the SLRHC in developing the final evaluation design for the 2018 – 2022 approval period. The final evaluation design will include a driver diagram, hypotheses, data metrics and methodology focused on evaluating success in achieving the program’s objectives. The program evaluation design work with Mercer is being conducted according to the timeline below, with the final evaluation plan being completed in April 2018. As the work with Mercer is finalized, future reports will included addition quality data.

Topic/Task	Target Date
Mercer to facilitate kick off meeting with SLRHC	November 17, 2017
Mercer to facilitate onsite meeting with Pilot Program Planning Team to review updated driver diagram, methodology and data analysis plan, and measures	February 1, 2018
Mercer to complete measure selection and specification description	February 24, 2018
Mercer to submit draft report to Program Staff	March 23, 2018
Mercer receives feedback on draft report from Program Staff	March 28, 2018
Mercer to submit updated draft report to Pilot Planning Team	April 4, 2018
Mercer receives feedback on draft report from Pilot Planning Team	April 9, 2018
Mercer to submit final draft report to the SLRHC	April 13, 2018
Mercer receives feedback on the final draft report from SLRHC	April 20, 2018
Mercer to submit Final Report to SLRHC	April 23, 2018

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

Date – Specific	Milestone	STC Reference	Date Submitted
12/1/2017	Procure external vendor for evaluation services	Section XI (#39)	Ongoing
12/30/2017	Submit Amended Evaluation Design	Section XI (#40)	12/30/2017
12/30/2017	Submit Draft Annual Report for DY8 (October 2016-September 2017)		12/30/2017
4/30/2018	Finalize Evaluation Design	Section XI, (#41)	Ongoing
Ongoing – due 60 days at the end of each quarter	Submit Quarterly Reports	Section IX (#34)	
12/30/2018	Submit Draft Annual Report for DY9 (October 2017 – September 2018)	Section IX (#34/#35)	
12/30/2019	Submit Draft Annual Report for DY10 (October 2018 – September 2019)	Section IX (#34/#35)	
12/31/2021	Submit Interim Evaluation	Section XI (#47)	
12/30/2020	Submit Draft Annual Report for DY11 (October 2019 – September 2020)	Section IX (#34/#35)	
12/30/2021	Submit Draft Annual Report for DY12 (October 2020 – September 2021)	Section IX (#34/#35)	
12/30/2022	Submit Draft Annual Report for DY13 (October 2021 – September 2022)	Section IX (#34/#35)	
6/30/2024	Submit Summative Evaluation Report	Section XI (#48)	
9/1/2022	Submit Draft Final Operational Report	Section IX (#34/#35)	

Enclosures/Attachments:

Attachment I: Gateway Team Roster
Attachment II: Updated Budget Neutrality Worksheet

State Contact(s):

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(573) 751-1092

Date Submitted to CMS: March 1, 2018



**Pilot Program Planning Team
Roster**

James Crane, MD (Chair)
Associate Vice Chancellor for Clinical Affairs, *Washington University School of Medicine*

Kate Becker
President, *SSM Saint Louis University 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*

Jennifer Tidball
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

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

Tony Amato
Assistant Director, *Managed Care
SLUCare*

Bernard Ceasor
GBH Section Supervisor, *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*

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

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

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

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

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

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

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

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

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*

Jody Wilkins
Nursing Supervisor, *South County Health Centers*



**Pilot Team Finance Subcommittee
Roster**

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

Denise Kruse
Chief Financial Officer,
Family Care Health Centers

Gregory Stevenson
Interim Chief Financial Officer
Myrtle Hilliard Davis Comprehensive Health Centers

Connie Sutter
Manager Rate Setting,
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

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

	DY 1 FFY 2010	DY 2 FFY 2011	DY 3 FFY 2012	DY 4 FFY 2013	DY 5 FFY 2014	DY 6 FFY 2015	DY 7 FFY 2016	DY 8 FFY 2017	DY 9 FFY 2018	DY 10 FFY 2019
	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- 09/30/2018	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	\$801,292,456	\$801,292,456
Without Waiver Total	\$189,681,265	\$748,599,611	\$766,126,399	\$811,102,775	\$814,509,721	\$809,021,633	\$812,093,381	\$812,093,381	\$801,292,456	\$801,292,456

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	\$777,184,110	\$781,888,468
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	\$4,679,529	\$4,095,647
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	\$2,120,992	\$1,856,348
Contingency Provider Network	\$0	\$0	\$379,372	\$4,254,902	\$5,469,199	\$3,937,955	\$5,035,278	\$4,771,728	\$4,469,908	\$3,909,991
Voucher	\$0	\$0	\$0	\$4,541,262	\$6,358,786	\$6,926,811	\$6,649,760	\$5,433,044	\$5,935,235	\$5,790,396
Infrastructure	\$0	\$0	\$975,000	\$1,925,000	\$0	\$0	\$0	\$0	\$0	\$0
SLRHC Administrative Costs	\$75,000	\$300,000	\$300,000	\$300,000	\$75,000	\$0	\$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	\$3,751,606
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	\$0
Actual expenditures for DY4 DOS				\$0	\$2,540,653	\$6,559	\$229	-\$325	\$0	\$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	\$29,385	
Actual expenditures for DY8 DOS									\$2,368,958	
Projected expenditures for DY7 DOS									\$292,750	
Projected expenditures for DY8 DOS									\$427,216	
Total With Waiver Expenditures	\$175,202,682	\$707,833,062	\$701,590,793	\$764,323,513	\$739,527,383	\$738,224,877	\$812,093,381	\$812,093,381	\$801,292,456	\$801,292,456

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
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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	\$24,997,613	\$23,143,519	\$24,108,346	\$19,403,988
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	\$25,164,488	\$20,779,332	\$20,990,037	\$19,403,988

*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