

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

Demonstration Year: 10 (October 1, 2018 – September 30, 2019)  
Federal Fiscal Quarter: 1/2019 (October 1, 2018 –December 31, 2018)

**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 CareSTL Health (formerly known as 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 is 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 10 (October 1, 2018 – December 31, 2018).

**Enrollment Information:**

As of January 1, 2019, 13,305 unique individuals were enrolled in Gateway to Better Health. The Gateway enrollment cap is set at 21,423, which leaves room for approximately 8,118 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\**

<b>Health Center</b>	<b>Unique Individuals Enrolled as of January 1, 2019</b>	<b>Enrollment Months October – December 2018</b>
BJK People’s Health Centers	2,186	6,936
Family Care Health Centers	1,262	4,008
Affinia Healthcare	5,489	17,419
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	2,592	8,217
St. Louis County Dept. of Health	1,776	5,585
<b>Total</b>	<b>13,305</b>	<b>42,165</b>

*\*Enrollment numbers are based on MO HealthNet enrollment data as of January 1, 2019*

**Outreach/Innovation Activities:**

Each month the SLRHC shares information and gathers input about the Demonstration from the SLRHC 20-member board, and its 30-member Community and Provider Services Advisory board. Full rosters of these boards may be found at [www.stlrhc.org](http://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 1,422 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 2018) are listed below:

<b>Organization</b>	<b>Session Date</b>
BJK People’s Health Centers	December 5, 2018
BJK People’s Health Centers	December 11, 2018

Two member orientations were held during the first quarter (October – December 2018) at 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, 86% of respondents felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 92% of respondents felt very confident or somewhat confident that they can navigate receiving health care services at their health center, and 97% of respondents 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:

<b>Team</b>	<b>Meeting Date</b>
Provider Services Advisory Board	October 2, 2018
Gateway Pilot Team Meeting	October 9, 2018
Gateway Operations Team Meeting	October 11, 2018
Community Advisory Board Meeting	October 16, 2018
RHC Commission Meeting	October 17, 2018
Provider Services Advisory Board	November 6, 2018
Community Advisory Board Meeting	November 20, 2018
RHC Commission Meeting	November 21, 2018
Gateway Pilot Team Meeting	November 26, 2018
Provider Services Advisory Board	December 4, 2018
Community Advisory Board Meeting	December 18, 2018
RHC Commission Meeting	December 19, 2018

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted 843 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 228 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 2018, the call center answered 3,617 calls, averaging approximately 58 calls per day. Of calls answered during this time, 16 (<1%) resulted in a consumer complaint. The 16 consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter is related to transportation. The type and number of complaints received during this period of time are outlined below:

Table 2. Summary of Consumer Complaints, October 1, 2018 –December 31, 2018\*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Member Services	1	Patient (1) contended suspension due to missed appointments. Health Center verified three missed appointments, patient was advised of walk-in option to see provider.
Access to Care	4	<p>Patient (1) reported difficulty scheduling a procedure. Patient was assisted in scheduling the procedure.</p> <p>Patient (1) reported difficulty obtaining her medical records. Health center offered an additional medical record request.</p> <p>Patient (1) reported difficulty establishing care. Patient was assisted in scheduling a timely appointment.</p> <p>Patient (1) reported difficulty getting a prescription filled. The original prescription was non-formulary. A comparable covered medication was prescribed in its place.</p>
Transportation	11	<p>Patients (9) reported that transportation did not show for a scheduled pick-up. Each incident was determined to be attributed to scheduling or clerical errors by LogistiCare. LogistiCare followed up with each patient and assured assistance with facilitating future trips.</p> <p>Patient (1) reported transportation did not show for a scheduled pick-up. LogistiCare confirmed that there was no vehicle available for transportation. Apology was offered.</p> <p>Patient (1) reported a second instance of transportation service not arriving as scheduled. Patient rescheduled appointments for later dates. LogistiCare offered apology and recorded patient complaint.</p>

\*Reported consumer complaints are based on Automated Health Systems data as of January 4, 2019.

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

There is 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 in the spring and summer of 2019. Results will be provided in the Annual Report.

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:

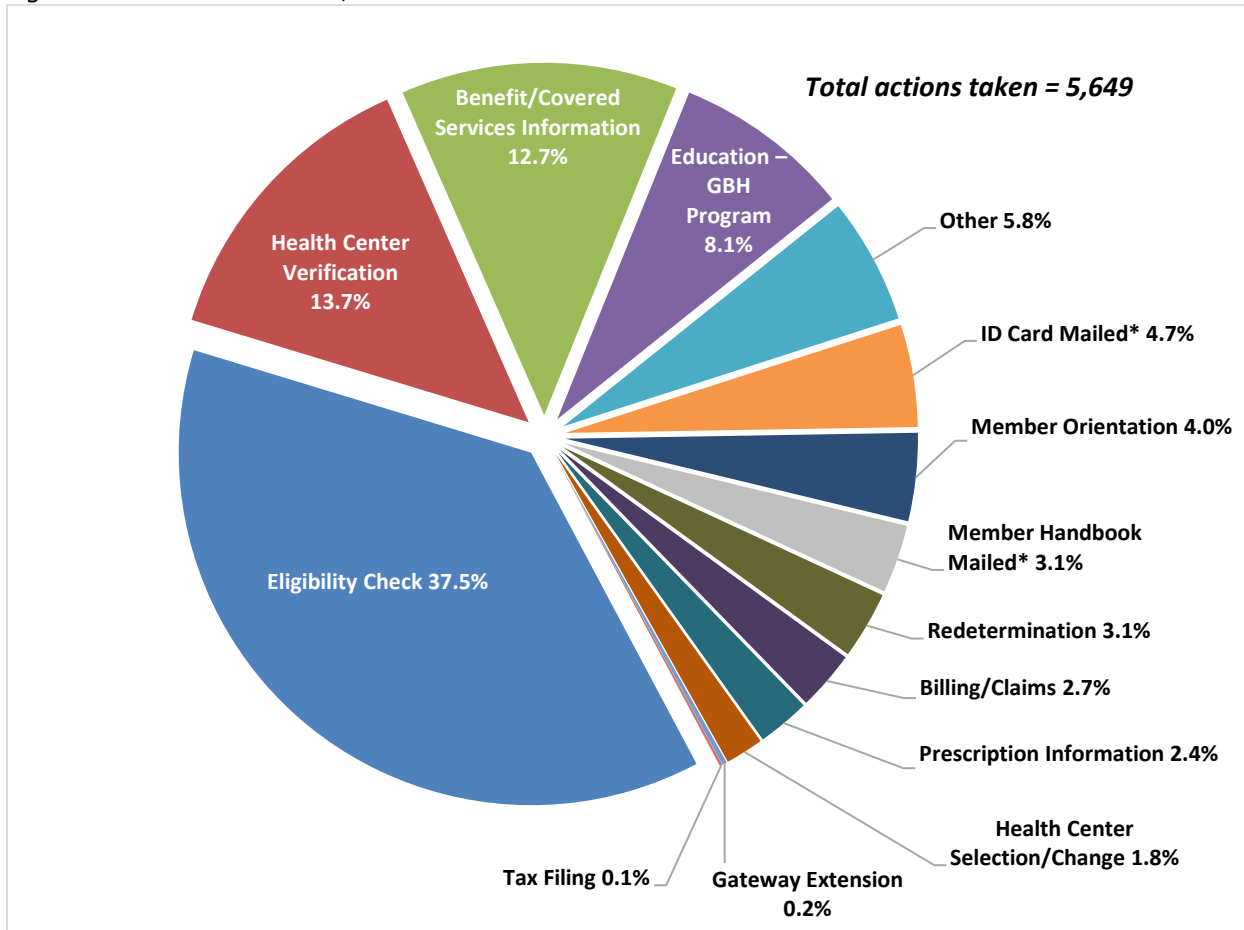
Call Center Performance

Table 3. Call Center Performance, October- December 2018

<b>Performance Measure</b>	<b>Outcome</b>
Calls received	3,617
Calls answered	3,495
Average abandonment rate	3.34%
Average answer speed ( <i>seconds</i> )	27
Average length of time per call ( <i>minutes: seconds</i> )	3:38

*\*Call center performance metrics are based on Automated Health Systems data as of January 4, 2019.*

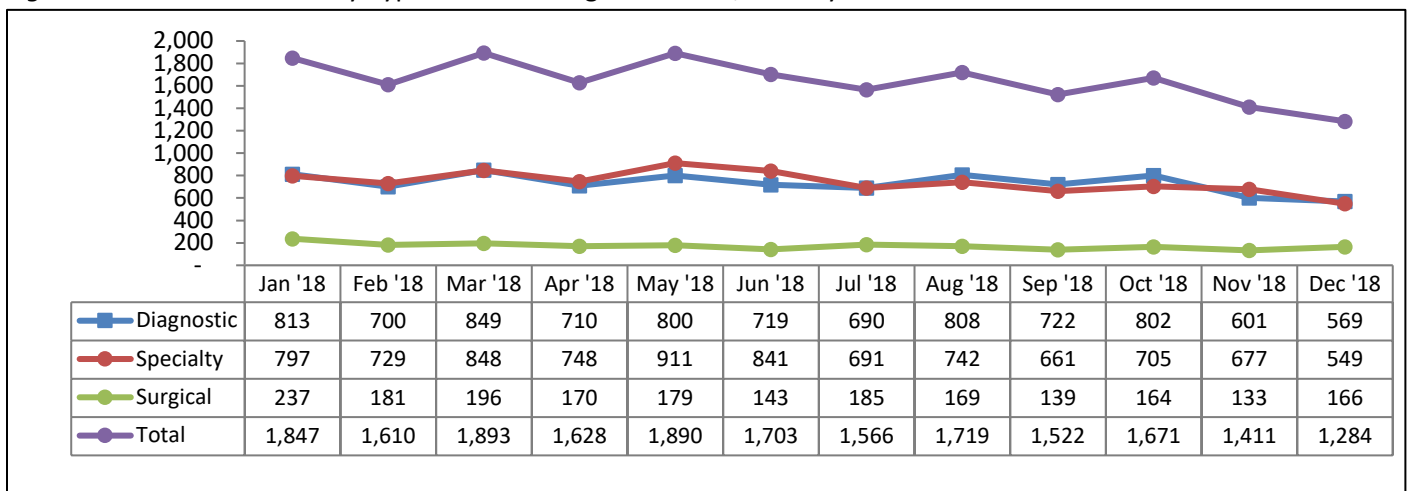
Figure 1. Call Center Actions, October – December 2018



\*Reported call center actions are based on Automated Health Systems data as of January 4, 2019.

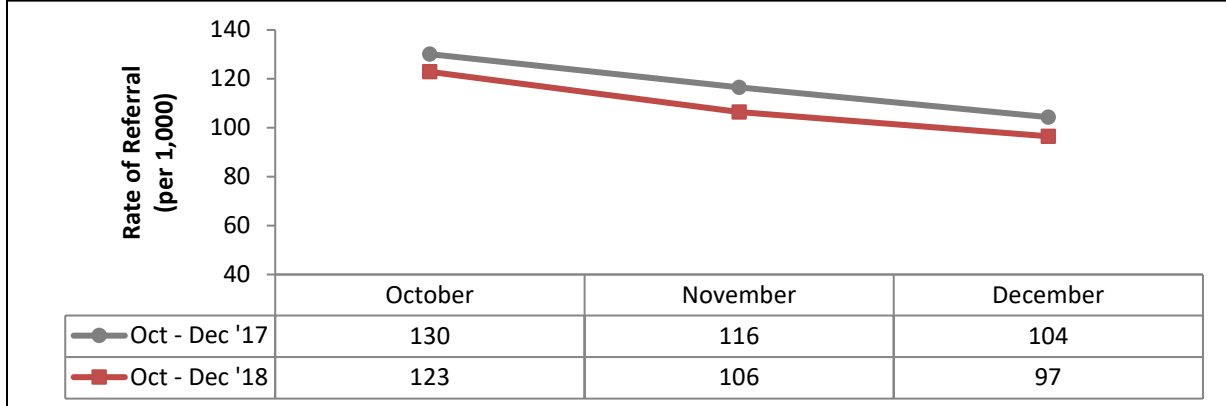
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, January 2018 – December 2018\*



\*Reported call center actions are based on Automated Health Systems data as of January 4, 2019.

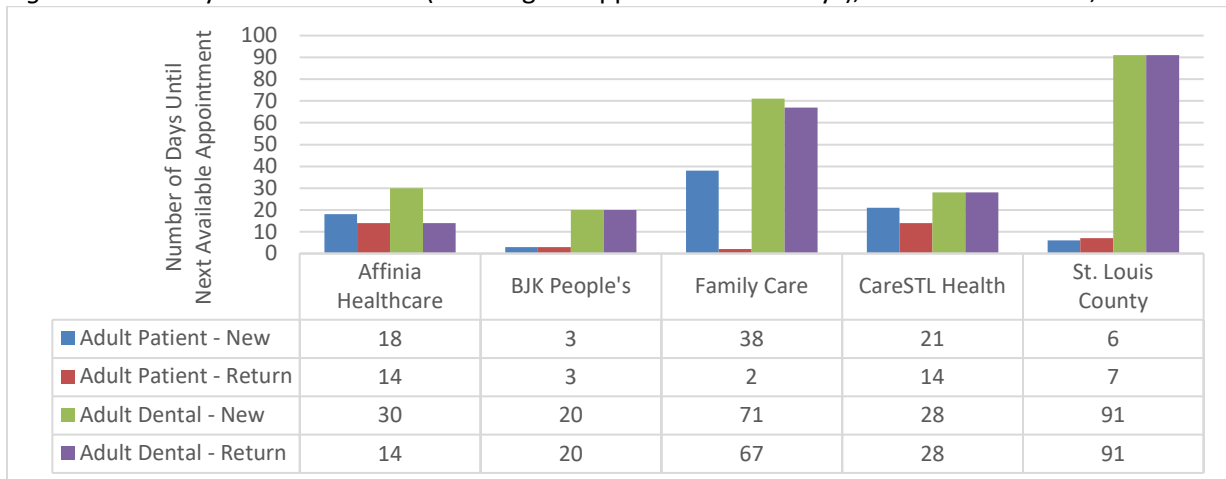
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), October – December 2017 vs. October – December 2018\*



\*Reported rates of medical referrals are based on Automated Health Systems data as of January 4, 2019. 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, 2018\*



\*Wait times self-reported by individual health center as of December 31, 2018, and are calculated for Gateway patients only.



**Updates on Provider Incentive Payments:**

*Table 4. Summary of Provider Payments and Withholds, October – December 2018\**

<b>Providers</b>	<b>Provider Payments Withheld</b>	<b>Provider Payments Earned**</b>
Affinia Health Centers	\$77,514	\$1,078,535
BJK People’s Health Centers	\$30,864	\$428,941
Family Care Health Centers	\$17,834	\$246,443
Myrtle Hilliard Davis Comprehensive Health Centers	\$36,565	\$510,147
St. Louis County Department of Public Health	\$24,852	\$345,028
Voucher Providers	N/A	\$1,925,923
<b>Total for All Providers</b>	<b>\$187,629</b>	<b>\$4,535,017</b>

*\*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, 2019 for reporting period October – December 2018.*

*\*\*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 31, 2018
- January 1, 2019 – June 30, 2019
- July 1, 2019 – December 31, 2019
- January 1, 2020 – June 30, 2020
- July 1, 2020 – December 31, 2020
- January 1, 2021 – June 30, 2021
- July 1, 2021 – December 31, 2021
- January 1, 2022 – June 30, 2022
- July 1, 2022 – December 31, 2022

Pay for performance results for the July 1, 2018 – December 31, 2018 reporting period are pending at this time and will be provided in the second quarter report.

**Updates on Budget Neutrality Worksheets:**

Please see attached worksheets (Attachment II)

**Evaluation Activities and Interim Findings:**

In August of 2018, the SLRHC submitted a revised evaluation design to CMS in anticipation of the approval of a new substance use benefit for Gateway to Better Health members. Pending CMS approval, metrics evaluating the new initiative will be outlined in future reports.

Additionally, the SLRHC expanded our patient and provider satisfaction survey tool in order to understand the scope of chronic pain across the service region. Primary care providers in the St. Louis safety network report a high prevalence of chronic pain encounters, while over half of Gateway to Better Health enrollees surveyed in 2018 reported they suffer from some form of longstanding pain. Additional updates to this tool will allow us to gain more insight into how enrollees are experiencing pain, as well as taking a deeper look at how patients with chronic pain are presenting in partner clinics. As outlined in the Quality Assurance section above, results of the 2019 patient and provider satisfaction surveys will be provided in this year’s Annual Report.

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

<b>Date – Specific</b>	<b>Milestone</b>	<b>STC Reference</b>	<b>Date Submitted</b>
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
5/31/2018	Finalize Evaluation Design	Section XI, (#41)	8/31/2018
Ongoing – due 60 days at the end of each quarter	Submit Quarterly Reports	Section IX (#34)	Ongoing
12/30/2018	Submit Draft Annual Report for DY9 (October 2017 – September 2018)	Section IX (#34/#35)	12/30/2018
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)	

<b>Date – Specific</b>	<b>Milestone</b>	<b>STC Reference</b>	<b>Date Submitted</b>
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):**

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

**March 1, 2019**



**Pilot Program Planning Team  
Roster**

**James Crane, MD (Chair)**

Associate Vice Chancellor for Clinical Affairs  
*Washington University School of Medicine*

**Dwayne Butler**

President and Chief Executive Officer  
*Betty Jean Kerr People's Health Centers*

**Angela Clabon**

Chief Executive Officer  
*CareSTL Health*

**Caroline Day, MD, MPH**

Chief Medical Officer  
*Family Care Health Centers*

**Ken Griffin**

Clinical Operations Director  
*St. Louis County Department of Health*

**Alan Freeman, PhD**

President and Chief Executive Officer  
*Affinia Healthcare*

**Todd Richardson**

Director  
*MO HealthNet Division,  
Missouri Department of Social Services*

**Joe Yancey**

Executive Director  
*Places for People*



**Pilot Team Operations Subcommittee**

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

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

**Tony Amato**  
Assistant Director, Managed Care  
*SLUCare*

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

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

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

**Bernard Ceasor**  
GBH Section Supervisor  
*Family Support Division*

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

**Peggy Clemens**  
Practice Manager  
*Mercy Clinic Digestive Diseases*

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

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

**Dr. James Paine**  
Chief Operating Officer  
*CareSTL Health*

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

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

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

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

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

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

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

**Jody Wilkins**  
Nursing Supervisor  
*South County Health Center*



**Pilot Team Finance Subcommittee  
Roster**

**Mark Barry**

Fiscal Director

*St. Louis County Department of Health*

**Denise Lewis-Wilson**

Patient Accounts Manager

*St. Louis County Department of Health*

**Andrew Johnson**

Senior Director, A/R Management

*Washington University School of Medicine*

**Dennis Kruse**

Chief Financial Officer

*Family Care Health Centers*

**Connie Sutter**

Manager of 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*

**Thomas Vu**

Chief Financial Officer

*CareSTL Health*

**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	DY 10	DY 11	Total - 9.5 year demonstration
	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	
	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- 9/30/2018	10/01/2018- 9/30/2019	10/01/2019 - 12/31/2019	07/28/2010 to 12/31/2019
No. of months in DY	3 months	12 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	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	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	\$200,323,114	\$7,566,136,192
<b>Without Waiver Total</b>	<b>\$189,681,265</b>	<b>\$748,599,611</b>	<b>\$766,126,399</b>	<b>\$811,102,775</b>	<b>\$814,509,721</b>	<b>\$809,021,633</b>	<b>\$812,093,381</b>	<b>\$812,093,381</b>	<b>\$801,292,456</b>	<b>\$801,292,456</b>	<b>\$200,323,114</b>	<b>\$7,566,136,192</b>

**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	\$788,981,664	\$776,839,537	\$777,088,241	\$196,606,937	\$7,011,613,082
St. Louis ConnectCare	\$4,850,000	\$18,150,000	\$14,879,909	\$3,148,648	\$118,489	\$0	\$0	\$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	\$4,669,873	\$4,483,188	\$4,393,938	\$1,124,267	\$48,599,719
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	\$2,063,214	\$1,992,685	\$2,074,893	\$530,898	\$22,648,817
Contingency Provider Network	\$0	\$0	\$379,372	\$4,254,902	\$5,469,199	\$3,937,955	\$5,035,278	\$4,505,467	\$4,432,869	\$4,397,078	\$1,069,989	\$33,482,111
Voucher	\$0	\$0	\$0	\$4,541,262	\$6,358,786	\$6,926,811	\$6,649,760	\$5,722,864	\$7,133,264	\$7,150,969	\$53,122	\$44,536,839
Infrastructure	\$0	\$0	\$975,000	\$1,925,000	\$0	\$0	\$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	\$0	\$0	\$1,050,000
SLRHC Administrative Costs Coverage Model			\$584,155	\$4,328,950	\$3,692,463	\$3,098,002	\$3,477,955	\$3,377,895	\$3,456,058	\$3,751,606	\$937,902	\$26,704,987
CRC Program Administrative Costs	\$91,684	\$700,000	\$700,000	\$700,000	\$175,000	\$0	\$0	\$0	\$0	\$0	\$0	\$2,366,684
Actual expenditures for DY3 DOS				\$2,670,607	\$33,308	\$0	-\$83	\$0	\$0	\$0	\$0	\$2,703,832
Actual expenditures for DY4 DOS				\$0	\$2,540,653	\$6,559	\$229	-\$325	\$0	\$0	\$0	\$2,547,116
Actual expenditures for DY5 DOS						\$2,402,336	\$267,821	-\$11,644	\$0	\$0	\$0	\$2,658,513
Actual expenditures for DY6 DOS							\$2,663,397	-\$21,117	\$0	\$0	\$0	\$2,642,279
Actual expenditures for DY7 DOS								\$2,805,489	\$30,539	\$0	\$0	\$2,836,029
Actual expenditures for DY8 DOS									\$2,924,315	\$25,221	\$0	\$2,949,536
Actual expenditures for DY9 DOS										\$1,817,635	\$0	\$1,817,635
Projected expenditures for DY9 DOS										\$592,874	\$0	\$592,874
<b>Total With Waiver Expenditures</b>	<b>\$175,202,682</b>	<b>\$707,833,062</b>	<b>\$701,590,793</b>	<b>\$764,323,513</b>	<b>\$739,527,383</b>	<b>\$738,224,877</b>	<b>\$812,093,381</b>	<b>\$812,093,381</b>	<b>\$801,292,456</b>	<b>\$801,292,456</b>	<b>\$200,323,114</b>	<b>\$7,253,797,099</b>

<b>Amount under (over) the annual waiver cap</b>	<b>\$14,478,583</b>	<b>\$40,766,549</b>	<b>\$64,535,605</b>	<b>\$46,779,262</b>	<b>\$74,982,338</b>	<b>\$70,796,756</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$312,339,093</b>
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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	\$23,111,717	\$21,528,604	\$24,204,215	\$3,716,177	
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Annual expenditure authority cap by DY DOS (Demo expenses NOT including residual DSH)

	\$7,416,684	\$28,750,000	\$28,691,815	\$28,870,549	\$26,459,146	\$24,411,460	\$24,902,278	\$23,881,724	\$21,498,064	\$21,768,485	\$3,716,177	
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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; FFY 2017 FMAP=63.21