

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

Demonstration Year: 13 (October 1, 2021 – September 30, 2022)

Federal Fiscal Quarter: 2/2022 (January 1, 2022 – March 31, 2022)

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 population maintained access to primary and specialty care. CMS approved one-year extensions 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. In February 2015, the State of Missouri, Department of Social Services (DSS), requested authority to amend the Gateway program to provide coverage for brand name insulin and inhalers where a generic alternative was otherwise unavailable. This request was approved with an implementation date of January 1, 2016. In August 2018, the State of Missouri requested authority to amend the demonstration to include a substance use treatment benefit. The amendment request was approved with an implementation date of February 1, 2019, to cover outpatient substance use services in the primary care home, including pharmacotherapy, for Substance Use Disorder (SUD) treatment of Gateway enrollees. In October 2019, DSS requested authority to further amend the Gateway program to include a physical function improvement benefit. The amendment request was approved in October 2020, with an implementation date of January 1, 2021, to cover office visits for physical therapy, occupational therapy, chiropractic, and acupuncture services for Gateway enrollees with pain-related diagnoses. All physical function services are to be provided by the primary care home and are considered a core primary care service. 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. 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 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.

The primary 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 until coverage options become available through federal health care reform. In 2017, CMS approved a five-year extension of the demonstration program, or until Missouri Medicaid eligibility is expanded to include the waiver population. In August 2020, Missouri voters approved to expand MO HealthNet (Missouri Medicaid) benefits to adults aged 19-64 who meet certain income guidelines, thereby providing Medicaid benefits to St. Louis City and St. Louis County residents that are currently receiving Gateway to Better Health via the newly established Adult Expansion Group Medicaid category. The Gateway to Better Health Program will end after MO HealthNet benefits are explored for all current Gateway members, and once the continuous enrollment requirements established under the Public Health Emergency (PHE), end in the state. The review process for Gateway members began October 1, 2021.

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 nonprofit, 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, DSS 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 Appendix 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 second quarter of Demonstration Year 13 (January 1, 2022 – March 31, 2022).

Enrollment Information:

As of April 1, 2022, 12,865 unique individuals were enrolled in Gateway to Better Health. The demonstration's enrollment target, established to preserve budget neutrality for the project, is to maintain an average of 16,000 member months across the given fiscal year. For the current fiscal year, the program's average is presently 14,651 member months. There were no program wait lists during this quarter of the Pilot Program.

The Gateway to Better Health application became obsolete as of October 1, 2021. Uninsured individuals that would typically qualify for Gateway services are now encouraged to complete an application for MO HealthNet coverage. Applicants that are deemed ineligible for Medicaid coverage, but eligible for benefits under Gateway to Better Health, can still be processed for enrollment into the demonstration program by the Missouri Department of Social Services Family Support Division (FSD). However, direct Gateway applications are no longer a mechanism for this review process, as most individuals will qualify for expansion coverage and should be screened for enrollment through a Medicaid application.

Additionally, DSS suspended Medicaid disenrollment through the end of the Federal Emergency as outlined in the Families First Coronavirus Response Act, which also resulted in a disenrollment suspension for the Gateway to Better Health demonstration. As a result, the Gateway project saw an increase in the number of enrolled members over the course of the past two Demonstration Years. However, the review process for current Gateway members' Medicaid eligibility began at the start of the current fiscal year. Therefore, the project experienced an average monthly loss of 681 members across the quarter, as members transitioned to full insurance coverage under Medicaid.

*Table 1. Gateway to Better Health Pilot Program Enrollment by Health Center**

Health Center	Unique Individuals Enrolled as of April 1, 2022	Enrollment Months January – March 2022
BJK People's Health Centers	2,274	7,296
Family Care Health Centers	1,322	4,222
Affinia Healthcare	5,343	17,192
CareSTL Health	2,314	7,409
St. Louis County Dept. of Health	1,612	5,331
Total	12,865	41,450

**Enrollment numbers are based on MO HealthNet enrollment data as of April 1, 2022.*

Outreach/Innovation Activities:

Each month the SLRHC shares information and gathers input about the demonstration from its 20-member board, 30-member Community and Provider Services Advisory boards, and 15-member Patient Advisory board. 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 Appendix I of this report. The SLRHC was able to hold regularly scheduled virtual meetings for its public Advisory Boards to gather input around the Demonstration.

Public meetings held virtually during the second quarter are listed below:

Team	Meeting Date
Provider Services Advisory Board Meeting	January 4, 2022
Community Advisory Board Meeting	January 18, 2022
SLRHC Commission Meeting	January 19, 2022
Patient Advisory Board Meeting	January 24, 2022
Provider Services Advisory Board Meeting	February 1, 2022
Community Advisory Board Meeting	February 15, 2022
SLRHC Commission Meeting	February 16, 2022
Patient Advisory Board Meeting	February 28, 2022
Provider Services Advisory Board Meeting	March 1, 2022
Community Advisory Board Meeting	March 15, 2022
SLRHC Commission Meeting	March 16, 2022
Patient Advisory Board Meeting	March 28, 2022

This quarter, the state focused on outreach to Gateway to Better Health members on their likely qualification for coverage under expanded Missouri Medicaid benefits and to initiate the review process. As was shared above and in the Demonstration Project's Phase-out Plan, the process to certify and transition members to coverage under Missouri Medicaid began on October 1, 2021. The state sent communication via mail to Gateway members' addresses on file to request information about current household members, tax filing status, and income that is needed to explore each member's transition to Adult Expansion Group coverage. Members that provide the requested review information, or submit a full Medicaid application, are in the process of state review. Those who have not yet responded have continued to receive monthly letters requesting the submission of required certification data.

The SLRHC also partnered closely with its advisory boards to keep them abreast of changes in coverage. Gateway providers are reminded to continue operations as normal as the Medicaid expansion process is carried out. Providers are also encouraged to connect Gateway patients with education and assistance on the Medicaid enrollment process as individuals visit their clinics. Answers to frequently asked provider questions were sent to this network via electronic mail, alongside a patient-facing flyer to share with their members that included pertinent details about Medicaid changes and instructions on how to apply for coverage.

The SLRHC continues to work alongside regional health care advocates to educate the public on expanded Medicaid benefits. Legal Services of Eastern Missouri (LSEM), Saint Louis University (SLU) School of Law Center for Health Law Studies, and the SLRHC continued to staff a Medicaid Expansion Helpline throughout the quarter, overseen by trained volunteers primarily from the SLU school of law, to answer the public's questions on Medicaid expansion changes and to help individuals complete applications over the phone.

Operational/Policy Development/Issues:

As noted above, DSS suspended Medicaid disenrollment through the end of the Federal Emergency as outlined in the Families First Coronavirus Response Act. This also resulted in a disenrollment suspension for the Gateway to Better Health demonstration, as eligibility and enrollment in the program is determined by DSS. This pause in disenrollment continued throughout the entirety of the second quarter of the federal fiscal year and ensures that continuity of care remains stable for Gateway patients throughout this public health crisis.

Gateway providers continue to operate throughout the COVID-19 pandemic. However, providers report multiple barriers as they work to sustain normal operations, and balance community needs around COVID-19 testing and vaccination, as well as Medicaid expansion enrollment outreach. Several providers described staffing shortages due to COVID-19 and gaps in the available health care workforce, particularly around primary care dental services. These staffing shortages have been a continuous issue for Gateway to Better Health providers throughout the pandemic response.

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 second 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 January 1, 2022 – March 31, 2022, the call center answered 1,493 calls, averaging approximately 24 calls per business day. Of calls answered during this time, 6 (<1%) resulted in a consumer complaint. Each consumer issue was 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 are outlined below:

*Table 2. Summary of Consumer Complaints, January 1, 2022 – March 31, 2022**

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Member Services	1	Patient (1) reported difficulty getting in contact with their provider regarding a prescription. The health center attempted to reach the patient. Information about the prescription issue was given to the provider and their nurse.
Access to Care	5	<p>Patient (1) reported difficulty proceeding with physical therapy. The SLRHC reached out to SLUCare to advise that Gateway is still active. Ongoing physical therapy sessions were scheduled.</p> <p>Patient (1) reported difficulty scheduling a new patient appointment. The patient was scheduled for a timely appointment.</p> <p>Patient (1) reported difficulty scheduling a dental appointment. The issue was forwarded to the dental supervisor. The patient was evaluated by a medical provider and prescribed antibiotics.</p> <p>Patient (1) reported difficulty scheduling a specialty care appointment. The patient was scheduled for a timely appointment.</p> <p>Patient (1) reported difficulty getting a referral. The referral department scheduled the patient for a timely appointment.</p>

**Reported consumer complaints are based on Automated Health Systems data as of April 6, 2022.*

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.

Routinely, the state and SLRHC monitor 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:

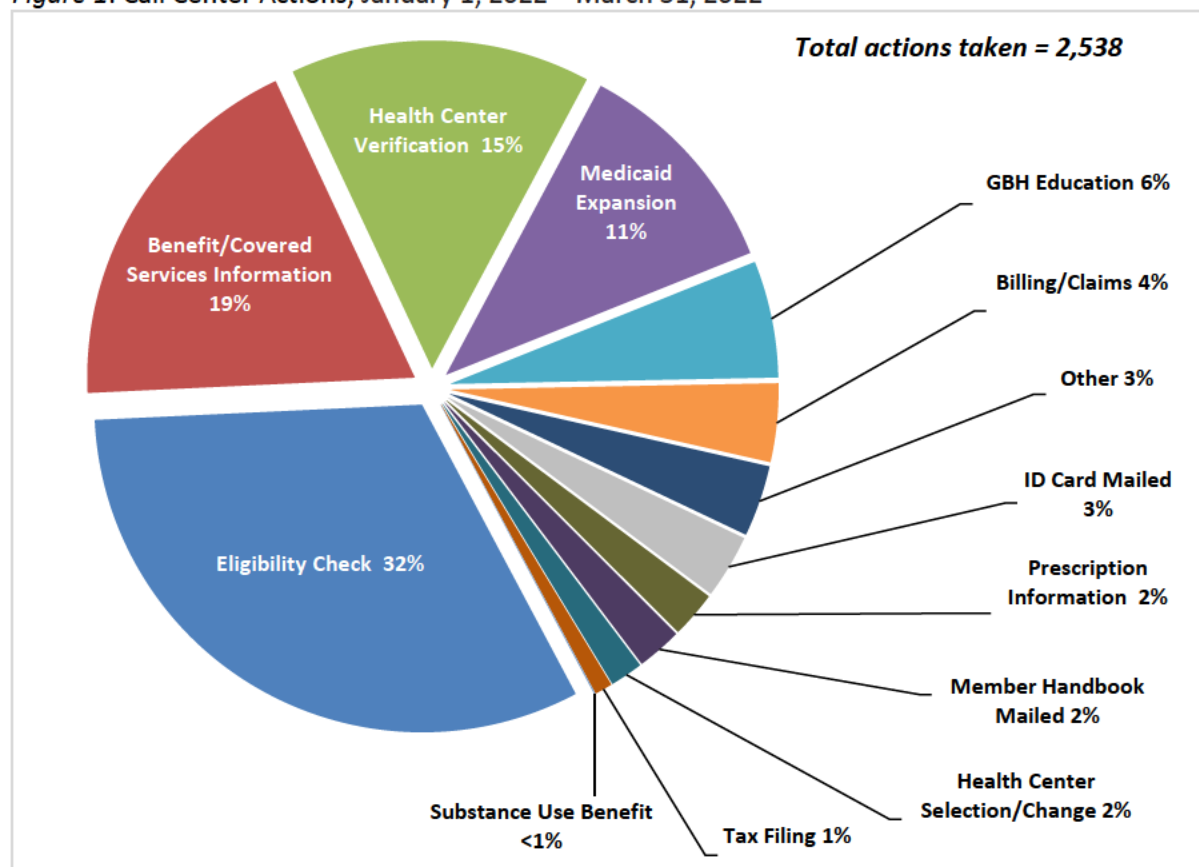
Call Center Performance

*Table 3. Call Center Performance, January 1, 2022 – March 31, 2022**

Performance Measure	Outcome
Calls received	1,521
Calls answered	1,493
Average abandonment rate	1.79%
Average answer speed (<i>seconds</i>)	10
Average length of time per call (<i>minutes: seconds</i>)	4:02

**Call center performance metrics are based on Automated Health Systems data as of April 6, 2022.*

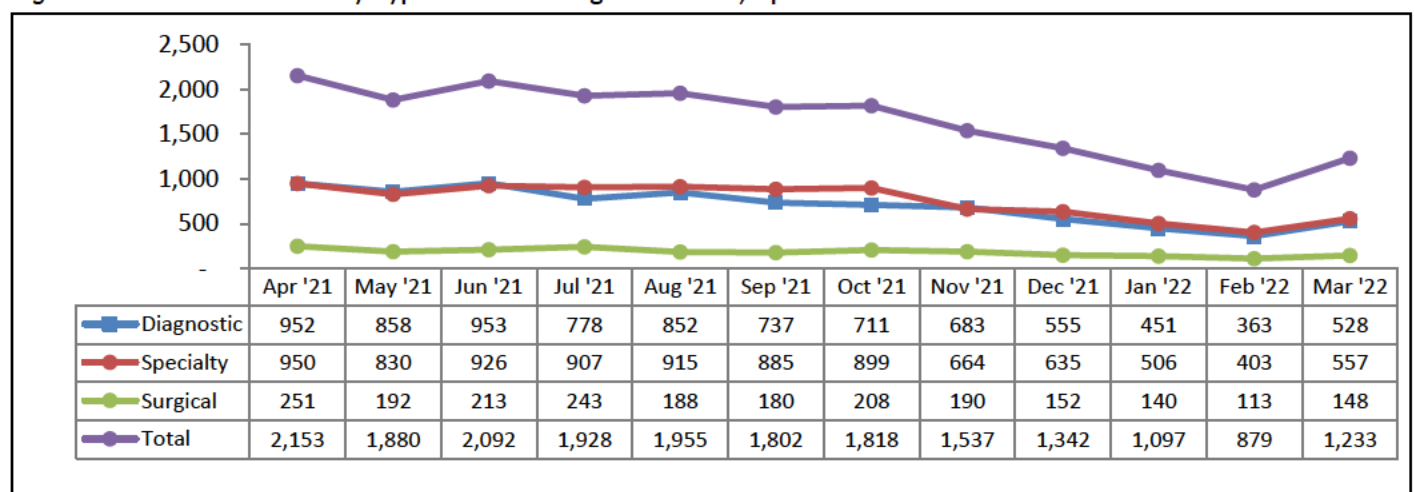
Figure 1. Call Center Actions, January 1, 2022 – March 31, 2022*



*Reported call center actions are based on Automated Health Systems data as of April 6, 2022.

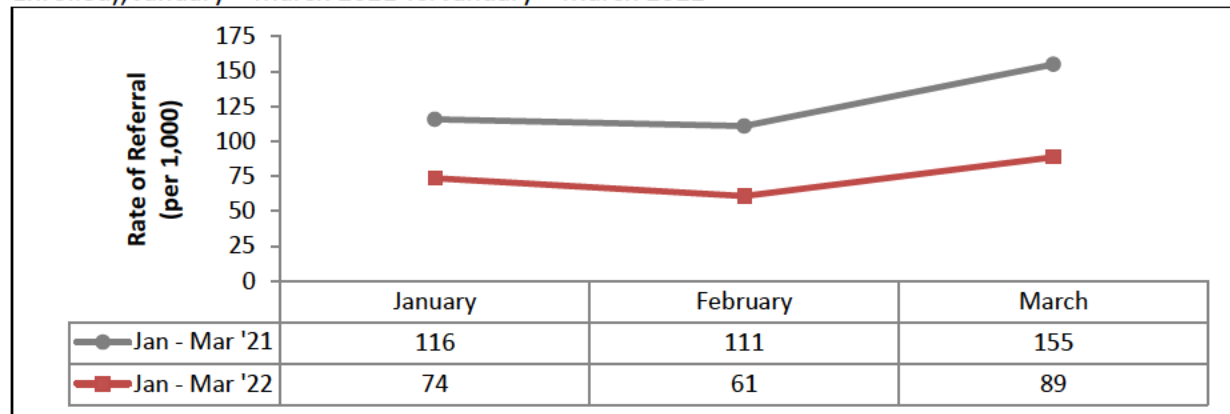
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, April 2021 – March 2022*



*Reported call center actions are based on Automated Health Systems data as of April 6, 2022.

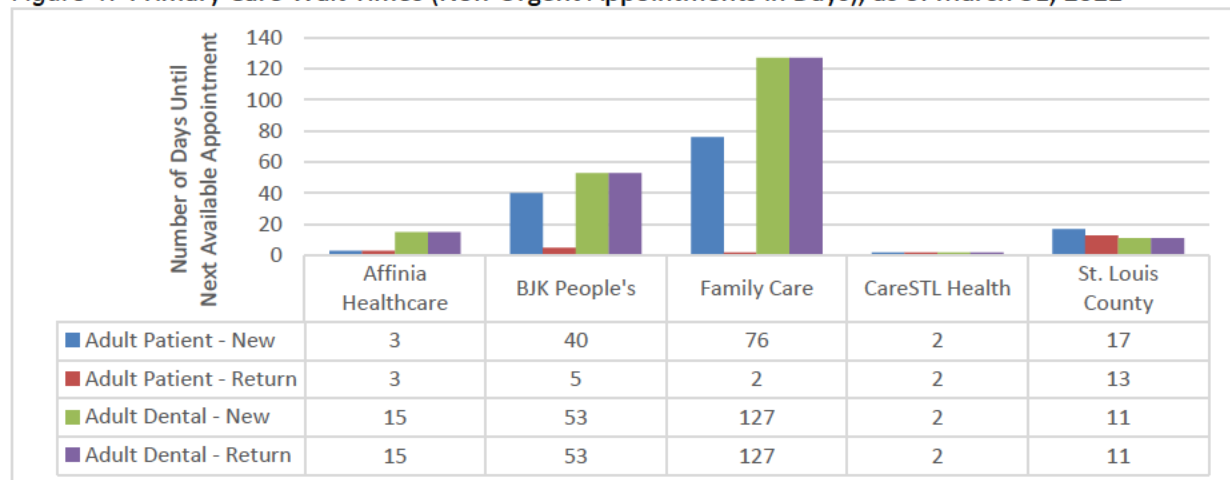
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), January – March 2021 vs. January – March 2022*



*Reported rates of medical referrals are based on Automated Health Systems data as of April 6, 2022. 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 March 31, 2022*



* Wait times are self-reported as a point in time metric by individual health centers as of March 31, 2022 and calculated for Gateway patients only. Affinia Healthcare, St. Louis County Department of Public Health, Family Care Health Center, and CareSTL each reported dental staffing shortages this quarter. However, clinics are also reporting same day access to urgent/emergent dental appointments when necessary as they navigate delays in routine care.

Updates on Provider Incentive Payments:

*Table 4. Summary of Provider Payments and Withholds, January – March 2022**

Providers	Provider Payments Withheld	Provider Payments Earned**
Affinia Health Centers	\$87,652	\$927,711
BJK People's Health Centers	\$37,247	\$417,101
CareSTL Health	\$37,800	\$401,777
Family Care Health Centers	\$21,575	\$231,979
St. Louis County Department of Public Health	\$27,249	\$294,188
Voucher Providers	N/A	\$1,382,288
Total for All Providers	\$211,523	\$3,655,044

** 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 April 3, 2022, for reporting period January – March 2022.*

***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

As the COVID-19 pandemic continues to unfold, the SLRHC recognizes the burden placed on our health care community to respond to our most vulnerable populations during this crisis. Due to these impacts, holding the Demonstration's health center partners to the pay-for-performance criteria and

methodologies outlined in the Protocol was not feasible. The SLRHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to bolster health center stability and to ensure the successful return to normal business operations during this unprecedented time. As such, the incentive payment amounts withheld from providers during the July 1, 2021 - December 31, 2021 reporting period will be returned in full. The complete report outlining the payment structure for this reporting period can be found in Appendix II.

Updates on Budget Neutrality Worksheets:

The budget neutrality worksheet for the second quarter of the federal fiscal year will be provided separately from this monitoring report.

Evaluation Activities and Interim Findings:

Alongside the demonstration's independent evaluator, Mercer Government (Mercer), the SLRHC and the State of Missouri continue to track outcomes for the Gateway to Better Health demonstration project. As health care providers navigate their continued COVID-19 response, the SLRHC will rely on the stakeholders represented on the Pilot's Program Planning Team to establish capacity levels around evaluation collaboration for the demonstration. The measures and outcomes guaranteed in the demonstration's evaluation design will continue to be delivered on schedule.

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
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)	12/30/2019
12/30/2020	Submit Draft Annual Report for DY11 (October 2019 – September 2020)	Section IX (#34/#35)	12/30/2020
12/31/2021	Submit Interim Evaluation (January 2018 – December 2020)	Section XI (#47)	12/31/2021
12/30/2021	Submit Draft Annual Report for DY12 (October 2020 – September 2021)	Section IX (#34/#35)	12/30/2021
9/1/2022	Submit Draft Final Operational Report	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)	

Enclosures/Attachments

Appendix I: Gateway Team Rosters

Appendix II: Pay for Performance Results

State Contact(s):

[REDACTED]
[REDACTED]
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Submitted to CMS by May 30, 2022



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GATEWAY TO BETTER HEALTH

Pay-for-Performance Incentive Payment Results

Reporting Period: July – December 2021

Background

The State withholds 7% from payments made to the primary care health centers (PCHC). To calculate the pay-for-performance incentive payments, the St. Louis Regional Health Commission (RHC) monitored the PCHC performance against the pay-for-performance metrics outlined in the Incentive Payment Protocol (Protocol). According to the protocol, pay-for-performance incentive payments will be paid at six-month intervals of the Pilot Program based on performance during the reporting period.

Impact of COVID-19 PANDEMIC

As the COVID-19 pandemic continues to unfold, RHC recognizes the burden placed on our health care community to respond to our most vulnerable populations during this crisis. The procurement of urgent medical supplies and equipment and the costs of testing patients, transitional staffing, treatment services and basic equipment to expand capacity and navigation services to meet the needs of the increased demand has been paramount for our community health care organizations. Due to the guidelines to limit occupancy capacity as mandated by the local governing bodies, holding the demonstration's health center partners to the pay-for-performance criteria and methodologies outlined in the Protocol was not feasible. The RHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to bolster health center stability and to ensure the successful return to normal business operations during this unprecedented time. As such, the incentive payment amounts withheld from providers during the July - December 2021 reporting period will be returned in full as outlined below.

Primary Care Health Center Pay-for-Performance Results

During the performance period, the PCHC Incentive Pool (PIP) was valued at \$489,932.94 as summarized below by health center.

Table 1

Description		AH	BJKP	CSH	FC	County
Number of Criteria Met	<i>a</i>	0	0	0	0	0
Criteria Weight	<i>b</i>	20%	20%	20%	20%	20%
Incentive Pool Percentage Earned	<i>c = a x b</i>	0%	0%	0%	0%	0%
Incentive Amount Withheld	<i>d</i>	\$ 201,522.03	\$ 85,418.85	\$ 88,106.23	\$ 49,960.62	\$ 64,925.20
Incentive Amount Earned	<i>e = c x d</i>	\$ -	\$ -	\$ -	\$ -	\$ -
Remaining Balance in PCHC Pool	<i>f = d - e</i>	\$ 201,522.03	\$ 85,418.85	\$ 88,106.23	\$ 49,960.62	\$ 64,925.20

The following tables illustrate how the PIP was allocated to each PCHC.

Table 2A - Calculates the remaining incentive funds to be disbursed to PCHC.

STEP 1				
	7% Withheld	Earned	Remaining (Unearned)	
AH	\$ 201,522.03	\$ -	\$ 201,522.03	
BJKP	\$ 85,418.85	\$ -	\$ 85,418.85	
CSH	\$ 88,106.23	\$ -	\$ 88,106.23	
FC	\$ 49,960.62	\$ -	\$ 49,960.62	
County	\$ 64,925.20	\$ -	\$ 64,925.20	
Total	\$ 489,932.94	\$ -	\$ 489,932.94	Remaining Primary

Table 2B - Calculates each PCHC proportionate share of the remaining incentive funds.

STEP 2			STEP 3	
	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
AH	\$ 2,878,886.19	39,130	41%	\$ 201,522.04
BJKP	\$ 1,220,269.34	16,586	17%	\$ 85,418.85
CSH	\$ 1,258,660.46	17,108	18%	\$ 88,106.23
FC	\$ 713,723.12	9,701	10%	\$ 49,960.62
County	\$ 927,502.93	12,607	13%	\$ 64,925.20
Total	\$ 6,999,042.04	95,133	100%	\$ 489,932.94

RHC assumed that each PCHC would have met specialty care referral metric if not for the crisis. Therefore, each PCHC will receive its proportionate share of the remaining PIP as calculated in the following table.

Table 2C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC given that the specialty referral metric was met.

Step 4			
	PCHC Proportionate Share	IPW	RPCIFP
AH	\$ 201,522.04	100%	\$ 201,522.04
BJKP	\$ 85,418.85	100%	\$ 85,418.85
CSH	\$ 88,106.23	100%	\$ 88,106.23
FC	\$ 49,960.62	100%	\$ 49,960.62
County	\$ 64,925.20	100%	\$ 64,925.20
Total	\$ 489,932.94		\$ 489,932.94

The total amount due to each PCHC for the July – December 2021 reporting period is summarized as follows:

Table 2D - Shows the total withheld, earned and paid for each PCHC.

	7% Withheld	Earned	RPCIFP	Total Due to Providers	State/Fed Portion	Local Portion
AH	\$ 201,522.04	\$ -	\$ 201,522.04	\$ 201,522.04	158,698.60	42,823.44
BJKP	\$ 85,418.85	\$ -	\$ 85,418.85	\$ 85,418.85	67,267.34	18,151.51
CSH	\$ 88,106.23	\$ -	\$ 88,106.23	\$ 88,106.23	69,383.66	18,722.57
FC	\$ 49,960.62	\$ -	\$ 49,960.62	\$ 49,960.62	39,343.99	10,616.63
County	\$ 64,925.20	\$ -	\$ 64,925.20	\$ 64,925.20	51,128.60	13,796.60
Total	\$ 489,932.94	\$ -	\$ 489,932.94	\$ 489,932.94	385,822.19	104,110.75

Conclusion

The incentive payments summarized in Table 2D will be issued to the health centers no later than March 31, 2022. All the incentive funds will be paid to the health centers and none will be redirected for administrative or infrastructure payments.