Gateway to Better Health Demonstration

Amendment Request

October 31, 2019

Number: 11-W-00250/7

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Background

On July 28, 2010, CMS approved the State of Missouri's "Gateway to Better Health" Demonstration, which preserved access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The Demonstration was amended in June 2012 to enable the Safety Net Pilot Program to be implemented by July 1, 2012. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net maintained access to primary care and specialty care. 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. On September 2, 2017, CMS approved a five-year extension of the current Demonstration, which began on January 1, 2018. 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. The State has been authorized to spend up to $30 million (total computable) annually to preserve and improve primary care and specialty care in St. Louis in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs).

The Demonstration 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, from July 28, 2010, through June 30, 2012, certain providers referred to as Affiliation Partners were paid directly for uncompensated care. These providers included St. Louis ConnectCare, Grace Hill Health Centers (now known as Affinia Healthcare), and Myrtle Hilliard Davis Comprehensive Health Centers (now known as CareSTL Health).

The program transitioned to a coverage model pilot on July 1, 2012. The goal of the Gateway to Better Health Pilot Program is to provide a bridge for safety net providers and their uninsured patients in St. Louis City and St. Louis County to coverage options available through federal health care reform.

From July 1, 2012, to December 31, 2013, the Pilot Program provided primary, urgent, and specialty care coverage to uninsured adults in St. Louis City and St. Louis County, aged 19-64, who were below 133% of the Federal Poverty Level (FPL), as well as specialty care coverage to the same population up to 200% of the FPL.

Starting on September 27, 2013, when CMS first approved a one-year extension of the Demonstration, eligibility requirements changed to cover uninsured adults in the St. Louis City and County, aged 19-64 who were below 100% of the FPL. The eligibility population remained the same in all subsequent extensions. The Demonstration delivers services to this population through a large network that includes St. Louis County and its public health department, area Federally Qualified Health Centers (FQHCs), the St. Louis City health department, and area hospitals and medical schools.

Amendment Description

New Physical Function Improvement Benefit

This amendment proposes to authorize the State to cover preventative physical function improvement services in the primary care health home for patients with pain-related diagnoses, specifically the services listed in Table 1. Currently the Demonstration covers these codes solely after an orthopedic surgery.

There is a clear need for this benefit. Affecting at least 116 million individuals, chronic pain affects more people in the United States than heart disease, diabetes, and cancer combined (Tsang et al., 2008). From an analysis of 2016 National Health Interview Survey (NHIS) data, the Center for Disease Control and Prevention found that 20.4% of U.S. adults experience chronic pain, and 8% of U.S. adults suffer from high-impact chronic pain, defined as pain interfering with work or life most days or every day (Dahlhamer et al., 2018). Chronic pain is likewise pervasive in the St. Louis region, particularly for enrollees in the Gateway to Better Health Demonstration. According to the results of the *2018 Gateway to Better Health Patient Satisfaction Survey*, which collected responses from 343 individuals, over half (51%) of the Gateway patient population experiences chronic pain. Since the date of program implementation in July 2012, orthopedic referrals have consistently been the highest utilized specialty care service offered through the Demonstration. Review of diagnostic codes for these referrals revealed back and joint pain to be the most frequent cause of referral. A further analysis targeting claims data from Demonstration Year 9, October 2017 – September 2018, revealed covered medical expenses associated with chronic pain for both primary and specialty care services to be valued at over 1.3 million dollars. This amount represented 14% of the total medical expenses covered by the Gateway to Better Health Program during that period.

Despite enormous evidence in favor of multidisciplinary, integrated approaches, primary care providers lack the necessary tools to address patient pain. Many providers report that they initiate opioid treatment for pain relief, despite its high risk and lack of efficacy for chronic pain, because of limited access to other effective modalities. Half of Gateway to Better Health providers surveyed during the Demonstration's annual provider survey reported that they would prescribe fewer controlled substances for pain, such as opioids, if they had greater access to other treatment methods. Physical function services, including physical therapy, occupational therapy, chiropractic services, and acupuncture, have been shown to ameliorate pain (Tick et al., 2018). More specifically, exercise therapy, a common method used in physical therapy, reduces pain and improves function for various types of chronic pain (Busch, Barber, Overend, Peloso, & Schachter, 2007; Fransen et al., 2015; Fransen, McConnell, Hernandez-Molina, & Reichenbach, 2014; Hayden, Van Tulder, Malmivaara, & Koes, 2005). Three-quarters of providers prioritized physical therapy as the most desirable resource to integrate into their Primary Care Health Home model to manage chronic pain.

On April 1, 2019, MO HealthNet (Missouri Medicaid) implemented a new statewide health benefit for their recipients addressing chronic pain. The benefit is coordinated through the patient's primary care provider and gives patients access to physical therapy, chiropractic therapy, and acupuncture, alongside cognitive-behavioral therapy (CBT) for chronic pain and non-opioid medication therapy. This initiative responds to the growing pool of research that supports the cost benefits of addressing pain proactively. Physical therapy, compared to opioid therapy, has been found to be associated with lower median annual costs (Gore, Tai, Sadosky, Leslie, & Stacey, 2012).

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This amendment request is being made after significant consultation with the program's health providers, patients and other community stakeholders, who indicated that offering physical function services is a top priority for the Gateway patient population. This amendment is guided by national pain strategies from the National Institutes of Health (NIH), the Institute of Medicine (IOM), and the U.S. Department of Health and Human Services (HHS), an extensive peer-reviewed literature review, over 30 stakeholder interviews with regional experts in chronic pain, input from SLRHC's Community and Provider Services Advisory Boards and partners in the region, Missouri Chronic Pain ECHO trainings, and patient data from the Gateway to Better Health Program.

After consulting these stakeholders, it was determined that adding physical function improvement services (see Table 1 for a list of CPT Procedure Codes) to the Demonstration's benefit package would reduce barriers for patients in accessing these preventative interventions, which are critical to reducing health disparities. Offering this benefit is also key in reducing preventable opioid prescriptions for pain management and expensive specialty care visits. Furthermore, physical function improvement is directly related to the Demonstration's evaluation and incentive measures, which are designed to improve the health of the uninsured and underinsured population in the St. Louis region. This new benefit will align with the Medicaid chronic pain benefit offered by MO HealthNet.

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Table 1: CPT Procedure Codes

Code	Description (Physical Therapy and Occupational Therapy)
97110	Therapeutic Exercise
97112	Neuromuscular Re-Education
97116	Gait Training
97140	Manual Therapy
97150	Group therapeutic procedures
97161	PT Evaluation: Low Complexity
97162	PT Evaluation: Moderate Complexity
97163	PT Evaluation: High Complexity
97164	PT Re-Evaluation
97165	Occupational Therapy, Low Complexity
97166	Occupational Therapy, Moderate Complexity
97167	Occupational Therapy, High Complexity
97168	Reevaluation of Occupational Therapy
97530	Therapeutic Activities
97535	Self-Care/Home Management Training
97597	Recurrent wound debridement
97598	Recurrent wound debridement
97760	Orthotics Fitting
Code	**Description (Acupuncture Services)**
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes
97811	Acupuncture, 1 or more needles; without electrical stimulation, for each additional 15 minutes
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes
97814	Acupuncture, 1 or more needles; with electrical stimulation, for each additional 15 minutes
Code	**Description (Chiropractic Services)**
98940	Chiropractic manipulative treatment (CMT); spinal, one or two regions
98941	Chiropractic manipulative treatment (CMT); spinal, three or four regions
98942	Chiropractic manipulative treatment (CMT); spinal, five regions
98943	Chiro, manipulation, extraspinal, one or more regions
97012	Traction, mechanical
97014	Electrical stimulation (unattended)
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97035	Ultrasound, each 15 minutes

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Financial Analysis of the Amendment

New Physical Function Improvement Benefit

With an anticipated implementation date of March 1, 2020, the five community health centers in the Gateway to Better Health network would receive an estimated additional $8.95 per member per month (PMPM) to offer physical function benefits in 2020. The Demonstration's current non-federal share structure will not change as a result of this amendment request.

The Wakely Consulting Group was engaged to determine the PMPM rate, and to estimate the financial impact of the amendment over the course of the demonstration. Wakely Consulting's estimates are shown in Table 2:

Table 2: Cost Projection and Covered Members Estimated 2020-2022

Services	**2020**	**2021**	**2022**
Clinic capitation PMPM	$70.67	$73.90	$77.53
Transportation PMPM	$1.30	$1.30	$1.30
FFS PMPM	$53.97	$59.37	$65.30
Physical Function PMPM	$8.95	$8.95	$9.31
Total PMPM	**$134.89**	**$143.51**	**$153.44**
Average Enrollment	14,220	14,220	14,220
Projected Expenditures	$23,017,630	$24,489,144	$26,183,279

The program would remain budget neutral with the implementation of this amendment. See Appendix I for a complete analysis of budget neutrality with the amendment and without the amendment. This amendment request would authorize the State to cover physical function improvement services in the primary care health home with the stipulation that funding projections continue to support such services.

Additionally, the Demonstration currently has an enrollment cap of 16,000, which would not change with this amendment as program membership has averaged 13,585 over the past year and is currently around 13,700.

Public Input

The request for this amendment is a result of the public process by which the Commission manages the Demonstration in partnership with the State of Missouri. The SLRHC's Community and Provider Services Advisory Boards indicated that physical function improvement services are a top priority for the Gateway patient population. After consulting these stakeholders, it was determined that adding physical function improvement services to the Demonstration's benefit package would reduce barriers for patients in accessing these preventative interventions, which are critical to reducing health disparities.

The State and the SLRHC solicited input from the public about this proposed amendment in compliance with paragraphs 7 and 14 of the Demonstration's Special Terms and Conditions.

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On September 30, 2019 the State posted a notice on its website in the State's administrative record in accordance with the State's Administrative Procedure Act. The notice included a summary description of the demonstration, the location and times of the two public hearings, and an active link to the full public notice document. On September 30, 2019 , the State also made the full public notice document available on the State's website at https://dss.mo.gov/mhd/waivers/1115-demonstration-waivers/gateway-to-better-health.htm and made a draft of the Gateway to Better Health Waiver amendment available on the State's public website at http://dss.mo.gov/mhd/. In addition, for the duration of the comment period, interested individuals were able to make appointments to view a hard copy of the draft of the extension application, by calling 314-446-6454, ext. 1143. Appointments could be made during regular business hours, 8:00 a.m. - 4:30 p.m., Monday through Friday. Review of the hard copy, if requested, would occur at 1113 Mississippi Avenue, St. Louis, MO 63104.

Comments were accepted until October 30, 2019 at the following address:

Department of Social Services, MO HealthNet Division
Attention: Gateway Comments
P.O. Box 6500
Jefferson City, MO 65102-6500
Email: Ask.MHD@dss.mo.gov

The Commission also sent an e-mail to its list serve to announce the amendment and notify stakeholders of the public hearings. The e-mail attached the public notice document and the draft waiver amendment.

Public hearings were held at the following dates and locations (with telephone conference capabilities made available for individuals wishing to participate by phone):

Tuesday, October 1, 2019, 7:30 – 8:30 am*
Ethical Society of St. Louis
9001 Clayton Road, St. Louis, MO 63117

Thursday, October 3, 2019, 3:30-4:30 pm*
Forest Park Visitor and Education Center
Voyagers Room
5595 Grand Drive, St. Louis, MO 63112

Monday, October 7, 2019, 2:00-3:00 pm*
St. Louis Regional Health Commission
1113 Mississippi Avenue, Suite 113
St. Louis, MO 63104

** Individuals wanting to participate in the public hearing via conference call were able to call in at 888-808-6929, access code: 9158702.*

The meeting on October 1, 2019 was the regularly-scheduled Provider Services Advisory Board meeting, which was open to the public and designated as a public forum for providers and community members to provide input on the amendment request. A total of __ people attended this meeting, and the following comments were made:

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A total of __ people attended the public hearing on October 3, 2019 and the following comments were made:

A total of __ people attended the public hearing on October 7, 2019 and the following comments were made:

The State received ___ written comments on the amendment. Comments included:

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Impact on Evaluation Design

The current Evaluation Design requires tracking a number of quality measures that could be impacted by the implementation of this amendment. These measures include but are not limited to the following metrics:

- Available primary care services – number and type of primary care services endorsed by Gateway providers in primary care services
- Specialty care referrals – number of specialty care referrals made by Gateway providers
- Barrier to healthcare self-report – percentage of enrollees who report barriers to healthcare without Gateway program
- Barrier to healthcare provider report – percentage of providers who report enrollee barriers to healthcare without Gateway program
- Medical service line utilization – average number of office visits per Gateway enrollee
- Primary care provider incentive payments – bi-annual dollar amount paid as incentive payments
- P4P incentive criteria scores – percentage of Pay-For-Performance (P4P) criteria benchmarks met
- Wellness self-report – percentage of Gateway enrollees who report improved health
- Wellness provider report – percentage of providers who report improved Gateway enrollee health

To measure the impact of this benefit, the following annual measures will be added to the Evaluation Design:

- Physical function improvement service line – percentage of Gateway enrollees with pain-related diagnoses who receive services in the physical function improvement service line (metric will be factored into Pay-for-Performance results with an estimated start date of January 1, 2021) *
- Self-reported physical function improvement – percentage of Gateway enrollees with pain-related diagnoses who report perceived improved physical function year over year

Additionally, the following annual measures will be added to the Demonstration's pay-for-performance metrics to further evaluate existing benefits:

- Substance use service line unique users - patients with substance use diagnoses are prescribed maintenance medications under the substance use service line (metric will be factored into Pay-for-Performance results with an estimated start date of July 1, 2020) *
- Diabetes HbA1c control - number of enrollees with a diagnosis of Type I or Type II diabetes whose most recent hemoglobin A1c level is less than or equal to 9% (metric will be factored into Pay-for-Performance results with an estimated start date of January 1, 2020) **

**These metrics will be added as Primary Care Health Center Pay-for-Performance metrics. The State withholds 7% from payments made to the primary care health centers and repays this amount bi-annually if health centers meet these metrics. The thresholds will be calculated based on Wakely Actuarial Analysis data and Gateway claims data. See Appendix II for a complete list of Pay-for-Performance metrics.*
*** The threshold for this existing Pay-for-Performance metric will increase from 60% of patients to 70% of patients with an estimated start date of January 1, 2020.*

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Appendix I: Budget Neutrality Analysis

Budget Neutrality *without* Amendment: *Budget neutrality projections are through the end of calendar year 2022, the projected end of the Gateway to Better Health Demonstration, unless the Missouri legislature approves Medicaid expansion prior.*

	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	DY 11 FFY 2020	DY 12 FFY 2021	DY 13 FFY 2022	DY 14 FFY 2023	Total to Date
	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- 09/30/2019	10/01/2019- 09/30/2020	10/01/2020- 09/30/2021	10/01/2021- 09/30/2022	10/01/2022- 12/31/2022	07/28/2010 to 12/31/2022
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	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	0 months	0 months	0 months	
No. of months of Pilot Program	0 months	0 months	3 months	12 months	12 months	12 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	$801,292,456	$801,292,456	$801,292,456	$200,323,114	**$9,970,013,560**
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**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$200,323,114**	**$9,970,013,560**
With Waiver Projections															
Residual DSH	$167,785,998	$679,083,062	$675,602,811	$735,329,474	$713,152,789	$714,046,801	$787,095,287	$788,702,099	$776,968,906	$776,643,176	$774,334,316	$774,227,807	$774,231,820	$193,557,372	$9,330,761,717
St. Louis ConnectCare	$4,850,000	$18,150,000	$14,879,909	$3,148,648	$118,489	$0	$0	$0	$0	$0	$0	$0	$0	$0	$41,147,045
Affinia Healthcare	$1,462,500	$5,850,000	$5,071,706	$5,016,507	$6,073,656	$5,648,970	$4,805,114	$4,669,932	$4,476,793	$4,549,126	$5,422,208	$5,314,577	$5,223,010	$1,299,186	$64,883,284
CareSTL Health	$937,500	$3,750,000	$3,097,841	$2,108,161	$1,838,040	$2,157,443	$2,098,524	$2,063,214	$1,991,114	$2,002,199	$2,323,803	$2,277,676	$2,238,433	$556,794	$29,440,742
Contingency Provider Network	$0	$0	$379,372	$4,254,902	$5,469,199	$3,937,955	$5,035,278	$4,505,789	$4,421,599	$4,575,297	$5,404,663	$5,286,805	$5,185,383	$1,289,190	$49,745,434
Voucher	$0	$0	$0	$4,541,262	$6,358,786	$6,926,811	$6,649,760	$5,685,306	$7,025,388	$7,775,042	$9,763,745	$10,125,895	$10,354,716	$2,605,711	$77,812,423
Infrastructure	$0	$0	$975,000	$1,925,000	$0	$0	$0	$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	$0	$0	$0	$1,050,000
SLRHC Administrative Costs Coverage Model			$584,155	$4,328,950	$3,692,463	$3,098,002	$3,478,054	$3,694,637	$3,453,800	$3,303,025	$4,043,721	$4,059,697	$4,059,096	$1,014,861	$38,810,462
CRC Program Administrative Costs	$91,684	$700,000	$700,000	$700,000	$175,000	$0	$0	$0	$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	$0	$0	$0	$2,703,832
Actual expenditures for DY4 DOS				$0	$2,540,653	$6,559	$229	-$325	$0	$0	$0	$0	$0	$0	$2,547,116
Actual expenditures for DY5 DOS						$2,402,336	$267,821	-$11,644	$0	$0	$0	$0	$0	$0	$2,658,513
Actual expenditures for DY6 DOS							$2,663,397	-$21,117	$0	$0	$0	$0	$0	$0	$2,642,279
Actual expenditures for DY7 DOS								$2,805,489	$30,539	-$481	$0	$0	$0	$0	$2,835,548
Actual expenditures for DY8 DOS									$2,924,315	$34,562	$0	$0	$0	$0	$2,958,877
Actual expenditures for DY9 DOS										$2,193,453	$0	$0	$0	$0	$2,193,453
Projected expenditures for DY9 DOS										$217,057	$0	$0	$0	$0	$217,057
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**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$200,323,114**	**$9,657,674,467**
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	$0	$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	$24,998,094	$23,391,282	$24,323,550	$24,432,223	$26,958,140	$27,064,649	$27,060,637	$6,765,742	
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	$24,411,460	$24,872,220	$20,618,878	$21,368,695	$22,204,690	$26,958,140	$27,064,649	$27,060,637	$6,765,742	

*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%; FFY 2019 FMAP=65.40%

Budget Neutrality *with* Amendment: *Budget neutrality projections are through the end of calendar year 2022, the projected end of the Gateway to Better Health Demonstration, unless the Missouri legislature approves Medicaid expansion prior.*

	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	DY 11 FFY 2020	DY 12 FFY 2021	DY 13 FFY 2022	DY 14 FFY 2023	Total to Date
	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- 09/30/2019	10/01/2019- 09/30/2020	10/01/2020- 09/30/2021	10/01/2021- 09/30/2022	10/01/2022- 12/31/2022	07/28/2010 to 12/31/2022
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	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	0 months	0 months	0 months	
No. of months of Pilot Program	0 months	0 months	3 months	12 months	12 months	12 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	$801,292,456	$801,292,456	$801,292,456	$200,323,114	**$9,970,013,560**
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**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$200,323,114**	**$9,970,013,560**
With Waiver Projections															
Residual DSH	$167,785,998	$679,083,062	$675,602,811	$735,329,474	$713,152,789	$714,046,801	$787,095,287	$788,702,099	$776,968,906	$776,643,176	$774,229,207	$774,226,330	$774,224,897	$193,556,395	$9,330,647,233
St. Louis ConnectCare	$4,850,000	$18,150,000	$14,879,909	$3,148,648	$118,489	$0	$0	$0	$0	$0	$0	$0	$0	$0	$41,147,045
Affinia Healthcare (formerly Grace Hill Neighb	$1,462,500	$5,850,000	$5,071,706	$5,016,507	$6,073,656	$5,648,970	$4,805,114	$4,669,932	$4,476,793	$4,549,126	$5,615,622	$5,589,689	$5,495,247	$1,367,093	$65,691,956
CareSTL Health (formerly Myrtle Davis Compre	$937,500	$3,750,000	$3,097,841	$2,108,161	$1,838,040	$2,157,443	$2,098,524	$2,063,214	$1,991,114	$2,002,199	$2,406,695	$2,395,581	$2,355,106	$585,897	$29,787,316
Contingency Provider Network	$0	$0	$379,372	$4,254,902	$5,469,199	$3,937,955	$5,035,278	$4,505,789	$4,421,599	$4,575,297	$5,580,035	$5,534,641	$5,431,787	$1,350,725	$50,476,580
Voucher	$0	$0	$0	$4,541,262	$6,358,786	$6,926,811	$6,649,760	$5,685,306	$7,025,388	$7,775,042	$9,401,409	$9,486,296	$9,725,285	$2,447,997	$76,023,342
Infrastructure	$0	$0	$975,000	$1,925,000	$0	$0	$0	$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	$0	$0	$0	$1,050,000
SLRHC Administrative Costs Coverage Model			$584,155	$4,328,950	$3,692,463	$3,098,002	$3,478,054	$3,694,637	$3,453,800	$3,303,025	$4,059,487	$4,059,919	$4,060,134	$1,015,008	$38,827,635
CRC Program Administrative Costs	$91,684	$700,000	$700,000	$700,000	$175,000	$0	$0	$0	$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	$0	$0	$0	$2,703,832
Actual expenditures for DY4 DOS				$0	$2,540,653	$6,559	$229	-$325	$0	$0	$0	$0	$0	$0	$2,547,116
Actual expenditures for DY5 DOS						$2,402,336	$267,821	-$11,644	$0	$0	$0	$0	$0	$0	$2,658,513
Actual expenditures for DY6 DOS							$2,663,397	-$21,117	$0	$0	$0	$0	$0	$0	$2,642,279
Actual expenditures for DY7 DOS								$2,805,489	$30,539	-$481	$0	$0	$0	$0	$2,835,548
Actual expenditures for DY8 DOS									$2,924,315	$34,562	$0	$0	$0	$0	$2,958,877
Actual expenditures for DY9 DOS										$2,193,453	$0	$0	$0	$0	$2,193,453
Projected expenditures for DY9 DOS										$217,057	$0	$0	$0	$0	$217,057
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**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$200,323,114**	**$9,657,674,467**
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	$0	$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	$24,998,094	$23,391,282	$24,323,550	$24,432,223	$27,063,249	$27,066,126	$27,067,559	$6,766,719	
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	$24,411,460	$24,872,220	$20,618,878	$21,368,695	$22,204,690	$27,063,249	$27,066,126	$27,067,559	$6,766,719	

*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%; FFY 2019 FMAP=65.40%

Appendix II: Proposed Pay for Performance Criteria and Benchmarks

Proposed changes to Gateway to Better Health's current pay-for- performance metrics are summarized below and highlighted in yellow:

Pay-for-Performance Criteria and Benchmarks

PERFORMANCE CRITERIA	BENCHMARK	WEIGHTING
All Newly Enrolled Patients – Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)	80%	~~20%~~ 10%
Patients with Diabetes, Hypertension, CHF or COPD – Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date)	80%	20%
Patients with Diabetes – Have one HgbA1c test within 6 months of reporting period start date	85%	20%
Patients with Diabetes – Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period (estimated start date for change to metric January 1, 2020)	~~60%~~ 70%	20%
Patients with Pain-Related Diagnoses[1] – Have received a service under the physical function improvement service line and completed a patient specific functional scale questionnaire[2] (estimated start date for new metric January 1, 2021)	40%	10%
Patients with Substance Use Diagnoses[3] – Are prescribed a maintenance medication[4] under the substance use service line (estimated start date for new metric July 1, 2020)	50%	10%
Hospitalized Patients – Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.	50%	~~20%~~ 10%
TOTAL POSSIBLE SCORE		**100%**

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Secondary Pool Metric

Rate of Referral to Specialist among Enrollees	680/1000	100%

[1] Gateway enrollees with a primary pain-related diagnosis
[2] A copy of the Patient-Specific Functional Scale (PSFS) can be found in Attachment E of the Gateway to Better Heath evaluation design
[3] Gateway enrollees with a diagnosis of ICD-10 Code F11
[4] Buprenorphine HCL or Naltrexone HCL

Appendix III: References

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