"Gateway to Better Health:

Preserving and Strengthening Primary and Specialty Care Services for Medicaid and the Uninsured in the St. Louis Region"

Missouri Department of Social Services

MO HealthNet Division

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Table of Contents

I. Introduction

The Missouri Department of Social Services (DSS), MO HealthNet Division (MHD), is partnering with the St. Louis Regional Health Commission (SLRHC) to submit this request for a Section 1115 demonstration project to preserve and improve primary and specialty care access for uninsured residents of St. Louis City and St. Louis County until continued access to health care is assured through a more comprehensive model of coverage.

The demonstration project will use $30,000,000 (total computable) of the state's Medicaid Disproportionate Share Hospital (DSH) allotment (approximately 4% of the annual allotment) to support primary and specialty care clinics serving Medicaid patients and the uninsured in St. Louis, over each of the next five state fiscal years. The project builds on a prior waiver and sustained efforts of the SLRHC to build up and improve the primary and specialty care infrastructure in the City after the downsizing and ultimate closure of St. Louis Regional Hospital. The funding will support the activities of the Commission and its affiliation partners: St. Louis ConnectCare, Grace Hill Neighborhood Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers. The latter two are federally qualified health centers (FQHCs) providing primary care services. St. Louis ConnectCare is a legacy provider of St. Louis Regional providing specialty care services and limited access to inpatient hospital services through a voucher system. Together, these providers serve over 22,225 uninsured and Medicaid eligible individuals. The demonstration project will enable them to continue this mission and to expand coverage to the region's uninsured by 2% each year during the five-year waiver period for a total of 2,200 additional individuals.

II. Summary

The demonstration project will continue to build on and maintain 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 no. 11-W00122/7, which expired in 2007, and which has since evolved with the financial support of Missouri hospitals. Due to the current economic downturn and the decline in DSH funding for most individual hospitals, Missouri hospitals will not be providing financial support for this program beyond the end of the current state fiscal year (June 30, 2010).

The backbone of the St. Louis Model is the SLRHC which is charged with improving health care access and delivery to the uninsured and underinsured in the St. Louis region. The SLRHC was established under the prior waiver to coordinate, monitor, and report on the safety net network's activities and to make recommendations as to the allocation of funds. While the Commission works within a large network that includes St. Louis County and its public health department and area FQHCs and hospitals, it has three "affiliation partners" that are supported with SLRHC funding and that would be the recipients of the funds distributed through this demonstration projects. These are:

St. Louis ConnectCare was formed in 1997 to provide needed ambulatory services to primarily uninsured and low income populations who received health care through the St. Louis Regional Medical Center integrated health system. St. Louis ConnectCare is a legacy provider which has been transformed to provide specialty health care and urgent care services to the uninsured since the St. Louis Regional Medical Center was closed. In 2005, St. Louis ConnectCare transferred its primary care clinics to Grace Hill Neighborhood Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers and focused exclusively on building a strong and accessible specialty and diagnostic care network to support patients who call the community based health centers their medical home, weaving a seamless continuum of care through a formalized referral process for secondary and advanced diagnostic health care services. Primary Care Physicians from the FQHCs, the St. Louis County primary care clinics, and local community based volunteer health care clinics refer patients for one or more of thirteen medicine and surgical specialties, five radiological modalities, and or endoscopic procedures in the region's only stand alone ambulatory surgical center available to all, regardless of the ability to pay. If an uninsured patient needs care beyond those that St. Louis ConnectCare directly provides, the Utilization Management Department arranges for advanced diagnostic (MRI, PET, MRA, etc.) procedures and limited hospital admissions under a voucher system to pay for diagnostic procedures and physician services in a hospital setting.

Grace Hill Neighborhood Health Centers is an FQHC and operates six community health centers strategically located to be accessible to low income and uninsured residents in St. Louis' medically underserved neighborhoods. The centers are staffed and equipped to provide comprehensive primary and preventive health care. In addition, community health services provided include prenatal and pediatric case management provided by skilled community health nurses and nurse assistants to high risk pregnant mothers and an extensive chronic disease management program that utilizes health coaches to support patients better manage their chronic conditions. Through health outreach, neighbors are trained to help neighbors access health care services. Two of the Grace Hill Neighborhood Health Centers would receive financial support under this proposed waiver.

Myrtle Hilliard Davis Comprehensive Health Centers is an FQHC and operates three community health centers which are located in St. Louis' medically underserved areas. Two of the community health centers would be funded under this proposed waiver. The centers offer a full array of preventive and primary care services and include case and disease management services very similar to Grace Hill Neighborhood Health Centers.

Each of these entities receives 30% to 60% of its funding through the SLRHC. With Missouri hospitals' decision that they are not in a position to further support the Commission, MHD believes it is critical to maintain the regional health care safety net in St. Louis City and St. Louis County. Accordingly, it is prepared to dedicate up to $30,000,000 (total computable) of the

state's DSH allotment to protect and preserve the safety net infrastructure and to extend services until health care coverage for the uninsured is viable and financially sustainable through national health care reform legislation. The non-federal share of the expenditures will come from continued support from the City of St. Louis and from state funds raised by the State's hospital provider tax. In the event that some or all of the uninsured population receiving services from the affiliated partners are covered by comprehensive health insurance through a Medicaid expansion or otherwise, the amount of funds dedicated to the demonstration project will decrease accordingly.

This demonstration project will allow MHD, in conjunction with SLRHC and other partners, to continue to maintain health care access to the uninsured and Medicaid eligible individuals until uninsured individuals can transition to health care coverage. No funds under this proposed waiver will be utilized to support physical plant infrastructure during the life of the demonstration.

In the event the request for a demonstration project is not approved and federal matching funds are not available to support the "St. Louis Model" on July 1, 2010, critical safety net provider capacity and the infrastructure to support its efforts built over the last decade will be lost and access to primary and specialty health care for the region's uninsured will be dramatically reduced. Residents served through the safety net clinics will instead be forced to seek primary and specialty care in hospital emergency rooms and outpatient departments, at much higher cost, or simply go without needed services. These costs would be reimbursable by the state and federal governments through the hospital DSH program, at a much higher rate per encounter. All are better served if those funds are instead directed to providing services in the most medically appropriate, convenient, and cost-effective setting.

III. Background

1. The Need for Ambulatory Care Services in the St. Louis Region

The significance of the health care safety net in the region is of paramount importance to the state of Missouri. The city and county of St. Louis have the largest urban population in the state and is home to more than 1,300,000[1] individuals which are approximately 23.1% of the state's population. Over 310,000 individuals within the region are uninsured or eligible for Medicaid.[2]

More than 40% of the city's residents are functionally illiterate. Literary levels and low health literacy levels in particular present challenges to individuals needing health care and providers alike.[3] Missouri ranks in the bottom quartile of all states in the country in many important health indicators, e.g. infant mortality, obesity, diabetes mortality, etc.[4] St. Louis consistently leads the nation in rates of sexually transmitted diseases (more than four times the national average) and in

[1] Population Data, U.S. Census Bureau, 2006 American Community Survey.
[2] St. Louis Regional Health Commission, Progress Toward Building a Healthier St. Louis, 2009 Access to Care Report
[3] St. Louis Regional Health Commission, Building a Healthier St. Louis, Community Health Assessment, 2003.
[4] Commonwealth Fund Commission. The Commonwealth Fund 2006 Health Care Quality Survey, June 2007.

residents infected with HIV (nearly four times the national average).[5] The following highlights important demographic data of the individuals in the region:

Data Element	St. Louis City	St. Louis County
% of Individuals at or below 200% of the FPL	26.8%	9.4%
% of Children/Adolescents	43.6%	23.8%
Racial/Ethnic Composition:		
Caucasian	45.4%	73.2%
African-American	50.2%	21.3%
Hispanic	2.6%	1.9%
Other	1.8%	3.6%
Speak a language other than English	8.8%	7.9%
High School Education / GED	77.2%	87.6

Missouri has seen a significant decrease in employer sponsored health care coverage during the first half of the last decade, with a 10% drop in fewer than five years (more than double the national rate). In addition, the state in response to budget constraints lowered income standards for Medicaid eligibility in 2004 which resulted in over 100,000 individuals losing Medicaid coverage. These two factors have resulted in a dramatic rise in the uninsured population in Missouri (three times the national average last decade).

2. The Development and Funding of an Ambulatory Care Infrastructure under the SLRHC

From 2002 to 2007, the St. Louis region, DSS, the Governor's Office, and Centers for Medicare and Medicaid Services (CMS) joined together in partnership to support an amendment to Missouri's Section 1115 demonstration project no. 11-W-00122/7, known as Managed Care Plus (MC+). The demonstration project authorized the diversion of 6.27% of the Statewide DSH cash distributions, excluding DSH distributions to state mental hospitals, to a "St. Louis Safety Net Funding Pool." The amount of the funding pool moderately fluctuated from year to year, depending on the total statewide DSH cash distribution. The amount of expenditures under the prior waiver ranged from $32 to $40 million annually, with federal financial participation averaging approximately $25 million per year. These DSH funds historically supported St. Louis Regional Hospital to provide health care services for the uninsured in the St. Louis region. After the expiration of the waiver, Missouri hospitals continued to support the Safety Net Pool at approximately the same level of federal funds that had previously been available under the waiver.

The earlier demonstration project established a framework for developing a network of safety net providers after the closure of St. Louis Regional Hospital, and a means of allocating funds among them, that has been very successful and that continues to mature and progress. The backbone of the system is the SLRHC which is charged with improving health care access and delivery to the uninsured and underinsured in the St. Louis region. The SLRHC was established to coordinate, monitor, and report on the safety net network's activities and to make

[5] Progress Toward Building a Healthier St. Louis Regional Health Commission, 2007 Report.

recommendations as to the allocation of funds. The Commission's membership includes appointees from several key stakeholders including the Governor of Missouri, the St. Louis Mayor and St. Louis County Executive, CEOs of hospitals, FQHCs, and St. Louis ConnectCare, among others.[6] The SLRHC has played a key role in dramatically improving access to health care. By building an integrated system of care in the region and involving the St. Louis community in regional planning efforts, the health care safety net for the uninsured has been strengthened.

The current safety net health care delivery system has substantially evolved since the earlier demonstration project began in 2002 and is composed of hospitals and primary care clinics including the FQHCs.[7] The health care delivery system for the under/uninsured has been supported by national and regional foundations and state and local governments to maintain and enhance health care services. For example, the county of St. Louis imposes a dedicated health tax which raises $45,000,000 each year and provides a $15,000,000 appropriation to the county health departments to provide services to the uninsured and Medicaid eligible populations in the county.

Each year, the SLRHC collects a comprehensive data set from all community health centers and hospitals in the St. Louis region concerning access to care for the uninsured and Medicaid eligible populations. It makes this data available to the public and engages in extensive community outreach activities to determine needs, identify areas needing improvement, and select areas for the enhancement of the health care safety net in the region. In addition to these activities, the SLRHC collects financial and operational data from all participating entities receiving funds from the "St. Louis Safety Net Funding Pool."[8] This data includes organizational revenues and expenses, number of users by service line and payor category, number of encounters by service category, cost per medical user, cost per dental user, and the number of new medical users.[9] Based upon a review of this data and extensive community input through its Advisory Boards, the Commission makes an annual recommendation for the allocation of funds.

SLRHC's recommendation for the allocation of funds has been centered on those organizations which assumed responsibility for the operations of the legacy outpatient clinics that were previously managed by St. Louis Regional Hospital and preserved through the first demonstration project. These organizations, known as "the affiliation partners," are St. Louis ConnectCare, Myrtle Hilliard Davis, and Grace Hill Neighborhood Health Centers. These entities provide the majority of health care services to the uninsured population in St. Louis City.

After this recommendation is made by the Commission, it is forwarded to the St. Louis Regional DSH (RDFA) Funding Authority, a body comprised of the six CEOs of the region's major

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[6] See Appendix No. 1, Membership Rosters of St. Louis Regional Health Commission, Community Advisory Board, Provider Services Advisory Board.

[7] See Appendix No. 2, Current Safety Net Health Care Delivery System, 2009.

[8] See Appendix No. 3, Affiliation Report to St. Louis Regional Health Commission and St. Louis Regional DSH Funding Authority, April 15, 2009.

[9] See Appendix No. 3, Affiliation Report to St. Louis Regional Health Commission and St. Louis Regional DSH Funding Authority, April 15, 2009.

hospitals or hospital systems (BJC Health Care, SSM HealthCare, St Louis University Hospital, St. John's Mercy Medical Center, St. Anthony's Medical Center, and St. Luke's Medical Center). The RDFA board reviews the data available to the Commission and approves or rejects the Commission's recommendation. If rejected, the Commission makes a subsequent recommendation for RDFA's consideration.

Upon recommendation of the SLRHC, the St. Louis Regional DSH Funding Authority has made distributions in both SFY 2008 and SFY 2009 as follows:

- $13,800,000 to St. Louis ConnectCare annually
- $5,600,600 to Grace Hill Neighborhood Health Centers annually
- $3,599,500 to Myrtle Hilliard Davis Comprehensive Health Centers annually
- $300,000 to the Commission for administrative costs annually
- $510,980 to the St. Louis Integrated Health Network for the Community Referral Coordinator Program (total over two years)

The City of St. Louis' Board of Alderman also appropriates $5 million directly to St. Louis ConnectCare.

As shown in Appendix 3, the funds distributed by the St. Louis Regional DSH Funding Authority upon recommendation of the SLRHC provide approximately 50% of the revenues received by Myrtle Hilliard Davis for operation of the Homer G. Phillips and Florence Hill Centers; approximately 34% of the revenues received by the Grace Hill for operation of the Murphy-O'Fallon and Soulard-Benton Centers; and approximately 60% of the revenues received by St. Louis ConnectCare for its specialty services.

Although the distribution to the affiliation partners has been constant over the last several years, the number of uninsured has increased for these providers over the same time period; therefore the providers serve more patients. As shown above, virtually all of the "St. Louis Safety Net Funding Pool" funds go to pay for direct care services, with a very small amount available to support administrative expenses of the Commission and referral coordinators.

Using the City's appropriation and funds from the hospital provider tax as the non-federal share, the demonstration project will commit up to $30,000,000 annually to maintain the current level of funding to the SLRHC and the affiliated partners. It is proposed that the federal funds sought under this demonstration project will be allocated utilizing the same mechanism developed under the previous demonstration project and successfully deployed to ensure transparency, extensive community input, and rigorous data collection and evaluation, including:

1. Extensive review of programmatic and financial data of funds recipients by Commission;
2. Public deliberation and consideration of community input by the Commission and its Advisory Boards on an annual basis;
3. A recommendation for annual distribution made by the Commission based upon data and community input; and
4. Approval by the RDFA board of Commission's recommendation.

The requested funds represent approximately one-third of the operating revenues to support the provision of direct care for the uninsured in St. Louis City and St. Louis County and the administrative expenses of the Commission in overseeing and allocating funds to the safety net providers.

IV. Access and Benefits within the St. Louis Regional Health Care Safety Net Delivery System

The St. Louis regional health care delivery system has provided ambulatory services to an increasing number of uninsured and Medicaid eligible populations. The charts on pages 10 and 11 highlight the population mix and the number of unduplicated individuals served through 2008.

Over 86% of the primary care safety net sites' encounters are from the uninsured and Medicaid eligible populations. The affiliation partners identified as St. Louis ConnectCare, Grace Hill Neighborhood Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers continue to be the primary source of health care for the region's uninsured.

The system of providing primary and specialty health care services continues to grow and expand to meet the ambulatory care needs of uninsured individuals. The basic service array of ambulatory care services include:

- Preventative
- Wellcare
- Obstetrics
- Dental
- Oncology
- Rheumatology
- Pediatrics
- Cardiology
- Endocrinology
- Ear, Nose, and Throat
- Gastroenterology
- Gynecology
- Internal Medicine
- Neurology
- Ophthalmology
- Orthopedics
- Pulmonology
- Renal
- Urology
- Surgery

There continues to be a concentrated focus on the sub-specialty areas of pediatrics, obstetrics, and dental care given the nature of the populations served. The affiliated partners through

St. Louis ConnectCare have been able to add additional specialty services, e.g. nephrology, gastroenterology, etc., in the most recent past. St. Louis ConnectCare provides on an annual basis almost 100,000 clinical and enabling services encounters to uninsured and Medicaid eligible individuals. St. Louis ConnectCare on an annual basis delivers over 15,000 episodes of care in its urgent care center.

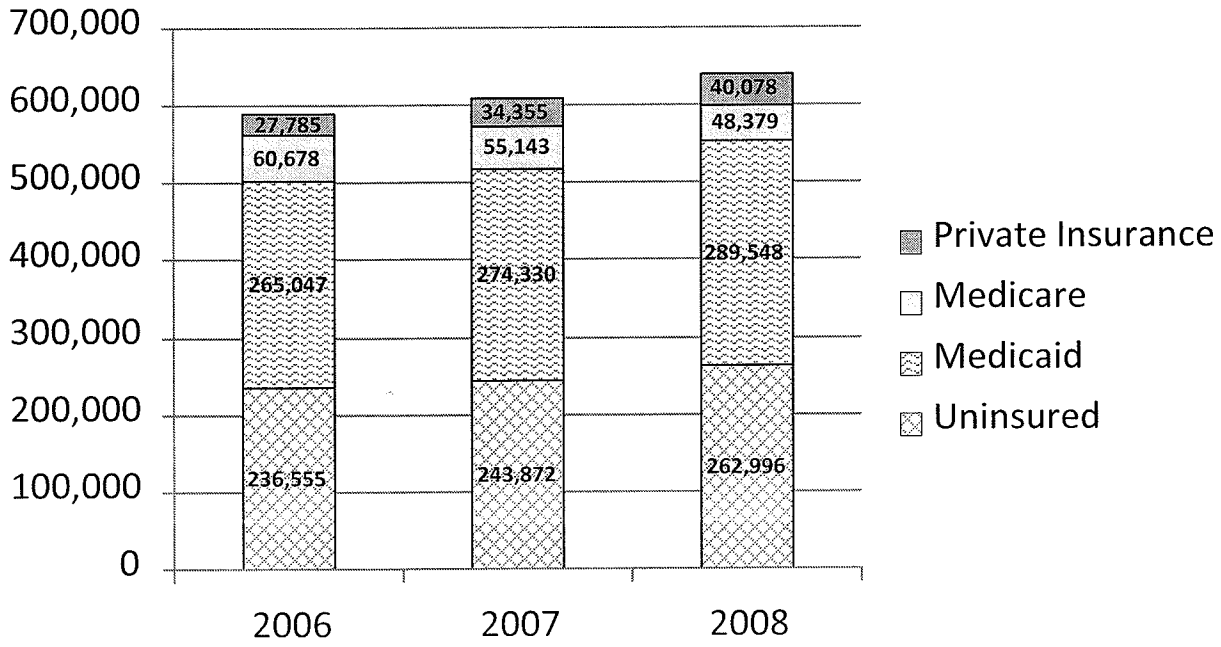
A limited number of vouchers for inpatient and outpatient hospital services not available through the safety net providers are available to uninsured patients of the affiliated partners who are residents of St. Louis City. The majority of the vouchers are used for diagnostic and chemotherapy services, pay hospital physician fees, and a small amount of inpatient stays which on average are under four days in duration at participating hospitals. When health care must be provided outside of the affiliated safety net providers, the uninsured individual is assisted by St. Louis ConnectCare arranging for further care in a managed and medically appropriate manner.

Enhanced capacity and tools to improve access to primary and specialty care have been added and developed over the years including:

- Dental clinic sessions;
- Extended clinic hours of operation;
- Children's mental health services;
- Increased availability of optometry services;
- Expanded access to community based services;
- Outreach and access to the homeless and public housing residents;
- Additional primary care sites; and
- Referral Coordinators and Health Coaches.

Based upon the collaborative work of the St. Louis Integrated Health Network, and the efforts of its partner organizations, primary care capacity has significantly increased in the St. Louis region since 2001, and has had a significant impact on patient volumes in the region's area hospital emergency departments.

Primary Care Safety Net Providers Continue to Absorb Additional Uninsured and Medicaid Volumes



Increase Over Prior Year in Uninsured and Medicaid Visits		
	2006-2007	2007-2008
Incremental Encounters	+17,635	+33,301
% Change	+3%	+6%

Key to the success of the regional health care safety net improvements was the affiliation of St. Louis ConnectCare's primary care operations with two FQHCs: Grace Hill and Myrtle Hilliard Davis, with St. Louis ConnectCare subsequently focusing its operations on specialty, diagnostic, and urgent care services. As noted earlier, St. Louis ConnectCare, Grace Hill, and Myrtle Hilliard Davis operate the legacy outpatient centers that were preserved after the closure of St. Louis Regional Hospital. As such, these institutions have received the allocations from the "St. Louis Safety Net Funding Pool" for operating these sites and have served the following number of users in these legacy sites over the past three years:

Uninsured and Medicaid Users at Connect Care, Grace Hill, and Myrtle Hilliard Davis - Within Sites Directly Supported by Requested Funds - Past Three Years

Primary Care Users (Grace Hill and Myrtle Hilliard Davis)

	2006	2007	2008
Medicaid Users	15,790	15,339	15,385
Uninsured Users	18,860	20,807	22,225
% of Uninsured Users under 100% of FPL	Data Not Available	94.5%	94.3%
% of Uninsured Users under 100–200% of FPL		5.4%	5.3%
% of Uninsured Users above 200% of FPL		0.2%	0.4%

Specialty Care, Urgent Care, and Diagnostic Services Users (St. Louis ConnectCare)

	2006	2007	2008
Medicaid Users	5,787	5,069	4,939
Uninsured Users	21,936	20,732	23,305
% of Uninsured Users under 100% of FPL	86.5%	89.0%	89.1%
% of Uninsured Users under 100–200% of FPL	11.9%	9.5%	9.4%
% of Uninsured Users above 200% of FPL	1.6%	1.6%	1.6%

V. Successes of the St. Louis Health Care Safety Net

The regional health care safety net for the uninsured and Medicaid-eligible population has been strengthened, restructured, and preserved for almost a decade. During this time, significant transformation of the system has occurred as evidenced by its successes since 2001.

- Greater collaboration among safety net providers through the formation of the St. Louis Integrated Health Network (IHN), an umbrella organization to integrate the major providers of outpatient safety net care in the St. Louis region (six primary care health centers, one specialty care/urgent care health center [St. Louis ConnectCare], two medical schools).
- Successful merger of four primary care sites managed by St. Louis ConnectCare with two FQHCs.
- Establishment of Connect Care's Urgent Care Center and the Ambulatory Surgical Center.
- Investment of over $20 million in improved physical plant infrastructure at regional community health centers.
- Partnership between hospitals in the urban core and community health centers to connect uninsured residents with primary care homes.
- Integration of behavioral health providers through collaboration of community health centers and mental health centers.
- Improvements in referral processes between St. Louis ConnectCare and primary care safety net providers.

- Established Health Coaches Program to assist the uninsured individuals with system navigation and health literacy needs.
- Developed a Health Information Exchange (HIE) Business Plan to enhance health care delivery and reduce the costs of care.

The actual delivery of health care to the uninsured and Medicaid eligible populations has improved dramatically under the leadership of SLRHC and the IHN. The following highlights progress to date in terms of actual service delivery metrics for the regional health care safety net network:

- Primary care encounters have increased by over 110,000 (21%) since 2002.
- Specialty care encounters have increased by over 17,000 (11%) since 2002.
- Over 75,000 additional non-emergent emergency department visits prevented in the urban core each year.
- St. Louis ConnectCare's market share of adult specialty care provided to the uninsured has grown from 16% to 31% of all specialty care delivered in the region to the uninsured.
- Urgent care visits to St. Louis ConnectCare have increased by 3,500 encounters (30%) since 2002.
- Lowered or maintained wait times for specialty care services from several months to fewer than three weeks for most specialties, which is comparable to the region's insured population wait times for specialty appointments.
- The addition of specialty services in rheumatology, nephrology, and endocrinology.
- A new state of the art GI Endoscopy facility which has alleviated a backlog of 800 cases and further reduced health disparities for the uninsured.

These improvements have been made through the direct involvement of over 600 volunteers on over a dozen work groups that have been actively engaged in transforming the St. Louis health care safety net system over the last eight years. The Commission and its work receive strong support from the State, Mayor, County Executive, the CEOs of St. Louis' major corporations through Civic Progress, community activities, hospital and health center leadership, and medical schools.

User Data for the Affiliation Partners – ALL SITES
Calendar Year 2008

Users By Payor Class	Grace Hill	Myrtle Hilliard Davis	Connect Care
Medicaid	14,625	11,980	4,939
Medicare	2,495	2,519	2,430
Uninsured	22,431 (21,569 under 100% FPL)	21,264 (19,648 under 100% FPL)	23,305 (16,069 under 100% FPL)
Other Insurance	1,495	2,634	4,051
Total No. of Users	41,046	38,397	34,725
Users/Cost by Service Type	Grace Hill	Myrtle Hilliard Davis	Connect Care
Medical	Number of users: 30,281 Cost per user: $397	Number of users: 25,702 Cost per user: $304	Not Applicable
Dental	Number of users: 10,297 Cost per user: $211	Number of users: 9,912 Cost per user: $267	Not Applicable
Other	Number of users: 468 Cost per user: Not Available	Number of users: 2,782 Cost per user: Not Available	Not Applicable
Urgent Care	Service Not Provided	Service Not Provided	Number of users: 11,802 Avg. cost per user*: $555
Specialty	Service Not Provided	Service Not Provided	Number of users: 8,782 Avg. cost per user*: $555
Diagnostic Service	Not Applicable	Not Applicable	Number of users: 8,648 Avg. cost per user*: $555
STD Clinic	Not Applicable	Not Applicable	Number of users: 5,493 Avg. cost per user*: $555

*St. Louis ConnectCare costs per user are averaged over all service lines and exclude voucher expenses.

Another important piece of the St. Louis Safety Net is the Regional Health Information Exchange. The Regional HIE will incorporate fifteen health care organizations including seven hospital emergency departments, six primary health care centers, and two public health departments.

A major component of the HIE will be the NMPI which will enable the electronic exchange of essential patient information among all safety net partners. The NMPI is designed as a secure community based utility open to all participant safety net providers involved in the delivery, coordination, and referral of uninsured and Medicaid eligible populations in the St. Louis region.

In addition to the specific patient information, the HIE will include not only the exchange of registration information of patients between providers, but a robust exchange of clinical data:

- Patient visits;
- Physical reports;
- Progress notes;
- Medication orders;
- Allergies;
- Lab and test results;
- Radiology reports; and
- Emergency room utilization/encounter data.

A key sharing of information with Health Coaches and Community Referral Coordinators will be a messaging system to support care coordination among participants and providers.

The SLRHC designated the IHN as the sole entity representing the major safety net providers in the St. Louis region to provide leadership and on-going direction for the HIE and NMPI . The initial start-up cost of the system totaled $3.1 million. The HIE is transitioning from the planning and development stages to implementation in 2010. The initiative has received no HITECH funding to date.

The demonstration project will not include any funding for the HIE. However, the HIE will be an important component in supporting the goals of the demonstration project, particularly in the collection of data.

VI. Recent Developments and the Critical Need to Preserve the St. Louis Service Model

As shown above, the regional collaboration of SLRHC's partners has matured and developed a strong service delivery foundation based on significant structural changes in the safety net system of care, reflecting provider and community support and leadership. However, because this health care service system overwhelmingly serves the indigent uninsured, it does not yet have the ability to sustain itself in the absence of expanded coverage at the national level.

The Section 1115 waiver that established the SLRHC and allocated DSH funding to the St. Louis health care safety net expired in 2007. Since then, Missouri hospitals and the SLRHC continued to partner to improve the safety net of primary and specialty care services for the region's uninsured. Recent initiatives include the Community Referral Program implemented in 2007 to link the uninsured to primary care homes. In 2008, IHN adopted a three-year business plan to support a Health Information Exchange (HIE).

Due to the current economic downturn and the decline in DSH funding for most individual hospitals, Missouri hospitals will not be providing financial support to the SLRHC and the clinics it supports for this program beyond the end of the current state fiscal year (June 30, 2010). Therefore, MHD requests a new demonstration project to build on the successes of the prior waiver and to continue the transformation that was begun in 2002.

In the event this demonstration project is not approved, the safety net network will shrink and primary care sites will be closed, as well as reduced access to specialty care for the uninsured delivered by St. Louis ConnectCare.[10]

The loss of medical services will directly impact tens of thousands of low-income residents who currently receive services through these funds, widening already alarming health disparities in the St. Louis region. Adverse medical outcomes will become routine throughout the region. The emergency departments in the region's urban core will experience an increase of 75,000 patients each year seeking services, which they do not have the physical plant capacity or available staff to manage. Emergency care for all citizens in the region would be compromised as wait times surge in these hospitals and diversions become routine. It is important to note that even with the safety net network in place that over 25,000 individuals left emergency departments in 2008. This is a 4.3% increase in the left without being seen (LWBS) rate as compared to 2007.

In addition to increased emergency department volumes the primary and specialty care provided by the affiliated partners would be reduced if not eliminated:

- Capacity for over 22,000 specialty care visits would be reduced;
- Access to nearly 7,000 referred diagnostic services would be reduced; and
- Capacity for over 90, 000 primary care visits would be reduced.

The uninsured's access to health care would be severely impacted and there would be a disproportionate impact on the uninsured population because of the location of the facilities and their lack of health care coverage.

The collaboration between the community, the state, and among health care providers will be jeopardized. Such important regional efforts that have been painstakingly built over the past decade such as the St. Louis IHN, the regional HIE, and the region's Primary Care Home Initiative will be threatened.

[10] See Appendix No. 2, Listing of Primary Care Sites.

VII. Design Elements of Demonstration Project

MHD wants to enable the SLRHC and its affiliation partners to maintain, preserve, and enhance St. Louis City and St. Louis County health care safety net of primary and specialty care for the region's uninsured and Medicaid populations. This demonstration project helps financially sustain the system of care currently in place. Several important design innovations impacting the basic delivery of health care that will help meet the increased demand for services in the current economic downturn include:

- Maintenance and enhancement of the system infrastructure;
- Continuation and expansion of access to health care for uninsured and Medicaid eligible individuals; and
- Building quality service delivery strategies into the system to reduce health disparities.

This waiver will help Missouri bridge and financially sustain the safety net system until uninsured individuals transition to coverage after data collection and a thorough analysis has been conducted to determine the feasibility of a transition to actual health care coverage. The waiver amendment will support uninsured individuals who don't qualify for Medicaid. Missouri's Medicaid eligibility criteria have been lowered in recent years.[11]

Under the proposal, up to $30 million per year in funds (total computable) will be expended to support ambulatory care for the uninsured in St. Louis city and county. This amount represents approximately 6% of the State's DSH allotment (not including the ARRA increase). The non-federal share for the payments will come from an appropriation of $5 million made by the City of St. Louis to St. Louis ConnectCare. The remaining match will be provided by the State from revenues received from the hospital provider tax. Except for the City's payment to St. Louis ConnectCare, all payments will be distributed by the Regional DSH Funding Authority based on recommendations made by the SLRHC.

Budget neutrality will be achieved from a reduction in DSH payments in an amount equal to the payments made to SLRHC.[12] In the event that some or all of the uninsured population receiving services from the affiliated partners are covered by comprehensive health insurance through a Medicaid expansion or otherwise, the amount of funds dedicated to the demonstration project will decrease accordingly.

The basic design elements are:

- Achieve savings in hospital payments for inpatient, outpatient, and ER services to the uninsured by insuring accessible and high-quality primary and specialty care through SLRHC affiliated partners.
- Increase the unduplicated number of uninsured individuals receiving ambulatory services each year of the demonstration project by 2%.

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[11] See Appendix No. 4, Missouri Medicaid Eligibility Criteria.

[12] See Appendix No. 5, Budget Neutrality Worksheets.

- Focus outreach efforts on young adults "aging" out of Medicaid and CHIP. Work collaboratively with the state to target these individuals and link them to health care services. These individuals will be a part of the pilot population in Year 3 of the demonstration.
- Continue to build and maintain community collaborations with all partners including the IHN to solicit investment of leadership and commitment to the safety net provider delivery system.
- Utilize the IHN's knowledge, experience in operations and history in further refining and transforming the system of care.
- Connect the uninsured and Medicaid eligible populations to a primary care home which will enhance coordination, quality, and efficiency of care through patient and provider involvement. The Primary Care Home Initiative Program's (PCHI) goal is to increase the number of patients with medical homes, maximize utilization of those homes by patients, and decrease inappropriate emergency department utilization.
- Continue to effectively reduce health disparities in culturally appropriate and sensitive ways.
- Collect data and put processes in place to enable the current health care system to serve individuals not previously seen.
- Continue to build on public health metrics included in strategic plans to enhance health outcomes important to the region in a systematic manner.
- Continue the integration of mental health services into primary care clinics in conjunction with community mental health centers.

The St. Louis health care safety net network of care will not only be strengthened and maintained but will provide the state an opportunity to partner with a major system of care in transitioning individuals to coverage, if feasible, by focusing on a maturing health care safety net network which provides health care services in a cost effective manner.

As part of this demonstration the state will take the following steps in a coordinated fashion with the SLRHC and member entities of the IHN to provide integrated health care to the uninsured and Medicaid eligible populations in a holistic fashion. This integrative health care delivery approach is predicated on HIE, Primary Care Homes, and quality strategies based on data and metrics selected in partnership with the Missouri Primary Care Association designed to deliver health care to the growing uninsured and Medicaid eligible populations. These efforts are being developed and implemented and have been recognized as models for other communities, e.g.:

- The governance model established by the St. Louis health care safety net community has been recognized by the Rand Corporation as a national example, and the success of the business model has been utilized by various communities to support their efforts in providing health care to the uninsured. Milwaukee, Wisconsin, Kansas City, Kansas, and Wayne County, Michigan have migrated various systemic components of the model to support their respective efforts.
- St. Louis regional FQHCs have been identified as leaders by HRSA's Health Disparities Collaboratives.
- The SLRHC has been instrumental in providing data and information to various communities around the country on how the model was built and operates. The

Health Coaches Program has been recognized by the Institute of Medicine's National Conference on Health Literacy.

The St. Louis region safety net system of health care delivery to the uninsured has been dynamic and responsive to the needs of the population served, and several program efforts could prove essential when transitioning individuals to actual health care coverage. "The St. Louis model" has evolved and been enhanced through the years and has done an outstanding job in meeting the needs of the community. This waiver would be an opportunity for the state to evaluate the effectiveness of the model in providing coverage to the uninsured in a cost effective manner to determine if a coverage model is feasible and financially sustainable.

MHD will review and monitor the SLRHC activities and the state will continue to have the Medicaid and Social Services Directors on the SLRHC board. The board will report twice a year on program and financial activities to MHD and answer programmatic and financial questions as presented by MHD. The partnership between MHD and the SLRHC has grown and evolved into a working collaboration which has resulted in health care services being made available to the uninsured in a cost effective manner. This demonstration effort will provide additional opportunities to strengthen this collaboration by working together to ensure that the funding is utilized to provide services to the uninsured and Medicaid eligible populations.

The following highlights core design elements of these efforts that are proposed in this new Demonstration Project that will further increase access and reduce health disparities, and will assist the state in its planning efforts to implement ambulatory health care coverage to the uninsured within the region if deemed feasible after study or in the event health care reform legislation is passed:

1. Increased Access to Ambulatory Care Services for the Uninsured

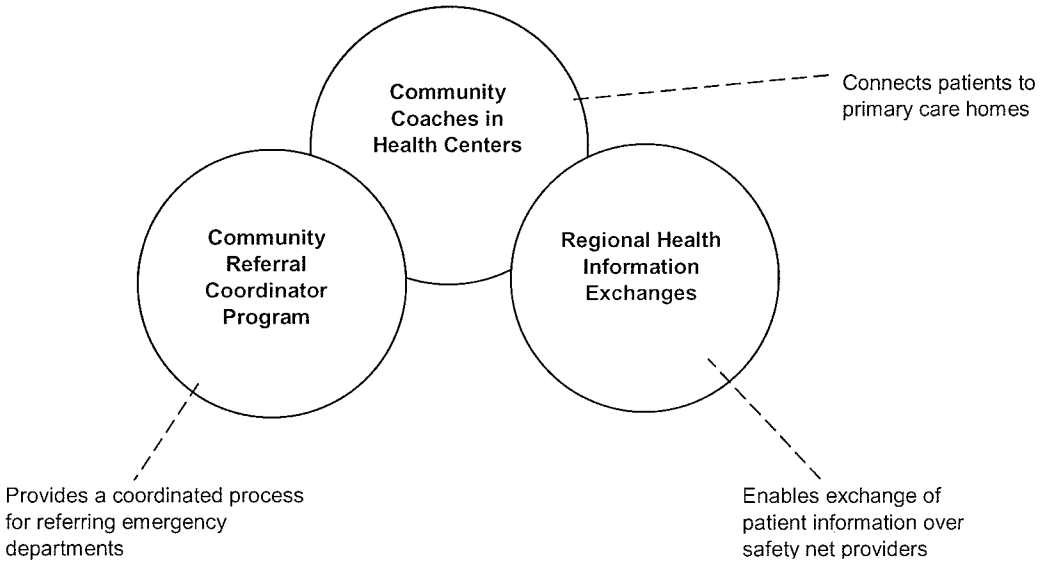
Through implementation of "the St. Louis model," the St. Louis ambulatory care safety net providers have dramatically increased access to health care services over the past eight years, with over 120,000 additional outpatient visits made by uninsured and Medicaid recipients to regional community health centers in that timeframe. The "affiliation partners" are proposing increasing access to health care services for the uninsured by an additional 2% per year during the life of this Demonstration Project, further increasing access to health care services for this population. The funding provided by this demonstration project will thus (1) prevent a significant reduction in clinical capacity and closure of ambulatory care sites, which enables emergency departments in the urban core to focus on their core role of providing services for truly emergent needs, and (2) further increase access to cost-effective primary and specialty care services for the uninsured by 2% annually over five years.

2. Primary Care/Medical Home

In 2007, the SLRHC and the IHN began an emergency department diversion program called the Community Referral Program which utilizes Referral Coordinators who work in the region's hospital emergency rooms to connect individuals to a safety net primary care provider for preventive and ambulatory care. The goals of the program are as follows:

- Reduce non-emergent use of the emergency room to enhance continuity of care;
- Enhance access to primary care;
- Strengthen the communication and referral processes; and
- Focus outreach and engagement efforts on patients with chronic needs to increase utilization of preventative and ambulatory care services.

The primary care home initiative involves all FQHCs, primary care clinics, and hospital emergency departments in the region's areas of high need. The initiative is managed by the IHN and the safety net providers who served 200,000 unduplicated individuals through 500,000 primary encounters and 250,000 specialty encounters each year. The St. Louis health care and business communities have determined the initiative to be one of the top regional health priorities. There are three concurrent pieces of the initiative as illustrated below.



The Community Referral Coordinator works with uninsured individuals who present at emergency rooms to educate patients on available resources for primary/non-emergent care, to schedule follow-up appointments with primary care providers, and arrange transportation to appointments. These services are coordinated with individuals while they are in the emergency room. These coordinators are funded through the current program and would continue to be funded under the demonstration project.

The Referral Coordinators work with Health Coaches in the primary care clinics to make sure all information and arrangements have been made to facilitate an individual's transition to a primary provider and care site. These Health Coaches are part of the Health Education and Literacy Program, and individuals are connected on their first visit to a primary care clinic. The coaches provide information on the primary care home. They inform individuals who they can call for help how they should access care, how the system works, and what they should expect of the primary care home. In addition, the Health Coaches assist individuals with chronic disease management and how they should access care and educate individuals on how to be engaged in their health system.

Under this demonstration the Health Coaches will work with MHD and target young adults "aging" out of Medicaid to ensure conformity of care. The affiliated partners will continue to develop outreach and delivery of care, utilizing the lessons learned in working with this population under a Robert Woods Johnson grant. The IHN has engaged the National Opinion Research Center (NORC) to evaluate the primary care/medical home initiative. NORC's evaluation will assist IHN partners with support from Washington University to model the economic impact of the initiative for key stakeholders including MHD and the SLRHC.

The primary care/medical home initiative is being implemented in stages, and it is anticipated that all seven emergency rooms in the region's areas of critical need will be fully operationalized by the end of 2011.

This initiative will be assisted by the implementation of the HIE and the NMPI. There will be no funding from this proposed waiver utilized to support the HIE initiative or any other technology initiative impacting the safety net network. The fundraising sources for the HIE are as follows to date:

$1.400M	CMS Emergency Room Diversion Grant
$1.000M	Hospital Contributions
$.300M	FQHCs
$.200M	City of St. Louis
$.200M	County of St. Louis
$3.100M	For Planning and Development

3. Quality Initiatives

The SLRHC, in conjunction with the IHN, have turned their attention in recent years to collecting and analyzing health care metrics. The metrics emphasize and focus on specific interventions to address the quality of health care delivery and eradicating health care disparities among the uninsured and Medicaid eligible populations. These interventions and processes have been developed by utilizing safety net providers to develop clinical best practices to improve and enhance health care outcomes based on access to care. The city and county health departments have made quality metrics part of their strategic planning process to help reduce the disease burden and to address preventable illnesses. The IHN has designated and charged a workgroup to develop best practices in the following areas:

- Collaborative care model training;
- Sharing and evaluating chronic care outcomes; and
- Improving access to primary care with an emphasis on specific disease states.

The RHC's Access to Care workgroup utilizes data which identifies, monitors, and publishes public health indicators expected to signal changes in health care status affected by access to healthcare and to report on health issues of regional importance. Measures were selected after extensive discussion and input from the stakeholder community. These measures impact the uninsured and Medicaid eligible populations in a disproportionate way, drive the costs of care, and can be prevented with appropriate interventions. The measures selected in 2009 by the

workgroup were: Preventable Hospitalizations, Access to Prenatal Care, Low Birth Weight Infants, and the Rate of Sexually Transmitted Diseases. Significant progress in addressing these health care outcomes has improved since the regional health care safety net system for primary and specialty care has been in place. However, work continues to enhance health care outcomes. Despite the region's progress in improving access to health care services since 2002, it is recognized that additional improvement is necessary to reduce and eliminate health care disparities between Caucasians and African-Americans. The health care disparities are deep-rooted and systemic and cannot be addressed solely by improvements to the health care safety net. Interventions aimed at reducing health care disparities must recognize health status and those health outcomes are influenced by a myriad of environmental and cultural factors. Various efforts, including the IHN's Breast Cancer Referral Initiative and the ACT Now Programs (target African-American males with hypertension), have been designed by the safety net providers in response to ameliorating the disparities within the targeted populations.

Several chronic conditions are being focused on to improve and enhance the quality of life and health status of the individuals served. Health Coaches are assisting individuals to engage in their health care and are encouraging access to ambulatory care to prevent further deterioration of their chronic diseases, e.g. diabetes, immunizations, hypertension, asthma, etc.

The SLRHC and the IHN continue to examine performance against national health indicators and measure performance based on national and state benchmarks. FQHCs in the St. Louis region will be required to report annually on the following clinical measures as a part of its reporting requirements for HRSA. In partnership with the Missouri Primary Care Association, the regional primary care safety net providers have targeted these measures for improvement:

- Diabetes Control:
  - Measure Definition: Percentage of patients with a diagnosis of Type I or Type II diabetes, 18-75 years of age with hemoglobin A1C level at 7% or less (adequate control); 7-9% (poor control); or 9% or greater (uncontrolled).
- Hypertension Control:
  - Measure Definition: Percentage of patients 18-85 years of age diagnosed with hypertension prior to June 30, 2008 with a least one medical visit during the reporting year that had their blood pressure under control (less than 140/90 or less than 130/80 for diabetic patients).
- Childhood Immunizations:
  - Measure Definition: Percentage of children fully immunized on their 2nd birthday using standard American Academy of Pediatrics/CDC Standards. Criteria will be as of their 2nd birthday not "at some point during the measurement year."
- Cervical Cancer Screening:
  - Measure Definition: Percentage of women age 24-64 with current Pap test during the measurement year or two years prior to the measurement year.
- Prenatal:
  - Percentage of pregnant women beginning prenatal care in the first trimester.
  - Percentage of births less than 2,500 grams to health center patients.

One of the more exciting initiatives being developed to ensure access to care is in the area of behavioral health. The SLRHC is working with the state's mental health agency to co-house

behavioral health providers in primary care clinics. The focus of this effort will be on individuals with serious mental illness. This focus will allow safety net providers to identify and detect at early stages of disease states, e.g. diabetes and cardiovascular diseases, which impact a disproportionate number of individuals with serious mental illness. This is being done in partnership with the region's community mental health centers.

The SLRHC will also target individuals 18 and older who are "aging" out of Medicaid and CHIP and link them to a primary care home to ensure continuity of care. These individuals will be part of the coverage pilot.

4. Data Collection and Analysis

In addition to the above, SLRHC will collect information and data to support a transition process to a coverage model as part of national health care reform, or earlier if determined to be financially viable. The data and analysis will proceed as follows:

Year 1 and six months of Year 2: Collect information on costs of care and characteristics of the uninsured populations served. This data collection will enable the state and SLRHC to analyze the costs of ambulatory health care and identify effective and efficient ways of providing primary care homes through targeted interventions and education.

- Determine the cost of primary and specialty health care encounters.
- Collect specific income data from individuals served.
- Examine and compare the cost per encounter for individuals in a primary care home vs. those outside a primary care home.
- Select specific data to collect to assist in establishing the cost of an ambulatory package of services.

Second six months of Year 2 and second six months of Year 3: Conduct an evaluation of the data collected to support a transition from a provider subsidy model to support an actual coverage model for the uninsured to determine its financial feasibility. Develop a work plan to link individuals to an ambulatory health care coverage package based on financially sustainable eligibility guidelines and criteria. The evaluation and planning efforts will be the cornerstone of ensuring an effective and orderly transition of the uninsured to health care coverage if financially feasible or in the event that health care reform legislation is passed. MHD, SLRHC, and the IHN will work collaboratively in developing a work plan with community input to do a pilot program to transition and educate individuals relative to health care coverage by interfacing with eligibility entities including enrollment brokers to provide cost effective and efficient transition tools. The work plan will be focused on the uninsured individuals and individuals "aging" out of Medicaid and CHIP being served by the affiliation partners: St. Louis ConnectCare, Grace Hill, and Myrtle Hilliard Davis.

Year 4: Implement the coverage pilot to a targeted population served by the affiliated partners in the region to determine what efforts and tools were the most effective in

linking and educating uninsured individuals to the system of health care to determine the efficacy, financial viability, and replicability of the strategies.

Year 5: Evaluate the pilot program to determine if it is a viable business model to provide ambulatory coverage to the uninsured population.

VIII. Evaluation Questions under the Demonstration

1. Does the primary care home model in a mature safety net health care service delivery system result in fewer hospitalizations and improved health outcomes?
2. If young adults "aging" out of Medicaid are targeted and linked to a medical home, are the volumes of emergency and urgent care reduced?
3. What is the per member/per month cost of health care coverage when providing an ambulatory package of services to the uninsured in the St. Louis region?

IX. Public Notice/Stakeholder Involvement

Public Input

Extensive community engagement activities have provided the SLRHC with a means to create and maintain an ongoing dialogue with the larger St. Louis region. In addition, the SLRHC's community engagement activities provide the Commission with opportunities to learn of community priorities and needs; these are essential elements of the region's overall strategic planning objectives and allocation processes. The Commission's efforts have been strengthened by the transparent and publicly accountable manner in which it conducts its business in managing and monitoring the St. Louis regional health care safety net. The Commission continues to create new and different forums to solicit stakeholder input and investment.

The SLRHC's by-laws created the following standing committees:

- SLRHC Provider Services Advisory Board; and
- Community Advisory Board.

These committees allow the SLRHC to have access to a broad range of expertise and knowledge about the region's healthcare safety net and the experiences and concerns of community members. They will continue to be actively supported by the SLRHC in 2010. These Advisory Boards select their own members, set their own agenda, and elect their own Chairs, who are voting members of the Commission. Each Advisory Board Chair has a standing agenda item on the Commission's monthly agenda to bring forth issues from the Advisory Boards to the Commission.

The SLRHC actively maintains its website (www.stlrhc.org) with its events, meeting minutes, reports to the community, and other resources in order to fulfill its values of transparency and openness to the public.

In addition, the SLRHC abides by the principles of the Missouri Sunshine Law, making all documents readily available to the public and making all meetings of the Commission, its Advisory Boards, and its Workgroups open to the public, with prior meeting notice available (with directions) on its website.

In addition, the SLRHC has established the position of "Director of Community Relations," whose full-time job is to staff the Advisory Boards and seek input from the community into the RHC's activities.

To date, the 2010 demonstration project has been discussed in public forums in partnership with MHD in the following:

SLRHC Commission meetings:
December 16, 2009 - January 20, 2010
(SLRHC unanimously approved resolution supporting the State in its submission)

Provider Services Advisory Board (PSAB)
December 1, 2009 - January 5, 2010
(PSAB unanimously approved motion supporting State in its submission)

Community Advisory Board (CAB)
December 15, 2009 - January 19, 2010
(CAB unanimously approved motion supporting State in its Waiver submission)

The following highlights the additional forums and activities planned to solicit additional input into the demonstration project from stakeholders and the community at large:

February 2, 2010 - Posting the Waiver Concept Paper on the MHD website and the SLRHC's website to solicit public comment.

February 5, 2010 - Presentation on the Waiver Concept Paper to the SLRHC's Long-Term Financing Task Force.

February 16, 2010 - Submission of the Waiver Concept Paper to CMS.

February, 2010 - Briefings with Local Press Outlets will be scheduled during the month with supporting press releases to be issued.

March 2, 2010 - Presentation to the Provider Services Board on the Waiver.

March 16, 2010 - Presentation to the Community Advisory Board on the Waiver.

March, 2010 - Community Forums on the Waiver.

MHD has received letters of support for the proposed waiver during the public comment period. All comments received were positive and in support of the project and none offered any comments or suggestions which would impact the design of the waiver. (Reference Appendix 6 to review a sample of the letters of support.)

X. Requested Section 1115 Authority

Pursuant to Section 1115(a) (2), MHD requests that the Secretary approve a demonstration project that treats the following as expenditures under the state plan:

> Expenditures incurred by the St. Louis Regional DSH Funding Authority, not to exceed $30 million (total computable) annually, for otherwise uncompensated ambulatory care, or that support the operations of the St. Louis Regional Health Commission.

XI. Conclusion

This waiver request will not only build on the previous success of St. Louis' regional health care safety net network of health care delivery but could provide a vital bridge in assisting the state to meet the health care needs of the uninsured in a cost effective manner. This waiver demonstration will allow the state an opportunity to examine and evaluate the potential of transitioning from a subsidy model to a coverage model in a data driven manner based on milestone activities and evaluation of various aspects of the demonstration while:

- Continuing to provide and expand care to the uninsured in the region in a budget neutral fashion by allocating approximately 6% of the state's disproportionate funds allocation;
- Assisting the state in developing tools and strategies to support its efforts in providing health care coverage to the uninsured;
- Providing a learning opportunity on how individuals access health care coverage in a cost effective manner through primary care homes;
- Observing and building on the region's HIE initiative;
- Gaining additional experience in developing effective strategies which are culturally sensitive in reducing health care disparities;
- Learning from the pilot program which is incorporating behavioral health providers into the primary care delivery system in conjunction with the region's community mental health centers to address behavioral health issues with a focus on individuals with serious mental illness; and
- Targeting young adults "aging" out of Medicaid and linking them to a medical home to ensure continuity of care.

This demonstration project will also provide information and data to CMS on a large urban area with uninsured populations typical of other American urban areas. Many features of the "St. Louis model" included in the demonstration will be replicable and could be migrated into other operating environments to cover more individuals in a cost effective manner while delivering high quality services.

XII. List of Appendices

1. **Appendix No. 1**
   Membership Rosters of St. Louis Regional Health Commission, Community Advisory Board and Provider Services Advisory Board

2. **Appendix No. 2**
   Current Safety Net Health Care Delivery System, 2009; St. Louis City and County Community Health Centers; and Member Hospitals

3. **Appendix No. 3**
   Affiliation Report to St. Louis Regional Health Commission and St. Louis Regional DSH Funding Authority, April 15, 2009

4. **Appendix No. 4**
   Missouri Medicaid Eligibility Criteria

5. **Appendix No. 5**
   Budget Neutrality Worksheets

6. **Appendix No. 6**
   Letters of Support

Appendix No. 1

Membership Rosters of St. Louis Regional Health Commission, Community Advisory Board and Provider Service Advisory Board

St. Louis Regional Health Commission

Roster as of January 2010

Peter Sortino (Chair)
President
The Danforth Foundation

Sister Betty Brucker, FSM, LFACHE (Vice Chair & Chair, Community Advisory Board)
Patient Representative
St. Mary's Health Center, SSM Health Care

Steven Lipstein (Treasurer)
President & Chief Executive Officer
BJC HealthCare

Dolores J. Gunn, MD (Secretary)
Director
Saint Louis County Department of Health

Corinne A. Walentik, MD, MPH (Chair, Provider Services Advisory Board)
Professor of Pediatrics, Division of Neonatal-Perinatal Medicine
Saint Louis University and SSM Cardinal Glennon Children's Hospital

James P. Crane, MD (Chair, Access to Care Workgroup)
Associate Vice Chancellor for Clinical Affairs
Washington University School of Medicine

Joan Barry
Former Missouri State Representative

James Buford
President & Chief Executive Officer
Urban League of Metropolitan St. Louis

Dwayne Butler
President & Chief Executive Officer
Betty Jean Kerr People's Health Centers

Melody Eskridge
President & Chief Executive Officer
St. Louis ConnectCare

Alan Freeman
President & Chief Executive Officer
Grace Hill Neighborhood Health Centers

Tom Irwin
Executive Director
Civic Progress

Ron Levy
Director, Department of Social Services
State of Missouri

Ian McCaslin, MD, MPH
Director, Missouri HealthNet Division
Department of Social Services
State of Missouri

Reverend B.T. Rice
Pastor
New Horizon Seven Day Christian Church

Beverly Roche
Finance Director
City of Jennings

Will Ross, MD, MPH
Associate Dean for Diversity
Washington University School of Medicine

James Sanger
President & Chief Executive Officer
SSM Health Care St. Louis

Pamela Walker
Acting Director
St. Louis City Department of Health

Community Advisory Board

Roster as of January 2010

Sister Betty Brucker, FSM (Chair)
SSM St. Mary's Health Center

David Barnes
Community Action Agency of St. Louis County

Loel Bootche
Patient Advocate

Rev. Brenda Booth
Isaiah 58 Ministries

Cenia Bosman
YMCA of Greater St. Louis

Adriene K. Bruce
Ameren Services

Rev. Cynthia S. Bumb
Pilgrim Congregational United Church of Christ

Christine A. Chadwick
FOCUS St. Louis

Mary Ann Cook
JVC Radiology and Medical Analysis, L.L.C.

Anthony Davis
Missouri Department of Corrections Board of Probation and Parole

Joel Ferber, JD
Legal Services of Eastern Missouri

Rev. Rodney Francis
The Youth and Family Center

Mary Lee Henroid
Community Volunteer

Jocelyn Jones
YWCA Metro St. Louis

Sandra Jordan
St. Louis American

Will Jordan
Metropolitan St. Louis Equal Housing Opportunity Council

Rosetta Keeton
Eastern Alliance for Minority Health
Saint Louis ConnectCare

Suzanne LeLaurin, LCSW
International Institute of St. Louis

Brenda Mahr
St. Louis Employment Connection

Serena Muhammad
America SCORES St. Louis

Reverend Jerry W. Paul
Deaconess Foundation

C. Scully Stikes
Missouri Baptist University

Rabbi Susan Talve
Central Reform Congregation

Patricia S. Thornton
United Way of Greater St. Louis

Khatib Waheed
Center for the Study of Social Policy

Pamela Willingham
Community Volunteer

Joe Yancey
Community Alternatives

Suzanne Archer (Ex Officio)
Office of U.S. Congressman Russ Carnahan

Peggy Barnhart (Ex Officio)
Office of U.S. Senator Kit Bond

Debra Cochran (Ex Officio)
Office of U.S. Congressman Todd Akin

Mattie Moore (Ex Officio)
Office of U.S. Senator Claire McCaskill

Alyson Singfield (Ex Officio)
Office of U.S. Congressman William Lacy Clay

Robert Fruend, Jr. (Ex Officio)
Chief Executive Officer
St. Louis Regional Health Commission

Provider Services Advisory Board

Roster as of January 2010

Corinne A. Walentik, MD, MPH
(Chair)
Saint Louis University and SSM Cardinal Glennon Children's Hospital

Judy A. Bentley, RNC, MA
Community Health-In-Partnership Services (CHIPS)

Joan M. Bialczak, WHNP - BC
Francie Broderick
Places for People

Ross C. Brownson, PhD
Institute of Public Heath
Washington University

Johnetta M. Craig, MD, MBA
Family Care Health Centers

Ronnie Drake, DDS
Private Practice

Louise Flick, RN, CS, DrPH
School of Nursing, Southern Illinois University at Edwardsville

Toni Garrison
Passport Health

William Jennings
SSM St. Mary's Health Center

Nita Johnson, DDS
John C. Murphy Health Center

Deborah W. Kiel, PhD, RN, PHCNS-BC
College of Nursing, University of Missouri - St. Louis

Edward F. Lawlor
George Warren Brown School of Social Work,
Washington University in St. Louis

Anne Lock
Missouri Department of Health & Senior Services

Katherine Mathews, MD, MPH
Saint Louis Connect Care and Washington University School of Medicine

Akihiko Noguchi, MD
St. Louis University School of Medicine

Katie Plax, MD
Washington University School of Medicine

Steven Player
Barnes-Jewish Hospital

Corinna Putz, CSAC II, MBA
Preferred Family Healthcare, Inc.

Michael Railey, MD
St. Louis University

Fred W. Rottnek, MD, MAHCM
Family and Community Medicine
Saint Louis University

Darcell P. Scharff
Health Services Research
St. Louis University

F. David Schneider, MD, MSPH
Family and Community Medicine
School of Medicine
St. Louis University

Michael Spezia, DO
Private Practice

Mark Stansberry
BJC Behavioral Health

Vetta Sanders Thompson
Institute of Public Health
Washington University

Denise R. Thurmond, MSW, LCSW, DCSW
Thurmond's Therapeutic Services

Ronald Tompkins
Nurses for Newborns

James M. Whittico, MD
Mound City Medical Forum

Robert Fruend, Jr. (Ex Officio)
Chief Executive Officer
St. Louis Regional Health Commission

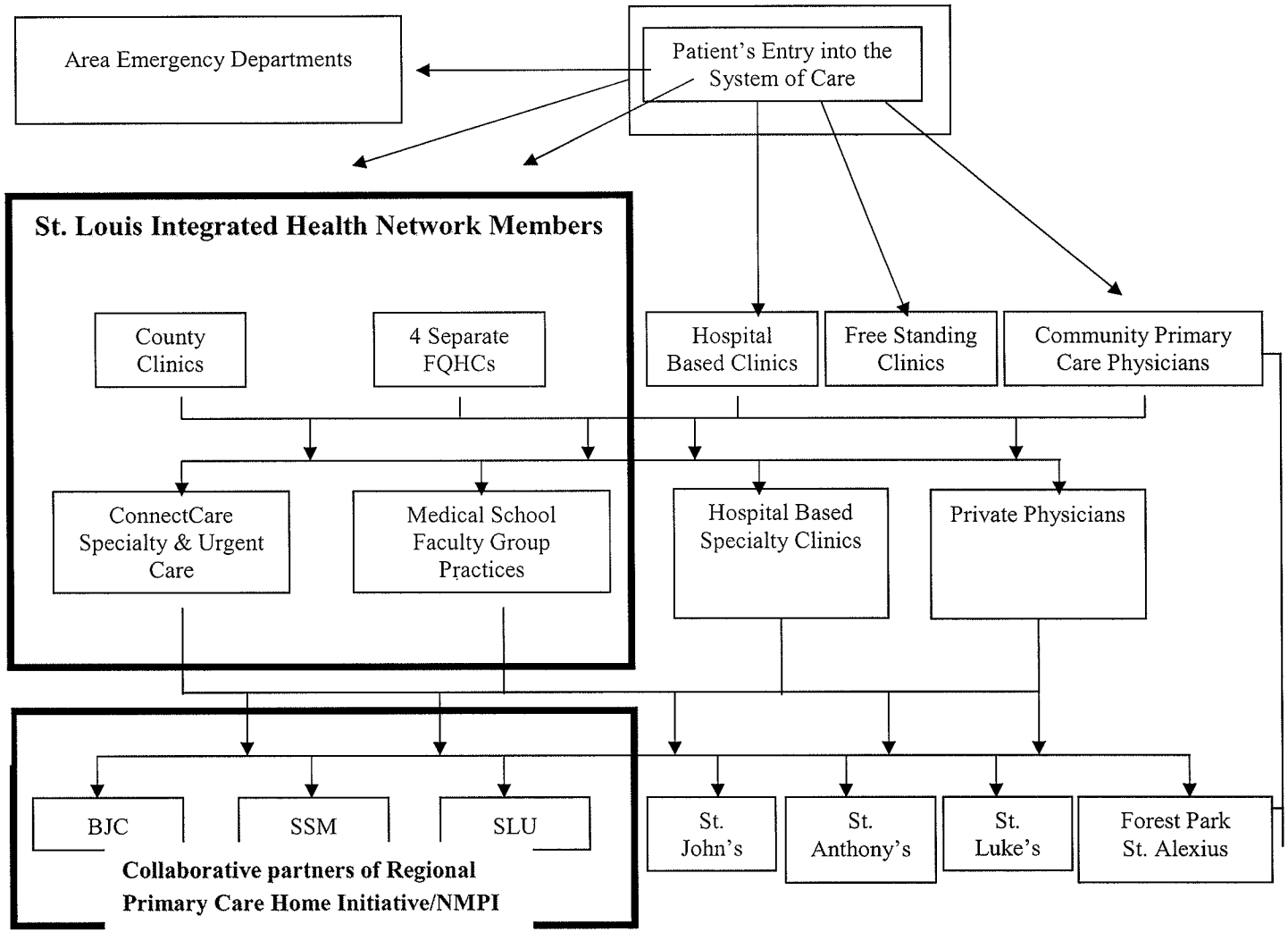
Appendix No. 2,

Current Safety Net Health Care Delivery System, 2009; St. Louis City and County Community Health Centers; and Member Hospitals

St. Louis Community Health Centers

CURRENT SAFETY NET HEALTH CARE DELIVERY SYSTEM, 2009

The Safety Net System – St. Louis City and St. Louis County, 2009



Primary Care
ConnectCare's 4 Primary Care sites transferred to 2 of the FQHCs in 2005

Specialty Care
ConnectCare also provides payment for specialty care for uninsured patients

Inpatient Care
Uninsured inpatient care is paid for by the ConnectCare payment system

Some independent agreements exist between primary care providers and medical schools, hospitals or private physicians to provide inpatient or outpatient specialty care through direct referral.

St. Louis City and County Member Hospitals

BJC Healthcare

SSM Healthcare

Saint Louis University Hospital

St. John's Mercy Medical Center

St. Anthony's Medical Center

St. Luke's Hospital

Forest Park Community Hospital

St. Alexius Hospital

Appendix No. 3

Affiliation Report to St. Louis Regional Health Commission and St. Louis Regional DSH Funding Authority, April 15, 2009

Affiliation Report to St. Louis Regional Health Commission and St. Louis Regional DSH Funding Authority

Exhibits A and B
for
Grace Hill Neighborhood Health Centers, Inc.
Myrtle Hilliard Davis Comprehensive Health Centers, Inc.
St. Louis ConnectCare

for Calendar Year Ending December 31, 2008

Submitted 4.15.09

Reporting for RHC
Grace Hill Neighborhood Health Centers, Inc
Statement of Revenue and Expense for the year ending December 31, 2008
Unaudited

	Clinical Operations				Other Programs	
	Center #1 Murphy-O'Fallon	Center #2 Soulard-Benton	Other Centers All others	Total Clinical	Lead, HealthCorps Head Start, EPA	Total
Revenues						
HRSA Grants			$ 5,008,282	$ 5,008,282		$ 5,008,282
Other Federal Revenue			$ 146,444	$ 146,444	$ 2,725,981	$ 2,872,425
Medicaid/Medicare	$ 6,211,301	$ 2,481,524	$ 3,883,543	$ 12,576,368		$ 12,576,368
Other Patient Revenue	$ 351,136	$ 478,386	$ 185,964	$ 1,015,486		$ 1,015,486
DSH Funding	$ 3,266,194	$ 2,672,340		$ 5,938,534		$ 5,938,534
Community Funding						
Other Funding			$ 2,122,084	$ 2,122,084	$ 670,665	$ 2,792,749
Contributed Services	$ 1,203,233	$ 759,875	$ 308,858	$ 2,271,966		$ 2,271,966
Total Revenues	**$ 11,031,864**	**$ 6,392,125**	**$ 11,655,175**	**$ 29,079,164**	**$ 3,396,646**	**$ 32,475,810**
Expenses						
Salaries, employee benefits and payroll taxes	$ 7,350,841	$ 3,954,678	$ 7,916,875	$ 19,222,395	$ 1,701,989	$ 20,924,383
Professional and contractual services	$ 901,686	$ 431,997	$ 1,416,787	$ 2,750,470	$ 1,313,880	$ 4,064,350
Supplies	$ 297,662	$ 138,035	$ 164,158	$ 599,854	$ 15,897	$ 615,751
Insurance	$ 45,096	$ 24,261	$ 48,569	$ 117,927	$ 41,946	$ 159,873
Pharmaceuticals	$ 566,416	$ 588,047	$ 790,220	$ 1,944,683		$ 1,944,683
Occupancy	$ 578,812	$ 320,273	$ 574,185	$ 1,473,270	$ 150,084	$ 1,623,354
Depreciation	$ 143,150	$ 100,718	$ 176,996	$ 420,864	$ 67,936	$ 488,800
Contributed services	$ 1,203,233	$ 759,875	$ 308,858	$ 2,271,966		$ 2,271,966
Other	$ 172,593	$ 140,631	$ 287,351	$ 600,576	$ 38,658	$ 639,234
Total Expenses	**$ 11,259,490**	**$ 6,458,515**	**$ 11,683,999**	**$ 29,402,004**	**$ 3,330,390**	**$ 32,732,394**
Surplus / (Deficit)	**$ (227,626)**	**$ (66,390)**	**$ (28,824)**	**$ (322,840)**	**$ 66,256**	**$ (256,584)**

Note: Information above is unaudited and does not include a year end FAS 132 defined benefit pension adjustment. This information was unavailable from the actuary when the data was submitted.

Reporting for RHC
Grace Hill Neighborhood Health Centers, Inc
Statement of Revenue and Expense for the year ending December 31, 2007
Unaudited

	Clinical Operations				Other Programs	
	Center #1	Center #2	Other Centers	Total Clinical	(optional) Lead, HealthCorps, Head Start, EPA	Total
	Murphy-O'Fallon	Soulard-Benton	All others			
Revenues						
HRSA Grants			$ 5,023,179	$ 5,023,179		$ 5,023,179
Other Federal Revenue			$ 146,339	$ 146,339	$ 4,043,644	$ 4,189,983
Medicaid/Medicare	$ 5,142,261	$ 2,184,887	$ 2,893,184	$ 10,220,331		$ 10,220,331
Other Patient Revenue	$ 410,235	$ 443,842	$ 142,691	$ 996,768		$ 996,768
DSH Funding[1]	$ 3,019,578	$ 2,470,563		$ 5,490,141		$ 5,490,141
Community Funding						
Other Funding			$ 1,668,469	$ 1,668,469	$ 723,385	$ 2,391,854
Contributed Services[2]	$ 1,150,228	$ 856,134	$ 839,892	$ 2,846,255		$ 2,846,255
Total Revenues	**$ 9,722,301**	**$ 5,955,426**	**$ 10,713,754**	**$ 26,391,482**	**$ 4,767,029**	**$ 31,158,511**
Expenses						
Salaries, employee benefits and payroll taxes	$ 6,223,890	$ 3,247,333	$ 6,533,677	$ 16,004,900	$ 2,082,121	$ 18,087,021
Professional and contractual services	$ 632,827	$ 474,227	$ 1,099,050	$ 2,206,104	$ 2,140,046	$ 4,346,149
Supplies	$ 308,381	$ 141,196	$ 187,395	$ 636,972	$ 45,728	$ 682,700
Insurance	$ 35,411	$ 25,754	$ 43,688	$ 104,853	$ 42,485	$ 147,338
Pharmaceuticals	$ 607,676	$ 624,768	$ 896,235	$ 2,128,680	$ -	$ 2,128,680
Occupancy	$ 530,419	$ 460,375	$ 583,142	$ 1,573,936	$ 266,364	$ 1,840,299
Depreciation	$ 135,155	$ 95,092	$ 167,110	$ 397,357	$ 64,142	$ 461,499
Contributed services[2]	$ 1,150,228	$ 856,134	$ 839,892	$ 2,846,254	$ -	$ 2,846,254
Other	$ 207,922	$ 202,321	$ 460,354	$ 870,597	$ 106,527	$ 977,124
Total Expenses	**$ 9,831,909**	**$ 6,127,200**	**$ 10,810,544**	**$ 26,769,653**	**$ 4,747,412**	**$ 31,517,065**
Surplus / (Deficit)	**$ (109,608)**	**$ (171,774)**	**$ (96,791)**	**$ (378,171)**	**$ 19,617**	**$ (358,554)**

[1] Differences in total amount of DSH funding between 2006 and 2007 are due to changes in timing of payment cycles by the State of Missouri at the end of state fiscal year 2007.

[2] Grace Hill includes information on the value of contributed services as guided by their independent financial auditor.

Reporting for RHC
Grace Hill Neighborhood Health Centers, Inc
Statement of Revenue and Expense for the year ending December 31, 2006
Unaudited

	Clinical Operations				Other Programs	
	Center #1 MOF/Hadley	Center #2 Soulard Benton	Other Centers	Total Clinical	(optional)	Total
Revenues						
HRSA Grants			$ 4,895,923	$ 4,895,923		$ 4,895,923
Other Federal Revenue			$ 171,448	$ 171,448	$ 3,754,191	$ 3,925,639
Medicaid/Medicare	$ 4,235,668	$ 2,142,786	$ 2,529,028	$ 8,907,482		$ 8,907,482
Other Patient Revenue	$ 307,329	$ 257,707	$ 424,144	$ 989,180		$ 989,180
DSH Funding	$ 3,098,910	$ 2,598,550		$ 5,697,460		$ 5,697,460
Community Funding	$ 255,000	$ 255,000		$ 510,000		$ 510,000
Other Funding	$ 33,902	$ 33,902	$ 1,479,309	$ 1,547,113	$ 552,464	$ 2,099,577
Contributed Services	$ 443,324	$ 448,766	$ 888,483	$ 1,780,573	$ -	$ 1,780,573
Total Revenues	**$ 8,374,133**	**$ 5,736,711**	**$ 10,388,335**	**$ 24,499,179**	**$ 4,306,655**	**$ 28,805,834**
Expenses						
Salaries, employee benefits and payroll taxes	$ 5,445,516	$ 3,767,954	$ 5,318,101	$ 14,531,571	$ 1,813,775	$ 16,345,346
Professional and contractual services	$ 430,611	$ 246,674	$ 980,897	$ 1,658,182	$ 2,083,726	$ 3,741,908
Supplies	$ 222,696	$ 94,723	$ 212,109	$ 529,528	$ 13,619	$ 543,147
Insurance	$ 23,324	$ 15,029	$ 47,134	$ 85,487	$ 21,508	$ 106,995
Pharmaceuticals	$ 518,775	$ 525,143	$ 1,039,697	$ 2,083,615		$ 2,083,615
Occupancy	$ 531,382	$ 216,633	$ 865,650	$ 1,613,665	$ 61,784	$ 1,675,449
Depreciation	$ 91,900	$ 51,900	$ 294,188	$ 437,988		$ 437,988
Contributed services	$ 443,324	$ 448,766	$ 888,483	$ 1,780,573		$ 1,780,573
Other	$ 407,053	$ 322,083	$ 483,107	$ 1,212,243	$ 168,543	$ 1,380,786
Total Expenses	**$ 8,114,581**	**$ 5,688,905**	**$ 10,129,366**	**$ 23,932,852**	**$ 4,162,955**	**$ 28,095,807**
Surplus / (Deficit)	**$ 259,552**	**$ 47,806**	**$ 258,969**	**$ 566,327**	**$ 143,700**	**$ 710,027**

Other Programs include the Department of HUD Lead Remediation and Prevention Contract, Head Start Contract with Grace Hill Settlement House and Healthcorps.

Note: Information above are unaudited and do not include a year end FAS 132 defined benefit pension adjustment. This information will not be available from the actuary until May 2007.

Reporting for RHC
Myrtle Hilliard Davis Comprehensive Health Centers, Inc.
Statement of Revenue and Expense for the year ending December 31, 2008
Unaudited

	Clinical Operations				Other Programs	
	Center #1 MHDCHC -Main Site	Center #2 Homer G. Phillips	Other Centers Florence Hill	Total Clinical	(optional) [Name]	Total
Revenues						
HRSA Grants	$ 2,258,241	$ -	$ -	$ 2,258,241		$ 2,258,241
Other Federal Revenue	$ 95,583			$ 95,583		$ 95,583
Medicaid/Medicare	$ 4,053,780	$ 926,578	$ 810,756	$ 5,791,114		$ 5,791,114
Other Patient Revenue	$ 2,235,268	$ 740,744	$ 648,151	$ 3,624,163		$ 3,624,163
DSH Funding	$ -	$ 2,086,182	$ 1,706,876	$ 3,793,058		$ 3,793,058
Community Funding	$ -			$ -		$ -
Other Funding	$ 2,796,843			$ 2,796,843		$ 2,796,843
Contributed Services	$ 633,908	$ 334,809	$ 264,281	$ 1,232,998		$ 1,232,998
Total Revenues	**$ 12,073,623**	**$ 4,088,313**	**$ 3,430,064**	**$ 19,592,000**		**$ 19,592,000**
						$ -
Expenses						$ -
Salaries, employee benefits and payroll taxes	$ 8,069,421	$ 2,732,429	$ 2,292,488	$ 13,094,338		$ 13,094,338
Professional and contractual services	$ 536,493	$ 181,665	$ 152,415	$ 870,573		$ 870,573
Supplies	$ 701,223	$ 237,445	$ 199,214	$ 1,137,882		$ 1,137,882
Insurance	$ 92,831	$ 18,566	$ 21,219	$ 132,616		$ 132,616
Pharmaceuticals	$ 704,993	$ 238,721	$ 200,285	$ 1,144,000		$ 1,144,000
Occupancy	$ 457,353	$ 93,717	$ 76,153	$ 627,223		$ 627,223
Depreciation	$ 284,457	$ 180,356	$ 111,409	$ 576,223		$ 576,223
Contributed services	$ 633,908	$ 334,809	$ 264,281	$ 1,232,998		$ 1,232,998
Other	$ 519,669	$ 77,672	$ 75,965	$ 673,306		$ 673,306
Total Expenses	**$ 12,000,349**	**$ 4,095,380**	**$ 3,393,429**	**$ 19,489,159**		**$ 19,489,159**
						$ -
Surplus / (Deficit)	**$ 73,274**	**$ (7,068)**	**$ 36,635**	**$ 102,841**		**$ 102,841**

Reporting for RHC
Myrtle Hilliard Davis Comprehensive Health Centers, Inc.
Statement of Revenue and Expense for the year ending December 31, 2007
Unaudited

	Clinical Operations				Other Programs	
	Center #1 HGP	Center #2 FH	Other Centers	Total Clinical	(optional)	Total
Revenues						
HRSA Grants	-	-	$ 2,422,105	$ 2,422,105		$ 2,422,105
Other Federal Revenue	-	-	$ -	$ -		$ -
Medicaid/Medicare	$ 901,219	$ 790,102	$ 3,595,239	$ 5,286,561		$ 5,286,561
Other Patient Revenue	$ 1,046,086	$ 567,806	$ 4,695,813	$ 6,309,704		$ 6,309,704
DSH Funding[1]	$ 1,660,275	$ 1,660,275	$ -	$ 3,320,549		$ 3,320,549
Community Funding	$ -	$ -	$ -	$ -		$ -
Other Funding	$ 690	$ 170	$ 1,091,263	$ 1,092,123		$ 1,092,123
Contributed Services[2]	$ -	$ -	$ -	$ -		$ -
Total Revenues	**$ 3,608,270**	**$ 3,018,352**	**$ 11,804,420**	**$ 18,431,042**	**$ -**	**$ 18,431,042**
Expenses						
Salaries, employee benefits and payroll taxes	$ 2,594,003	$ 2,327,660	$ 8,511,591	$ 13,433,254		$ 13,433,254
Professional and contractual services	$ 68,441	$ 55,255	$ 684,222	$ 807,917		$ 807,917
Supplies	$ 301,296	$ 146,251	$ 899,740	$ 1,347,287		$ 1,347,287
Insurance	$ 5,922	$ 5,922	$ 137,780	$ 149,624		$ 149,624
Pharmaceuticals	$ 305,764	$ 225,838	$ 516,103	$ 1,047,705		$ 1,047,705
Occupancy	$ 64,506	$ 42,484	$ 244,781	$ 351,771		$ 351,771
Depreciation	$ 186,068	$ 112,344	$ 288,134	$ 586,545		$ 586,545
Contributed services[2]	$ -	$ -	$ -	$ -		$ -
Other	$ 53,901	$ 74,129	$ 493,209	$ 621,239		$ 621,239
Total Expenses	**$ 3,579,900**	**$ 2,989,882**	**$ 11,775,559**	**$ 18,345,341**		**$ 18,345,341**
Surplus / (Deficit)	**$ 28,369**	**$ 28,470**	**$ 28,861**	**$ 85,701**		**$ 85,701**

[1] Differences in total amount of DSH funding between 2006 and 2007 are due to changes in timing of payment cycles by the State of Missouri at the end of state fiscal year 2007.

[2] MHD does not provide information on the value of contributed services as guided by their independent financial auditor.

Decreases in supplies and pharmaceuticals and increases in staffing costs between 2006 and 2007 can be attributed to the affiliation "ramp up" time period. The consolidation of Comp II into other sites in August 2007 also accounts for some of the variances between 2006 and 2007.

Reporting for RHC
Myrtle Hilliard Davis Comprehensive Health Centers, Inc.
Statement of Revenue and Expense for the year ending December 31, 2006
Unaudited

	Clinical Operations				Other Programs	
	Center #1 -HGP	Center #2- FH	Other Centers	Total Clinical	(optional)	Total
Revenues						
HRSA Grants			$ 2,243,000	$ 2,243,000		$ 2,243,000
Other Federal Revenue				$ -		$ -
Medicaid/Medicare	$ 192,685	$ 70,368	$ 4,286,310	$ 4,549,363		$ 4,549,363
Other Patient Revenue	$ 555,486	$ 576,285	$ 4,357,956	$ 5,489,727		$ 5,489,727
DSH Funding	$ 1,830,898	$ 1,830,898		$ 3,661,795		$ 3,661,795
Community Funding			$ 1,338,349	$ 1,338,349		$ 1,338,349
Other Funding			$ 824,722	$ 824,722		$ 824,722
Contributed Services			$ 8,600	$ 8,600		$ 8,600
Net Revenues	**$ 2,579,069**	**$ 2,477,551**	**$ 13,058,937**	**$ 18,115,556**	**$ -**	**$ 18,115,556**
Expenses						
Salaries,employee benefits and payroll taxes	$ 1,467,640	$ 1,194,533	$ 6,755,110	$ 9,417,282		$ 9,417,282
Professional and contractual services	$ 170,577	$ 38,053	$ 1,095,262	$ 1,303,892		$ 1,303,892
Supplies	$ 406,677	$ 364,196	$ 2,969,929	$ 3,740,802		$ 3,740,802
Insurance	$ 112,539	$ 109,658	$ 157,869	$ 380,066		$ 380,066
Pharmaceuticals	$ 365,581	$ 266,458	$ 1,221,426	$ 1,853,465		$ 1,853,465
Occupancy	$ 154,619	$ 127,917	$ 412,899	$ 695,435		$ 695,435
Depreciation	$ 120,678	$ 38,021	$ 174,203	$ 332,903		$ 332,903
Contributed Services	$ -	$ -		$ -		$ -
Other	$ 43,225	$ 31,781	$ 243,677	$ 318,682		$ 318,682
Total Expenses	**$ 2,841,537**	**$ 2,170,616**	**$ 13,030,374**	**$ 18,042,527**		**$ 18,042,527**
Net Profit/Loss	**$ (262,468)**	**$ 306,935**	**$ 28,562**	**$ 73,029**		**$ 73,029**

Reporting for RHC
St. Louis ConnectCare
Statement of Revenue and Expense for the year ending December 31, 2008

	Clinical Operations				Other Programs		
	Center #1	Center #2	Other Centers	Total Clinical	(optional)		Total
Revenues							
HRSA Grants						$	-
Other Federal Revenue						$	125,687
Medicaid/Medicare						$	1,121,061
Other Patient Revenue						$	1,055,172
DSH Funding						$	13,595,028
Community Funding						$	5,000,000
Other Funding						$	1,661,146
Contributed Services[1]							
Total Revenues						**$**	**22,558,094**
Expenses							
Salaries, employee benefits and payroll taxes						$	10,099,302
Professional and contractual services[2]						$	7,214,967
Supplies						$	575,925
Insurance						$	938,136
Pharmaceuticals						$	1,139,364
Occupancy						$	1,786,331
Depreciation						$	1,019,889
Contributed services[1]							
Other						$	934,132
Total Expenses						**$**	**23,708,046**
Surplus / (Deficit)						**$**	**(1,149,952)**

** (Revenue) Contributed Buildings Space of $1,650,000.00 - (Expenses) - Contributed Building Rent SLCC of $1,650,000.00

[1] SLCC is not required to and does not track the value of services provided by volunteers.

[2] Included $4,448,642 paid under the Voucher Program for services provided to patients at participating hospitals by the hospital, medical school facility and community physicians.

The financial information reported on Exhibit A is taken from our audited financial statements and converted to a calendar year basis.

Reporting for RHC
St. Louis ConnectCare
Statement of Revenue and Expense for the year ending December 31, 2007

	Clinical Operations				Other Programs		
	Center #1 [Name]	Center #2 [Name]	Other Centers [Name]	Total Clinical	(optional) [Name]		Total
Revenues							
HRSA Grants						$	-
Other Federal Revenue						$	169,923
Medicaid/Medicare						$	1,687,570
Other Patient Revenue						$	1,331,036
DSH Funding						$	13,800,000
Community Funding						$	5,000,000
Other Funding						$	1,360,229
Contributed Services[1]							
Total Revenues						**$**	**23,348,758**
Expenses							
Salaries, employee benefits and payroll taxes						$	10,051,494
Professional and contractual services[2,3]						$	7,043,124
Supplies						$	647,852
Insurance						$	799,519
Pharmaceuticals						$	1,192,391
Occupancy						$	1,701,814
Depreciation						$	991,666
Contributed services[1]						$	-
Other						$	1,129,084
Total Expenses[3]						**$**	**23,556,944**
Surplus / (Deficit)[3]						**$**	**(208,186)**

[1] SLCC is not required to and does not track the value of services provided by volunteers.

[2] Included $4,291,238 paid under the Voucher Program for services provided to patients at participating hospitals by the hospital, medical school facility, and community physicians.

[3] On 3/27/09 revised voucher expense to $4,291,238 for calendar year 2007 due to spread of FYE audit entries. Voucher expense and total expenses decreased by $522,902 from previously stated amounts.

The financial information reported on Exhibit A is taken from our audited financial statements and converted to a calendar year basis.

Reporting for RHC
St. Louis ConnectCare
Statement of Revenue and Expenses for the 12 months ending December 31, 2006

	Clinical Operations				Other Programs	
	Center #1	Center #2	Other Centers	Total Clinical	(optional)	Total
Revenues						
HRSA Grants						$ -
Other Federal Revenue						$ 554,443
Medicaid/Medicare						$ 1,303,371
Other Patient Revenue						$ 270,110
DSH Funding						$ 13,800,000
Community Funding						$ 5,637,247
Other Funding						$ 1,008,852
Contributed Services[1]						$ -
Total Revenues, net						**$ 22,574,023**
Expenses						
Salaries, employee benefits and payroll taxes						$ 9,611,855
Professional and contractual services[2,3]						$ 7,286,388
Supplies						$ 355,624
Insurance						$ 1,263,563
Pharmaceuticals						$ 1,060,264
Occupancy						$ 1,829,603
Depreciation						$ 853,416
Contributed services[1]						$ -
Other						$ 1,205,430
Total Expenses[3]						**$ 23,466,143**
Surplus / (Deficit)[3]						**$ (892,120)**

[1] SLCC is not required to and does not track the value of services provided by volunteers.

[2] Includes $4,078,394 paid under the Voucher Program for services provided to patients at participating hospitals by the hospitals, medical school faculty, and community physicians.

[3] On 3/27/09 revised voucher expense to $4,078,394 for calendar year 2006 due to spread of FYE audit entries. Voucher expense and total expense increased by $259,746 from previously stated amounts.

Post affiliation SLCC operates from only one location.

The financial information reported on Exhibit A is taken from our audited financial statements and converted to a calendar year basis.

Comparison Data: 2006, 2007, and 2008
Grace Hill Neighborhood Health Centers, Inc
Myrtle Hilliard Davis Comprehensive Health Centers, Inc.

	Grace Hill			Myrtle Hilliard Davis		
	2006	2007	2008	2006	2007	2008
Number of Users[1]						
Medical users	24,929	28,062	30,281	25,688	25,741	25,702
Dental users	7,515	8,661	10,297	8,499	9,536	9,912
Other users	4,142	1,138	468	1,755	1,510	2,782
Total Users	**36,586**	**37,861**	41,046	**35,942**	**36,787**	**38,396**
New medical users (patients not seen by GHNHC, MHDCHC, SLCC within the past 12 mos.)[2]	10,115	8,046	10,708	6,908	6,419	7,703
Encounters						
Primary Medical Care	86,381	96,345	98,941	73,616	77,106	89,976
Dental	14,925	17,123	19,600	17,473	17,342	21,476
Mental Health	1,324	1,548	3,995			
Substance Abuse	7,885	8,102	3,757			
Enabling Services	51,876	40,848	34,886	3,736	4,551	4,043
Other		1,328	1,335	0	0	869
Urgent Care						
Specialty Care						
Cardiology						
Dermatology						
Endocrinology						
Other						
Total Encounters	**162,391**	**165,294**	**162,514**	**94,825**	**98,999**	**116,364**
Users by payor class						
Medicaid	13,303	13,635	14,625	10,632	10,888	11,980
Medicare	2,142	2,252	2,495	2,131	2,124	2,519
Other insurance	1,167	1,140	1,495	1,811	1,864	2,634
Uninsured[3]	19,974	20,834	22,431	21,368	21,911	21,264
Uninsured Breakdown:						
Self Pay < 100% FPL	19,407	20,104	21,569	19,383	19,938	19,648
Self Pay 100% to 200% FPL	470	712	823	1,875	1,878	1,531
Self Pay >200% FPL	97	18	39	110	95	85
Unknown						
Total Users by payor class	**36,586**	**37,861**	**41,046**	**35,942**	**36,787**	**38,396**
Cost per medical user	379	356	397	375	383	304
Cost per dental user	214	215	211	235	275	267
Cost per medical encounter	128	123	140[5]	114	132	121
Cost per dental encounter	108[4]	109	111	89	122	113

[1] Due to the lack of standardized and integrated reporting systems, there is duplication in the counting of total users between the ConnectCare, Grace Hill, and MHD sites which artificially inflates the total number of users for 2006, 2007, and 2008.

[2] Organizations submitted the number of new users to their own organizations. It is thought that some duplication exists between organizations.

[3] Certain homeless patients are seen in shelters and their income is not always assessed. For purposes of reporting poverty levels, they are included in the less than 100% FPL.

[4] The dental cost per encounter listed at $70 was incorrect. Grace Hill's revised 2006 UDS lists the cost as $108.

[5] Cost per medical encounter increased in 2008 as salaries for all staff were reviewed and adjusted to market rates. Salaries had been compressed for years, resulting in recruiting and retention issues and an annual average staff turnover rate in excess of 20%. In addition, the health center has the only HRSA homeless grant in the City of St. Louis and employs 6 nurses and 5 assistants who see patients at homeless shelters. Their costs are included in cost per medical encounter, but their visits are not included in the denominator of the calculation. Without these costs, the cost per medical encounter would be $9.62 lower per encounter in 2008.

Reporting for RHC
Grace Hill Neighborhood Health Centers, Inc.
Statistical Information for the 12 Months Ending December 31, 2008

	Clinical Operations				Other Programs	2008
	Center #1 Murphy-O'Fallon	Center #2 Soulard-Benton	Center #3 All others	Total Clinical	(optional)	Total
Number of Users						
Medical users	8,598	9,608	12,075	30,281		30,281
Dental users	3,914	3,075	3,308	10,297		10,297
Other users	468	-		468		468
Urgent Care users						
Specialty Care users						
Total Users	**12,980**	**12,683**	**15,383**	41,046		**41,046**
New medical users (patients not seen by GHNHC, MHDCHC, SLCC within last 12 mos.)	2,740	3,284	4,684	10,708		10,708
Encounters						
Primary Medical Care	24,562	25,500	48,879	98,941		98,941
Dental	6,946	5,575	7,079	19,600		19,600
Mental Health	1,771	328	1,896	3,995		3,995
Substance Abuse	654	1,128	1,975	3,757		3,757
Enabling Services	11,886	4,707	18,293	34,886		34,886
Other (podiatry and optometry)	1,335	-	-	1,335		1,335
Urgent Care users						-
Specialty Care						-
Cardiology						-
Dermatology						-
Endocrinology						-
Other						-
Total Encounters	**47,154**	**37,238**	**78,122**	162,514		**162,514**
Users by payor class						
Medicaid	5,413	4,021	5,191	14,625		14,625
Medicare	818	736	941	2,495		2,495
Other insurance	428	405	662	1,495		1,495
Uninsured	6,321	7,521	8,589	22,431		22,431
Uninsured Breakdown:						
Self Pay < 100% FPL	6,138	7,245	8,186	21,569		21,569
Self Pay 100% to 200% FPL	160	265	398	823		823
Self Pay >200% FPL	23	11	5	39		39
Unknown						-
Total Users by payor class	**12,980**	**12,683**	**15,383**	**41,046**		**41,046**
Cost per medical user				397		397
Cost per dental user				211		211
Cost per medical encounter				140		140[4]
Cost per dental encounter				111		111

[1] "Other users" relect only mental health, substance abuse, nutrition, optometry, and social services users.

[2] Certain homeless patients are seen in shelters and their income is not always assessed. For purposes of reporting poverty levels, they are included in the less than 100% Federal poverty level.

[3] Costs per user and costs per encounter are calculated according to the federal guidelines listed in the UDS report. Accordingly, these costs exclude pharmacy and labs.

[4] Cost per medical encounter increased in 2008 as salaries for all staff were reviewed and adjusted to market rates. Salaries had been compressed for years, resulting in recruiting and retention issues and an annual average staff turnover rate in excess of 20%. In addition, the health center has the only HRSA homeless grant in the City of St. Louis and employs 6 nurses and 5 assistants who see patients at homeless shelters. Their costs are included in cost per medical encounter, but their visits are not included in the denominator of the calculation. Without these costs, the cost per medical encounter would be $9.62 lower per encounter in 2008.

Reporting for RHC
Myrtle Hilliard Davis Comprehensive Health Centers, Inc.
Statistical Information for the 12 Months Ending December 31, 2008

	Clinical Operations				Other Programs	
	Center #1 MHDCHC-Comp 1	Center #2 Homer G. Phillips	Center #3 Florence Hill	Total Clinical	(optional) [Name]	Total
Number of Users						
Medical users	14,393	5,397	5,911	25,702		25,702
Dental users	5,551	2,082	2,280	9,912		9,912
Other users	1,558	584	640	2,782		2,782
Urgent Care users						
Specialty Care users						
Total Users	**21,502**	**8,063**	**8,831**	**38,396**	-	**38,396**
New medical users (patients not seen by GHNHC, MHDCHC, SLCC within last 12 mos.)				**7,703**		**7,703**
Encounters						
Primary Medical Care	49,132	20,876	19,968	89,976		**89,976**
Dental	12,051	4,817	4,608	21,476		**21,476**
Mental Health				-		-
Substance Abuse				-		-
Enabling Services	2,472	803	768	4,043		**4,043**
Other	345	268	256	869		**869**
Urgent Care users						
Specialty Care						
Cardiology						
Dermatology						
Endocrinology						
Other						
Total Encounters	**64,001**	**26,763**	**25,600**	**116,364**		**116,364**
Users by payor class						
Medicaid	6,028	2,840	3,111	11,980		**11,980**
Medicare	1,267	597	654	2,519		**2,519**
Other insurance	1,325	625	684	2,634		**2,634**
Uninsured	12,881	4,001	4,382	21,264		**21,264**
Uninsured Breakdown:						
Self Pay < 100% FPL	12,068	3,618	3,957	19,648		**19,648**
Self Pay 100% to 200% FPL	770	363	398	1,531		**1,531**
Self Pay >200% FPL	43	20	28	91		**91**
Unknown	-	-	-	-		-
Total Users by payor class	**21,502**	**8,063**	**8,831**	**38,396**	-	**38,396**
						-
Cost per medical user				304		**304**
Cost per dental user				267		**267**
Cost per medical encounter				121		**121**
Cost per dental encounter				113		**113**

Comparison Data: 2006, 2007, and 2008
St. Louis ConnectCare

	2006	2007	2008
Number of Users			
Urgent Care users	9,828	10,777	11,802
Specialty Care users	10,656	8,898	8,782
Diagnostic Services Users[1]	6,768	7,978	8,648
STD Clinic Users	5,636	5,357	5,493
Total Clinical Users	**32,888**	**33,010**	**34,725**
New medical users (patients not seen by GHNHC, MHDCHC, SLCC within the past 12 mos.)[2]	13,983	18,425	17,758
Encounters			
Urgent Care	**11,699**	**13,939**	**15,245**
Specialty Care			
Cardiology	2,260	2,871	2,788
Dermatology	1,390	1,451	1,163
Endocrinology	639	1,139	1,247
Other		499	64
General Surgery	1,624	2,166	2,096
Gastroenterology	2,534	3,255	4,013
Urology	901	988	1,075
Infectious Disease	1,231	382	0
Nephrology	1,376	1,763	1,823
Neurology	1,624	1,958	1,838
Gynecology (Surgical)	707	702	716
Orthopedics	2,389	1,908	1,897
Otolaryngology	1,285	1,384	1,361
Pulmonary	539	664	650
Rheumatology	576	1,173	1,376
Total Specialty Care Encounters	**19,075**	**22,303**	**22,107**
Diagnostic Services			
Endoscopy[3,9]		783	1,202
Radiology[9]	8,528	9,043	9,065
Total Diagnostic Services Encounters	**8,528**	**9,826**	**10,267**
STD Clinic Encounters	**7,118**	**7,383**	**6,837**
Total Encounters	**46,420**	**53,451**	**54,456**
Users by payor class			
Medicaid	5,787	5,069	4,939
Medicare	2,350	2,944	2,430
Other insurance	2,815	4,265	4,051
Uninsured	21,936	20,732	23,305
Uninsured Breakdown:[4]			
Self Pay < 100% FPL	15,565	15,340	16,069
Self Pay 100% to 200% FPL	2,608	1,959	2,185
Self Pay >200% FPL	360	327	366
Unknown	3,403	3,106	4,685
Total Users by payor class	**32,888**	**33,010**	**34,725**
Cost per medical/dental user[5,6,8]	714	714	683
Cost per medical user (excluding direct voucher expenses)[7]	590	584	555
Cost per medical/dental encounter[5,6,8]	506	441	435
Cost per medical encounter (excluding direct voucher expenses)[7]	418	360	354

[1] Diagnostic services reflect radiology and endoscopy services.

[2] New users only reflect patients new to SLCC's system.

[3] Endoscopy procedures began in 02/07.

[4] SLCC changed their collection of financial class data in 2007. SLCC resubmitted 2006 uninsured data by FPL to follow the methodology used in 2007 uninsured by FPL calculations. In the 2006 submission, patients without financial information at the time of visit were included in the self pay >200% of FPL level. Historically, 98% of these patients are reclassified as self pay <200% of FPL.

[5] Cost includes direct voucher expenses paid to healthcare providers.

[6] Calculation includes clinical, STD, endoscopy, and radiology data. We did not include Hep A and TB data in the cost calculations. This determination was made because we only provide the patient an injection and not total patient care.

[7] Cost calculation does not include direct voucher expense.

[8] Changed from 2007 submission because of journal entries made in May 2008 that impact calendar year 2007 expenses. The entries made represent additional voucher expenses of $699,156.

[9] On 3/27/09 we corrected the Radiology and Endoscopy numbers that were previously reported. The original reporting identified each procedure as an encounter. The corrected report represents only encounters; an encounter may include more than one procedure.

Comparison Data: 2006, 2007, and 2008
St. Louis ConnectCare

	2006	2007	2008
In addition to the clinical services (specialty care, urgent care, diagnostic services, and STD clinic services) included in the preceeding data, SLCC also provides additional services including enabling services, TB services, and Hepatitis A services. The volumes for these programs in 2006 and 2007 are listed below:			
Other Programs Users			
TB and Hep A Services	4,172	5,707	5,235
Total Other Programs Users	**4,172**	**5,707**	**5,235**
Other Programs Encounters			
TB and Hep A Services	4,172	5,707	5,235
Total Other Programs Encounters	**4,172**	**5,707**	**5,235**
Enabling Services Encounters			
Transportation	25,060	34,385	35,321
SS/DFS/Drg Asst	1,274	3,164	3,390
Interpreter Service	377	408	498
Screening for Life	26	29	358
Total Enabling Services Encounters	**26,737**	**37,986**	**39,567**
Combining these services with the clinical totals yields the following results:			
Total Users	**37,060**	**38,717**	**39,960**
Total Encounters	**77,329**	**97,144**	**99,258**
Total # of pharmacy scripts:	N/A	26687	28815
Cost per script:	N/A	51.09	39.01

Cost per user/encounter calculation:	2006	2007	2008
Total Expenses	23,466,143	23,556,944	23,708,046
Direct Voucher Expense	4,078,394	4,291,238	4,448,642
Adjusted Total Expenses	19,387,749	19,265,706	19,259,404
Total Users (Less TB, Hep A, and Enabling Services)	32,888	33,010	34,725
Cost per User	**714**	**714**	**683**
Cost per User (excluding direct voucher expense)	**590**	**584**	**555**
Total Encounters (Less TB, Hep A, and Enabling Services)	46,420	53,451	54,456
Cost per Encounter	**506**	**441**	**435**
Cost per Encounter (excluding direct voucher expense)	**418**	**360**	**354**

Reporting for RHC
St. Louis ConnectCare
Statistical Information for the 12 Months Ending December 31, 2008

	Clinical Operations				Oth Progs		Oth Progs	Enabling	
	Center #1 Urgent Care	Center #2 Specialty	Other Centers Radiology	Endoscopy	STD	Total Clinical	TB & Hep A	Services	Total
Number of Users									
Medical users									
Dental users									
Other users					5,493	5493	5,235		10,728
Urgent Care users	11,802					11,802			11,802
Specialty Care users		8,782				8,782			8,782
Diagnostic Services Users[1]			7,513	1,135		8,648			8,648
Total Users	**11,802**	**8,782**	**7,513**	**1,135**	**5,493**	**34,725**	**5,235**		**39,960**
New Medical Users[2]	**6,722**	4,211	**2,215**	411	4,199	17,758	**N/A**		**17,758**
Encounters									
Primary Medical Care									
Dental									
Mental Health									
Substance Abuse									
Enabling Services									
Screening for Life								358	358
Interpreter Service								498	498
Transportation								35,321	35,321
SocServ/Drug Assist								3,390	3,390
Total Enabling Services								**39,567**	**39,567**
Other Program Encounters					6,837	6,837	5,235		12,072
Urgent Care	**15,245**					**15,245**			**15,245**
Specialty Care									
Cardiology		2,788				2,788			2,788
Dermatology		1,163				1,163			1,163
Endocrinology		1,247				1,247			1,247
Other		64				64			64
General Surgery		2,096				2,096			2,096
Gastroenterology		4,013				4,013			4,013
Urology		1,075				1,075			1,075
Infectious Disease		0				0			0
Nephrology		1,823				1,823			1,823
Neurology		1,838				1,838			1,838
Gynecology (Surgical)		716				716			716
Orthopedics		1,897				1,897			1,897
Otolaryngology		1,361				1,361			1,361
Pulmonary		650				650			650
Rheumatology		1,376				1,376			1,376
Total Specialty Care Encounters		**22,107**				**22,107**			**22,107**
Diagnostic Services									
Endoscopy				1,202		1,202			1,202
Radiology			9,065			9,065			9,065
Total Diagnostic Services Encounters			**9,065**	**1,202**		**10,267**			**10,267**
Total Encounters with Enabling Services	**15,245**	22,107	9,065	**1,202**	**6,837**	54,456	**5,235**	**39,567**	**99,258**
Total Encounters without Enabling Services	**15,245**	22,107	9,065	1,202	**6,837**	54,456	**5,235**	**0**	**59,691**

Reporting for RHC
St. Louis ConnectCare
Statistical Information for the 12 Months Ending December 31, 2008

	Clinical Operations				Oth Progs		Oth Progs	Enabling	
	Center #1 Urgent Care	Center #2 Specialty	Other Centers Radiology	Endoscopy	STD	Total Clinical	TB & Hep A	Services	Total
Users by payor class									
Medicaid	1,797	1,557	1,011	98	476	4,939			4,939
Medicare	664	987	594	109	76	2,430			2,430
Other insurance	2,061	679	870	244	197	4,051			4,051
Uninsured	**7,280**	**5,559**	**5,038**	**684**	**4,744**	23,305	5,235		28,540
Total Users by payor class	**11,802**	**8,782**	**7,513**	**1,135**	**5,493**	**34,725**	**5,235**		**39,960**
Uninsured Breakdown:									
Self Pay < 100% FPL	6,316	4,696	4,419	582	56	16,069			16,069
Self Pay 100% to 200% FPL	808	743	546	88	0	2,185			2,185
Self Pay >200% FPL	156	120	73	14	3	366			366
Unknown					4,685	4,685	5,235		9,920
Total Uninsured	7,280	5,559	5,038	684	4,744	23,305	**5,235**		**28,540**
Total Users by payor class	**11,802**	**8,782**	**7,513**	**1,135**	**5,493**	**34,725**	**5,235**		**39,960**

Cost per medical user (inc. voucher exp.)	683
Cost per medical user (without voucher exp.)[3]	555
Cost per dental user	
Cost per medical encounter (incl voucher exp.)	435
Cost per medical encounter (without voucher exp.)[3]	354
Cost per dental encounter	

[1] Diagnostic Services reflect radiology and endoscopy services.

[2] Our new users only reflect patients new to our system.

[3] Cost per unit does not include direct voucher expense

Appendix No. 4

Missouri Medicaid Eligibility Criteria

Family Support Division

MO HealthNet for Kids

This program provides healthcare coverage for children under 19 years of age whose family income falls within certain guidelines.

Who Is Eligible ?

A child:

- who is under 19 years of age;
- who applies for a social security number;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen (NOTE: receipt of MO HealthNet benefits does NOT subject qualified non-citizens to public charge consideration, see a full list of benefits not subject to public charge consideration);
- the parent must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support; and
- whose countable family income meets the income guidelines below

MO HealthNet for Kids Non-SCHIP

Children (regardless of insurance status) are eligible if monthly net family income does not exceed the following:

- 185% FPL for children under age 1
- 133% FPL for ages 1-5
- 100% FPL for ages 6-18

Uninsured children whose income is over the above limits, and whose monthly gross family income is under 150% FPL, are also eligible.

Children with monthly family income above the limits referenced above may be eligible under the State Children's Health Insurance Program if the following criteria are met.

MO HealthNet for Kids (SCHIP)

- family gross income over 150% FPL up to 300% FPL;
- they are uninsured for 6 months;
- have family assets with a net worth of less than $250,000;

- children in families with gross income over 150% FPL cannot have access to affordable health insurance (from $69 to $172 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change July of each year. The premium is based on family size and income to insure that no family pays more than 5% of their income for coverage. View the Premium Schedules

Children under age 1 at 185% of the federal poverty level:

Family Size	Income Limit*
1	$1670
2	$2247
3	$2823
4	$3400
5	$3976

Children ages 1-5 at 133% of the federal poverty level:

Family Size	Income Limit*
1	$1201
2	$1615
3	$2030
4	$2444
5	$2859

Children ages 6-18 at 100% of the federal poverty level:

Family Size	Income Limit*
1	$903
2	$1215
3	$1526
4	$1838
5	$2150

300% of the federal poverty level:

Family Size	Income Limit*
1	$2708
2	$3643
3	$4578
4	$5513
5	$6448

150% of the federal poverty level:

Family Size	Income Limit*
1	$1354

2	$1822
3	$2289
4	$2757
5	$3224

For information regarding medical coverage included with MO HealthNet for Kids, see Medical Services-MO HealthNet.

Families in certain areas of the state will choose coverage through a health plan; others will receive services from MO HealthNet approved providers. View Health Plan Service Providers For Your Region

- MO HealthNet Application Form

04/04/08

Family Support Division

MO HealthNet for Pregnant Women and Newborns

This is the state's MO HealthNet program for pregnant women and newborns. This program provides healthcare coverage, including sixty-day postpartum coverage, for pregnant women whose family income does not exceed 185% of the federal poverty level for their household size. Once eligible, the coverage continues through the postpartum period despite subsequent increases in income.

Children born to a woman eligible for and receiving MO HealthNet for Pregnant Women or other MO HealthNet health care coverage on the date of the infant's birth continue to be eligible for MO HealthNet coverage throughout the first year of life as long as the child remains in the mother's home and maintains Missouri residence.

Who Is Eligible?

A woman:

- who is pregnant and provides pregnancy verification;
- who applies for a social security number for herself;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen; and
- whose net family income for household size does not exceed 185% of the federal poverty level. For purposes of this program, the pregnant woman is counted as two people (mother and unborn child).

Currently, income limits are:

Family Size	Income Limit*
2	$2247
3	$2823
4	$3400
5	$3976
6	$4553

*Income limits in effect on April 1, 2009.

For information regarding medical coverage included with MO HealthNet for Pregnant Women and Newborns, see Medical Services-MO HealthNet.

- MO HealthNet Application Form

03/31/08

Family Support Division

MO HealthNet for the Aged, Blind and Disabled

The MO HealthNet for the Aged, Blind and Disabled program provides medical care for persons who are aged, or permanently and totally disabled, or who are blind. Each person participating in the MO HealthNet program is issued a "MO HealthNet Identification Card" or a letter from the local FSD office, identifying the person as eligible for certain medical care services. (See Medical Services-MO HealthNet). There is no cash benefit.

Who Is Eligible?

Any person who:

- is permanently and totally disabled, or is 65 years of age or older, or is 18 years of age or older and is determined by law to be blind (vision less than 5/200);
- has net income less than $768 per month for an individual, or $1033 for a couple. (If monthly income exceeds this amount, the participant may become eligible when their incurred medical expenses reduce their monthly income below this limit. For more information, see the section below labeled Spenddown Coverage.)
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen;
- if aged or disabled and if single, owns cash, securities or other total non-exempt resources with a value of less than $1,000, or if married and living with spouse, individually or together, $2,000 or less (Note: Exempt resources include the home in which the participant or participant's spouse or dependents live, one automobile, household goods and certain other property. If a disabled child under age 18 is living with his parents, the non-exempt resources of the parents will be included);
- if blind and single, does not own personal property worth more than $2,000 or, if married and living with spouse, does not own property worth more than $4,000 individually or together,. The following is not considered; the home in which the blind person lives, clothes, furniture, household equipment, personal jewelry, or any other property used directly by the blind person in earning a living.);
- if blind, does not have a sighted spouse who can provide support
- if blind, does not publicly solicit alms; and
- is not a resident of a public, private, or endowed institution except a public medical institution.

Spenddown Coverage

Spenddown refers to the amount of medical expenses that are a person's financial responsibility, similar to an insurance deductible. The spenddown amount is the amount by which an individual's or couple's net income exceeds the non-spenddown income limit. A person's spenddown obligation can be met by either: 1) submitting incurred medical expenses

to their eligibility specialist on a monthly basis; or 2) paying the monthly spenddown amount to the MO HealthNet Division, much like an insurance premium payment.

If a person chooses to meet their spenddown with incurred medical expenses, medical coverage for that month begins the date on which the spenddown is met and ends on the last day of that month. MO HealthNet will not pay expenses used to meet the spenddown.

If a person chooses to pay the monthly spenddown, pay-in prior to the first day of the month payment is due will ensure continuous coverage. Pay-in can be by check, money order, or automatic withdrawal from a bank account.

Many MO HealthNet participants may also be eligible for Qualified Medicare Beneficiary or Specified Low-Income Medicare Beneficiary benefits.

- MO HealthNet Application Form (PDF)

04/16/09

Appendix No. 5

Budget Neutrality Worksheets

Budget Neutrality
St. Louis Safety Net (Total Computable)

HISTORICAL DATA: 5 PRIOR YEARS

	SFY 2006	SFY 2007	SFY 2008	SFY 2009	SFY 2010	Total - 5 years
Total Expenditures						
Total Disproportionate Share Hospital Expenditures	$717,222,170	$717,154,705	$703,597,719	$733,288,726	$179,518,534	$3,050,781,854

* SFY 2010 only includes quarter ending 9/30/09

** Amounts could change due to prior year adjustments reported on CMS 64.

Budget Neutrality
St. Louis Safety Net (Total Computable)

	DY 1 SFY 2011	DY 2 SFY 2012	DY 3 SFY 2013	DY 4 SFY 2014	DY 5 SFY 2015	Total - 5 year demonstration SFY 2011- SFY 2015
Without Waiver Projections						
Hospital DSH Expenditure*	$732,605,968	$732,605,968	$732,605,968	$732,605,968	$732,605,968	**$3,663,029,840**
Without Waiver Total	**$732,605,968**	**$732,605,968**	**$732,605,968**	**$732,605,968**	**$732,605,968**	**$3,663,029,840**
With Waiver Projections						
Hospital DSH	$702,605,968	$702,605,968	$702,605,968	$702,605,968	$702,605,968	*$3,513,029,840*
St. Louis Regional Health	$30,000,000	$30,000,000	$30,000,000	$30,000,000	$30,000,000	*$150,000,000*
Total With Waiver Expenditures	**$732,605,968**	**$732,605,968**	**$732,605,968**	**$732,605,968**	**$732,605,968**	*$3,663,029,840*
Amount under (over) the annual waiver cap	$0	$0	$0	$0	$0	*$0*
Amount under (over) 5 year cap	$2,930,423,872	$2,197,817,904	$1,465,211,936	$732,605,968	$0	***$0***

*Calculation does not assume any future growth in the Hospital DSH Allotment. State assumes any future growth in the Hospital DSH allotment would increase the amount available for Hospital DSH expenditures.

**$732 million was derived as follows:

		Jul-Sep 2010 Quarter	Oct-Dec 2010 Quarter	Jan-Mar 2011 Quarter	Apr-Jun 2011 Quarter
Federal DSH Allotment for FFY 2009 *	$ 465,868,922	$ 116,467,231	$ 116,467,231	$ 116,467,231	$ 116,467,231
Federal Match Rate		64.51%	63.29%	63.29%	63.29%
DSH Allotment - Total Computable	$ 732,605,968	$ 180,541,359	$ 184,021,537	$ 184,021,537	$ 184,021,537

* Best number available at this time.

Reconciles to CMS 64 Reports

Quarter Ended	DSH - Reg	DSH - IMD	Connectcare	Prior Period	Total	Ties to CMS 64	
09/30/2005	89,189,456	51,690,025	9,595,000	29,274,999	179,749,480		
12/31/2005	92,276,808	51,195,176	9,676,466	26,106,181	179,254,631		
03/31/2006	89,203,789	51,195,176	9,626,466	29,051,468	179,076,899		
06/30/2006	118,223,126	51,195,176	9,626,466	96,392	179,141,160		
SFY 2006	**388,893,179**	**205,275,553**	**38,524,398**	**84,529,040**	**717,222,170**		
09/30/2006	112,422,198	51,195,178	9,676,369	7,441,594	180,735,339	FFY 2006	718,208,029
12/31/2006	115,145,240	51,469,437	9,676,369	4,718,544	181,009,590		
03/31/2007	114,722,977	51,469,437	9,676,369	4,845,155	180,713,938		
06/30/2007	119,955,944	51,469,437	3,225,455	45,002	174,695,838		
SFY 2007	**462,246,359**	**205,603,489**	**32,254,562**	**17,050,295**	**717,154,705**		
09/30/2007	123,042,061	50,793,291	-	116,978	173,952,330	FFY 2007	710,371,696
12/31/2007	125,597,245	50,793,291	-	116,978	176,507,514		
03/31/2008	123,276,077	50,793,291	-	2,413,633	176,483,001		
06/30/2008	125,602,203	50,793,291	-	259,380	176,654,874		
SFY 2008	**497,517,586**	**203,173,164**	**-**	**2,906,969**	**703,597,719**		
09/30/2008	124,720,448	50,793,292	-	8,166,393	183,680,133	FFY 2008	713,325,522
12/31/2008	124,720,448	50,174,352	-	8,215,021	183,109,821		
03/31/2009	124,720,448	50,174,352	-	8,284,678	183,179,478		
06/30/2009	130,542,579	50,174,352	-	2,602,363	183,319,294		
SFY 2009	**504,703,923**	**201,316,348**	**-**	**27,268,455**	**733,288,726**		
09/30/2009	131,278,236	48,240,298	-		179,518,534	FFY 2009	729,127,127
12/31/2009			-		-		
03/31/2010			-		-		
06/30/2010			-		-		
SFY 2010	**131,278,236**	**48,240,298**	**-**	**-**	**179,518,534**		

Appendix No. 6

Letters of Support

STEVEN H. LIPSTEIN
President and Chief Executive Officer

BJC HealthCare℠

February 08, 2010

Ms. Victoria Wachino
Director
Family and Children's Health Program Group
Centers for Medicare & Medicaid Services
7500 Security Blvd., S2-01-16
Baltimore, MD 21244

Dear Ms. Wachino:

I am writing to express BJC Health Care's (BJC) strong support for the State of Missouri's "Gateway to Better Health: Preserving and Strengthening Primary and Specialty Care Services for Medicaid and the Uninsured in the St. Louis Region" Demonstration Project, submitted by the Missouri Department of Social Services, MO HealthNet Division in February 2010.

As the largest provider of health care in the State of Missouri, the largest employer in the St. Louis region and the operator of three hospitals in St. Louis' areas of highest need, BJC has a strong commitment to health care for all in St. Louis. We strongly support the approval of this Waiver. Without the safety net infrastructure supported by these funds, health care services in our region will be significantly compromised. We are particularly aware that the hospital emergency rooms we operate in our areas of high need are already overburdened, and we are concerned that thousands of patients will not receive the care they need in the most appropriate and cost-effective setting. BJC Health Care already serves an important role as the largest provider of health care safety net services in the State of Missouri; we will not be able to increase our capacity to effectively serve the needs of the tens of thousands of individuals that will lose access to physician care in the event this Demonstration Project is not available. This effort is critical to the ability of our health care safety net to remain viable in our region.

BJC has been pleased to be a founding member of the St. Louis Regional Health Commission, an active member of the St. Louis Integrated Health Network's medical home initiative, and we have been encouraged by the significant strides that we have made together to dramatically improve access to health care services for our region's underserved.

We strongly urge the approval of the Demonstration Project and appreciate the time and attention you and your staff are affording this issue.

Sincerely,

Steven Lipstein
President and CEO

Mail Stop: 90-66-500 · 4444 Forest Park Avenue · St. Louis, Missouri 63108-2297 · 314-286-2030 · 314-286-2060 fax · www.bjc.org

Civic Progress

February 8, 2010

Ms. Victoria Wachino
Director, Family and Children's Health Program Group
Centers for Medicare and Medicaid Services
7500 Security Boulevard, S2-01-16
Baltimore, Maryland 21244

Dear Ms. Wachino:

We are writing to express our support for the State of Missouri's *Gateway to Better Health: Preserving and Strengthening Primary and Specialty Care Services for Medicaid and the Uninsured in the St. Louis Region* Demonstration Project, submitted by the Missouri Department of Social Services, Missouri HealthNet Division in February 2010.

Approval of this waiver will continue to strengthen the health care system for the uninsured and underinsured of the City of St. Louis and St. Louis County, and will assure a mechanism for improved integration and delivery of health care services in St. Louis.

As an organization comprised of the Chief Executive Officers of the thirty largest corporations in the St. Louis region, Civic Progress has a unique perspective on the importance of this effort. We know that when the health care safety net is in disarray, the uninsured and underinsured are not well served, and not served in the most appropriate medical settings. Strained hospital emergency rooms are put under greater stress and patients do not receive the continuity of care and follow-up treatment that would help them take better care of themselves and their families. Not only do individuals suffer, but our area businesses are also impacted, as the higher cost of medical care is borne directly by the business community and our regional workforce is not as healthy and productive as possible.

The St. Louis Regional Health Commission was a direct outgrowth of the work of the Indigent Care Task Force of Civic Progress in 2000, and we are a strong supporter and funder of the Commission's work. We are pleased to report that the St. Louis community made significant strides to implement strategic and meaningful activities that have dramatically improved access to health care services for our region's underserved since 2000, and believe continued support of this model is essential to the region's well-being.

800 MARKET STREET, SUITE 1900, ST. LOUIS, MISSOURI 63101-2695 PHONE 314.206.8523 FAX 314.206.8514

If the Waiver is not approved, essential outpatient services in our region will be immediately impacted, and the investment we have made to-date to transition the health care safety net to an integrated system will be significantly compromised.

We strongly urge approval of the Waiver and appreciate your time and attention to this matter.

Sincerely,

Thomas J. Irwin
Executive Director

saint louis
INTEGRATED
HEALTH NETWORK

February 08, 2010

Ms. Victoria Wachino
Director
Family and Children's Health Program Group
Centers for Medicare & Medicaid Services
7500 Security Blvd., S2-01-16
Baltimore, MD 21244

Dear Ms. Wachino:

We are writing to express our support for the State of Missouri's "Gateway to Better Health: Preserving and Strengthening Primary and Specialty Care Services for Medicaid and the Uninsured in the St. Louis Region" Demonstration Project, submitted by the Missouri Department of Social Services, MO HealthNet Division in February 2010.

As an organization comprised of the Chief Executive Officers of the outpatient safety net providers in the St. Louis region, the St. Louis Integrated Health Network is acutely aware of the importance of this effort. We know that our patients are best served through medically-appropriate, coordinated outpatient care; and we strive to improve the affordability, accessibility, and quality of our region's safety net. Approval of this waiver will continue to strengthen the health care system for the uninsured and underinsured of the City of St. Louis and St. Louis County and will assure a mechanism for improved integration and delivery of health care services in St. Louis. We come together as one to unanimously support the state in its waiver application.

We are pleased to report that we safety net providers have collaborated together to implement strategic and meaningful activities that have dramatically improved access to health care services for our region's underserved, and we believe that continued support of this model of care delivery is crucial for the integrity of our safety net.

If the Waiver is not approved, essential outpatient services in our region will be immediately impacted, and the improvements we have made to date to transition the health care safety net to an integrated system will be significantly compromised.

We strongly urge approval of the Waiver and appreciate your time and attention to this matter.

Sincerely,

Dr. Robert K. Massie, Board Chair
Chief Executive Officer
Family Care Health Centers

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

Dr. James P. Crane
Associate Vice Chancellor for Clinical Affairs
Chief Executive Officer, Washington University Physicians Faculty Practice Plan
Washington University School of Medicine

Melody Eskridge
President and Chief Executive Officer
St. Louis ConnectCare

Alan Freeman
President and Chief Executive Officer
Grace Hill Neighborhood Health Centers

Archie Griffin
President and Chief Executive Officer
Myrtle Hilliard Davis Comprehensive Health Centers

Dr. Dolores Gunn
Director

St. Louis County Department of Health

Dr. Karl Wilson
President and Chief Executive Officer
Crider Health Center

Bethany Johnson-Javois
Chief Executive Officer
St. Louis Integrated Health Network

OFFICE OF THE COUNTY EXECUTIVE
SAINT LOUIS COUNTY
41 SOUTH CENTRAL AVENUE
SAINT LOUIS, MISSOURI 63105
February 08, 2010

CHARLIE A. DOOLEY
COUNTY EXECUTIVE

(314) 615-7016
TTY (314) 615-4411

Ms. Victoria Waching, Director
Family and Children's Health Program Group
Centers for Medicare & Medicaid Services
7500 Security Blvd., S2-01-16
Baltimore, MD 21244

Dear Ms. Wachino:

We are writing to express our strong support for the State of Missouri's "Gateway to Better Health: Preserving and Strengthening Primary and Specialty Care Services for Medicaid and the Uninsured in the St. Louis Region" Demonstration Project, submitted by the Missouri Department of Social Services, MO HealthNet Division in February 2010.

As the elected leaders of the governments of the City of St. Louis and St. Louis County, we are acutely aware of the importance of this Demonstration Project to our region's well-being. Approval of this Waiver is critical to the stability of the health care system for the uninsured and underinsured of the City of St. Louis and St. Louis County. Without approval of this Project, the health care system in St. Louis will be put under great stress as tens of thousands of individuals will have reduced access to vital services that enable them take better care of themselves and their families.

As Appointing Authorities to the St. Louis Regional Health Commission, we are strong supporters of the regional efforts to improve our health care system, and are pleased by the great progress that has been made to improve access to health care services for our region's underserved over the past decade.

The State's application has widespread support from the St. Louis community. Groups such as the St. Louis Regional Health Commission and its Advisory Boards, St. Louis area hospital and community health center CEOs, area business leaders through Civic Progress, the St. Louis Congressional Delegation, and hundreds of community members have come together to support the State in this process.

We are pleased to offer our strong support for this Project as well and thank you for the time and attention you and your staff are affording this issue.

Sincerely,

Francis Slay
Mayor
City of St. Louis

Charlie Dooley
County Executive
St. Louis County

MPCA

Missouri Primary Care Association

3325 Emerald Lane ❖ Jefferson City, MO 65109-6879
(573) 636-4222 ❖ Fax (573) 636-4585

February 08, 2010

Ms. Victoria Wachino
Director
Family and Children's Health Program Group
Centers for Medicare & Medicaid Services
7500 Security Blvd., S2-01-16
Baltimore, MD 21244

Dear Ms. Wachino:

The Missouri Primary Care Association strongly supports the State of Missouri's "Gateway to Better Health: Preserving and Strengthening Primary and Specialty Care Services for Medicaid and the Uninsured in the St. Louis Region" Demonstration Project, submitted by the Missouri Department of Social Services, MO HealthNet Division in February 2010.

As a non-profit alliance of community health centers, the Missouri Primary Care Association is committed to improving access to high-quality, community-based, and affordable primary health care services. We recognize the importance of the Demonstration Project for preserving access to appropriate outpatient care for the uninsured and underinsured patients in St. Louis City and St. Louis County, and we believe that approval of the Demonstration Project is necessary to preserve and to enhance access to quality safety net primary care services in the St. Louis region.

Without approval, we know that the integrity of the outpatient safety net in the St. Louis area will be negatively impacted as essential outpatient services are reduced. This capacity reduction will greatly impact access to needed, cost-effective outpatient care for thousands of underserved patients in the St. Louis region.

We strongly urge approval of the Demonstration Project and appreciate your time and attention to this matter.

Sincerely,

Joseph Pierle

Joseph Pierle
Chief Executive Officer

SAINT LOUIS REGIONAL HEALTH COMMISSION
RHC

1113 Mississippi Ave. Suite 113 St. Louis, Missouri 63104 314.446.6454 www.stlrhc.org

February 08, 2010

Ms. Victoria Wachino
Director
Family and Children's Health Program Group
Centers for Medicare & Medicaid Services
7500 Security Blvd., S2-01-16
Baltimore, MD 21244

Dear Ms. Wachino:

The St. Louis Regional Health Commission (RHC) unanimously and strongly supports the State of Missouri's "Gateway to Better Health: Preserving and Strengthening Primary and Specialty Care Services for Medicaid and the Uninsured in the St. Louis Region" Demonstration Project, submitted by the Missouri Department of Social Services, MO HealthNet Division in February 2010.

The RHC is an appointed body charged with leading regional health care efforts in St. Louis. Various individuals and organizations are represented in our network including: the Governor of Missouri, the St. Louis County Executive, the Mayor of the City of St. Louis, CEOs of area hospitals and medical schools, Executive Directors of community health centers, Federal officials, leaders of neighborhood and faith-based organizations, as well as dozens of committed community members. In addition to the nineteen-member appointed Commission, the RHC has two thirty-member advisory boards.

We all come together to voice our strong support for the State in its application.

The RHC believes this Demonstration Project is a regional priority for St. Louis. We recognize that this Project is central to the recommendations of the RHC's strategic plan submitted to CMS in 2003, and is a critical component to the efforts to build and maintain an integrated delivery system for the underserved in St. Louis. Through our partnership with CMS and the State of Missouri, we have been able to dramatically transform our system of health care in our region. From the closure of our region's last public hospital in 2001, we have been able to create a network of care that has increased access by over 120,000 ambulatory visits for the underserved population in St. Louis, while preserving a safety net system that has prevented over 75,000 additional emergency department visits. Through our partnership, we have become a national model of how collaboration can truly make a positive impact on health care access in an urban community.

Without approval of this application, our efforts to improve access to health care in St. Louis will be significantly impacted as tens of thousands of individuals will lose access to primary and specialty care physician care. Our emergency departments

in our region's urban core are not staffed, nor have the physical plant capacity, to handle the influx of visits that are anticipated in the event of a loss of funding.

On behalf of the entire Commission, I thank you for past support of our efforts, and for the time you and your staff are affording this issue. We look forward to continuing our strong partnership with you in the years to come.

Sincerely,

Peter Sortino
Chairperson

RESOLUTION TO SUPPORT THE MISSOURI DEPARTMENT OF SOCIAL SERVICES- MEDICAID SECTION 1115 WAIVER REQUEST

WHEREAS, St. Louis Regional Health Commission (hereafter referred to as "the Commission") was established in the Fall of 2001 with the purpose of developing and implementing a comprehensive plan for the delivery of health services for the uninsured and underinsured of St. Louis City and County; and

WHEREAS, the Commission has been duly appointed and constituted and has established two thirty member Advisory Boards to provide broad representation and input from the community; and

WHEREAS, the Commission is strongly supported by the City of St. Louis, St. Louis County, the State of Missouri and private sector stakeholders; and

WHEREAS, it is agreed that the support of the provision of ambulatory health care services for the uninsured in the St. Louis region at current levels is a regional priority and the prime mission of the Commission; and

WHEREAS, the Department of Social Services (DSS) of the State of Missouri has submitted a waiver to the Centers of Medicare and Medicaid Services (CMS) to allow the continuation of payments to help meet the needs of the target population and prevent unnecessary and inappropriate utilization of regional emergency department services; and

WHEREAS, the Commission recognizes that the waiver is consistent with the recommendations of the Commission's strategic plan submitted to CMS in 2003, and is a critical component to the efforts to build and maintain an integrated delivery system for the underserved in St. Louis.

NOW, THEREFORE, BE IT RESOLVED that the St. Louis Regional Health Commission expresses its unanimous support of the waiver prepared by DSS; and

BE IT FURTHER RESOLVED that the Commission respectfully requests the approval of the waiver by CMS so that the health care needs of the uninsured population and Medicaid beneficiaries in the St. Louis area can be addressed through a more efficient and stable delivery system.

Adopted by a unanimous vote by:
St. Louis Regional Health Commission
January 20, 2010

Peter Sortino, Chairman; *President, The Danforth Foundation*
Dolores Gunn, Secretary; *Director, St. Louis County Department of Health*
Steven Lipstein, Treasurer; *President & CEO, BJC HealthCare*
Sister Betty Brucker, Chair, RHC Community Advisory Board, *Patient Advocate*
Corinne Walentik, Chair, RHC Provider Services Advisory Board, *Professor of Pediatrics, Saint Louis University and SSM Cardinal Glennon Children's Hospital*
Joan Barry, *Former State Senator, State of MO*
James Buford; *President & CEO; Urban League of Metropolitan St. Louis*
Dwayne Butler; *Chief Executive Officer, Peoples Health Centers*
James Crane; *Associate Dean, Washington University School of Medicine*
Melody Eskridge; *President & CEO, St. Louis ConnectCare*
Alan Freeman; *Chief Executive Officer, Grace Hill Neighborhood Health Centers*
Tom Irwin; *Executive Director, Civic Progress*
Ron Levy; *Director, Missouri Department of Social Services*
Ian McCaslin; *Director, MO HealthNet Division (Medicaid), State of Missouri*
Reverend B.T. Rice; *Pastor, New Horizon Seven Day Christian Church*
Beverly Roche; *Finance Director, City of Jennings*
Will Ross, M.D.; *Associate Dean and Director of the Office of Diversity Programs, Washington University School of Medicine*
James Sanger; *President & CEO, SSM Health Care St. Louis*
Pam Walker; *Director of Health, City of St. Louis*

SSM Health Care℠

1173 Corporate Lake Drive
St. Louis, Missouri 63132
314.989.2000
ssmhealth.com

February 8, 2010

Ms. Victoria Wachino
Director
Family and Children's Health Program Group
Centers for Medicare & Medicaid Services
7500 Security Blvd., S2-01-16
Baltimore, MD 21244

Dear Ms. Wachino:

I am writing to express our organization's strong support for the State of Missouri's "Gateway to Better Health: Preserving and Strengthening Primary and Specialty Care Services for Medicaid and the Uninsured in the St. Louis Region" Demonstration Project, submitted by the Missouri Department of Social Services, MO HealthNet Division in February 2010.

As one of the largest providers of health care in the St. Louis region, and operator of hospitals in St. Louis' areas of highest need, SSM Health Care has a strong commitment to health care for all in our region. We know that the health care outpatient safety net is in crisis as the number of uninsured and underinsured continues to grow. We are particularly aware that the hospital emergency rooms are already overburdened, and we are concerned that thousands of additional patients will be forced to seek emergency room primary care if the safety net shrinks due to lack of resources. It makes little sense to sacrifice low cost health care services that creates more pressure on an already overtaxed, high cost emergency room.

SSM has been pleased to be a founding member of the St. Louis Regional Health Commission, an active member of the St. Louis Integrated Health Network's medical home initiative, and we have been encouraged by the significant strides that we have made together to dramatically improve access to health care services for our region's underserved.

We strongly urge the approval of the Waiver and appreciate the time and attention you and your staff are affording this issue.

Sincerely,

James M. Sanger, FACHE
President/CEO
SSM Health Care St. Louis

/jg

SAINT LOUIS REGIONAL HEALTH COMMISSION
RHC

1113 Mississippi Ave. Suite 113 St.Louis, Missouri 63104 314.446.6454 www.stlrhc.org

February 08, 2010

Ms. Victoria Wachino
Director
Family and Children's Health Program Group
Centers for Medicare & Medicaid Services
7500 Security Blvd., S2-01-16
Baltimore, MD 21244

Dear Ms. Wachino:

As representatives of broad community stakeholders in the St. Louis region, we have come together to express our strong support for the State of Missouri's "Gateway to Better Health: Preserving and Strengthening Primary and Specialty Care Services for Medicaid and the Uninsured in the St. Louis Region" Demonstration Project, submitted by the Missouri Department of Social Services, MO HealthNet Division in February 2010.

The St. Louis Regional Health Commission's (RHC) Community Advisory Board is a self-selected, independent body that sets its own agenda, and serves to make sure the voice of the community is represented and heard by governmental and health care leaders in St. Louis. The RHC's Community Advisory Board members (see attached) are patients, leaders of faith-based organizations, community-based organizations, health care advocates, representatives of Federal officials, and other individuals from the St. Louis region who are committed to improving health care services for all.

As representatives of the St. Louis community, we have been very supportive of the recent efforts to improve the health care safety net in our region, and can attest that the changes have made a real impact in the lives of thousands of people in our community. We appreciate the past support of the State and CMS in our efforts, and want to voice our support for this new Demonstration Project. This work is essential to our community, and we unanimously support for the State in its application.

Thank you for consideration of our request.

Sincerely,

Sr. Betty Brucker ysm

Sister Betty Brucker
Chairperson, Community Advisory Board

SAINT LOUIS REGIONAL HEALTH COMMISSION
RHC

1113 Mississippi Ave. Suite 113 St. Louis, Missouri 63104 314.446.6454 www.stlrhc.org

February 08, 2010

Ms. Victoria Wachino
Director
Family and Children's Health Program Group
Centers for Medicare & Medicaid Services
7500 Security Blvd., S2-01-16
Baltimore, MD 21244

Dear Ms. Wachino:

As nominated representatives of health care providers in the St. Louis region, we have come together to express our strong support for the State of Missouri's "Gateway to Better Health: Preserving and Strengthening Primary and Specialty Care Services for Medicaid and the Uninsured in the St. Louis Region" Demonstration Project, submitted by the Missouri Department of Social Services, MO HealthNet Division in February 2010.

The St. Louis Regional Health Commission's (RHC) Provider Services Advisory Board is a self-selected, independent body that sets its own agenda, and serves as a collective voice for issues of importance to health care safety net providers. The RHC's Provider Services Advisory Board members (see attached) are comprised of physicians, nurses, mental health providers, social workers, dentists, pharmacists, and other health care professionals from the St. Louis region who are committed to improving health care services for all.

As front-line health care providers, we have a unique and important perspective on the importance of this effort. We know that when the health care safety net in our region is in crisis, the patients we treat every day will not receive the health care services that are necessary to prevent medical complications and premature death. Approval of this Demonstration Project is absolutely critical to keeping the essential health care infrastructure in place in our community that we need to adequately serve tens of thousands of our patients every year.

We come together to voice our strong support for the State in its application, and we thank you for the time you and your staff are affording this issue.

Sincerely,

Corinne Walentik, M.D.
Chairperson

Ask MHD

From: Marianna_Catanzaro@ssmhc.com [Marianna_Catanzaro@ssmhc.com] **Sent:** Fri 2/5/2010 4:34 PM

To: Ask MHD

Cc:

Subject: "GATEWAY TO BETTERE HEALTH"

Attachments:

Good Day,

I have a copy of the draft, **GATEWAY TO BETTER HEALTH** and I have a question pertaining to **Appendix No. 4.**
In instances where parents have not paid the **SCHIP** premiums or have been denied Medicaid due to the fact that parents have affordable insurance available to them and have failed to add ttheir child(ren), can hospitals and other healthcare providers utilize collection and bad debt processes to collect what is owed?

In the past, because Medicaid patients did not have the means to pay, hospitals agreed to not send bills to collections/bad debt. Now it seems that the State of Missouri is telling parents exceeding the income limits (by virtue of the FSD budget guidelines family size & income Limits) the means **are** available, or there is access to affordable insurance the parents are responsible to meet the healthcare needs of their children. That being the case, are hospitals expected to use Charity funds to cover outstanding bills? I am interested to know what the expectation for our hospital is in these circumstances.

Thanks for taking the time to read and respond to this email.

Marianna

Marianna L. Catanzaro
Medicaid Eligibility Services Manager
314-989-3981 phone
314-999-1891 pager
Continually striving to improve self and service

Ask MHD

From: dpulcher [theclub@wisperhome.com] **Sent:** Tue 2/9/2010 5:51 PM
To: Ask MHD
Cc:
Subject: Waiver
Attachments:

My name is Elizabeth Coleman and I have been a patient of Grace Hill Neighborhood Health Centers for many years. I am presently an active member of the Board of Directors. I am writing to strongly urge CMS to approve the federal waiver submitted by the State of Missouri for the St. Louis Safety Net Funding. In the past, I was homeless and unable to care for myself. Thankfully, with the help of Grace Hill and the fine medical staff, I am n ow able to take care of my medical needs. Please approve this waiver for the univsured people of the Cit of St. Louis. Thank you.

Elizabeth Coleman

217 Anastasia

Hazelwood, MO 63135

Ask MHD

From: dpulcher [theclub@wisperhome.com] **Sent:** Tue 2/9/2010 5:59 PM
To: Ask MHD
Cc:
Subject: Waiver
Attachments:

I am writing to urge the Center for Medicaid and Medicare Services to approve the federal waiver submitted by the State of Missouri for the St. Louis Safety Net Funding. My husband and I are both patients of Grace Hill Neighborhood Health Center. My husband has diabetes and desperately needs the care provided at this facility. I have been a board member for GHNHC for a few years and am concerned very much about this funding. Please approve this waiver for us and the other uninsured patients of the City of St. Louis.

Tondaleria Curry

4204 Peck, Apartment A

St. Louis, Missouri 63107

Ask MHD

From: dpulcher [theclub@wisperhome.com] **Sent:** Tue 2/9/2010 6:05 PM
To: Ask MHD
Cc:
Subject: Waiver
Attachments:

As a patient of Grace Hill Neighborhood Health Centers and a consumer member of its board of directors, I am urging you to please approve the federal waiver that was submitted by the State of Missouri to keep the safety net funding for the Cit of St. Louis uninsured population. This is also very important for the State of Missouri. I am a low income resident and have various health issues that would not be addressed if Grace Hill was not there to provide my medical services. Thank you for your time.\

Jessella Fulsom

1459 Peabody Court

St. Louis, MO 63104

Ask MHD

From: dpulcher [theclub@wisperhome.com] **Sent:** Tue 2/9/2010 6:12 PM
To: Ask MHD
Cc:
Subject: waiver
Attachments:

Hello, my name is Gwendolyn Hall and I recently became a consumer board member for the Grace Hill Neighborhood Health Center Board of Directors. As a patient, I am extremely concerned about the lack of Safety Net Funds to our region. I am asking you to strongly consider the federal waiver that was sent by the State of Missouri for this St. Louis Safety Net funding. This is critical for our area. This area is showing an increase in people using this type of service that is provided by Grace Hill. Please consider this request and approve the waiver. I am very thankful for your time and consideration.

Gwendolyn Hall

5810 Waterman

St. Louis, MO 63112

Ask MHD

From: dpulcher [theclub@wisperhome.com] **Sent:** Tue 2/9/2010 6:17 PM
To: Ask MHD
Cc:
Subject: Waiver
Attachments:

As a patient of Grace Hill Neighborhood Health Center, I have a special request to make. Being a low income resident of the City of St. Louis and using the medical services provided by Grace Hill, I believe it is of the utmost importance for the CMS to approve the federal waiver submitted by the State of Missouri, which will keep the Safety Net Funding and provide access and benefits of medical care in the St. Louis region. I appreciate your time and ask again that you please consider this need for our community and the State of Missouri.

Debra Jones

2529 Bacon

St. Louis, MO 63106

Ask MHD

From: dpulcher [theclub@wisperhome.com] **Sent:** Tue 2/9/2010 6:22 PM
To: Ask MHD
Cc:
Subject: waiver
Attachments:

I have been a long-standing patient of Grace Hill Neighborhood Health Center in St. Louis, MO. As a patient and also a consumer board member of the Grace Hill Board of Directors, I strongly urge CMS to approve the federal waiver submitted by the State of Missouri to preserve our St. Louis safety net funding this year. Grace Hill is one of the important safety net affiliation partners that rely on this funding in order to provide the care I need and other uninsured people of this community. Loss of this funding will affect everyone in the area. SO please consider this request.

Sandra Mahr

4115 Oakwood Ave

St. Louis, MO63121

Ask MHD

From: dpulcher [theclub@wisperhome.com] **Sent:** Tue 2/9/2010 6:29 PM
To: Ask MHD
Cc:
Subject: waiver
Attachments:

My name is Gilbert People and I am writing on behalf of the handicapped citizens that use Grace Hill Neighborhood Health Centers for their medical needs. I am urging the CMS to approve the federal waiver that was sent by the State of Missouri, for the St. Louis Safety Net Funding Pool. Loss of this funding will damage our region's health care system and directly impact my most needed care. I don't know what I would do without the help of Grace Hill for my medical needs. I recently became a proud consumer board member and want to do what I can to help the other uninsured patients that need help. Please consider this request and keep the Safety Net Funding to assist Grace Hill and other facilities that help people like me.. Without we all lose!

Gilbert Peoples

P O Box 231-54

St. Louis, MO 63156

Ask MHD

From: dpulcher [theclub@wisperhome.com] **Sent:** Tue 2/9/2010 6:37 PM
To: Ask MHD
Cc:
Subject: Waiver
Attachments:

As a member of the community of the City of St. Louis and a very concerned citizens, patient and consumer board member for Grace Hill Neighborhood Health Centers, Inc, I am urgently asking CMS to approve the federal waiver submitted by the State of Missouri. The St. Louis Safety Net Funding will provide facilities like Grace Hill the needed funds in order to provide much-needed primary and preventive health services to low income people, underserved residents of our city such as myself. With this funding, it will cause more patients to go to costly emergency rooms for their routine care, and would also be devastating the Grace Hill. I am asking for your help in approving the waiver that was submitted by the State of Missouri.

Pam Willingham

1015 Park, Building A

St. Louis, MO 63104

Ask MHD

From: dpulcher [theclub@wisperhome.com] **Sent:** Tue 2/9/2010 6:43 PM
To: Ask MHD
Cc:
Subject: waiver
Attachments:

I am a volunteer and patient of Grace Hill Neighborhood Health Centers. I recently became a consumer board member. As a member of the City of St. Louis community, I am very concerned about uninsured patients and fully support the CMS waiver submitted by the State of Missouri. It would be terrible not to have the service available for the low income people of this community. Losing this funding would be terrible for the region's health system and will cause people like me to have to go to emergency rooms for my care. I strongly urge CMS to approve the federal waiver and protect the funding for facilities such as Grace Hill Neighborhood Health Centers. I thank you.

Sherry Young

3172 Oregon

St. Louis, MO 63118

Ask MHD

From: dpulcher [theclub@wisperhome.com] **Sent:** Tue 2/9/2010 7:09 PM
To: Ask MHD
Cc:
Subject: waiver
Attachments:

As a patient of Grace Hill Neighborhood Health Centers and a consumer member of its board of directors, I am urging CMS to approve the federal waiver which allows the Safety Net funding to continue in the St. Louis community. Grace Hill is one of the important safety net affiliation partners that rely on the funding to provide primary and preventive health services that are desperately needed by low income people of our community. The loss of this funding will damage the regions health care system and will cause patients to have to find other means for medical care (such as emergency room visits). Grace Hill has always been there for me and I am urging you to consider and approve this waiver.

Vickie Lomax

2807 Dodier

St. Louis, MO 63107