Gateway to Better Health Demonstration

Amendment Request

July 13, 2018

Number: 11-W-00250/7

Background

On July 28, 2010, CMS approved the State of Missouri's "Gateway to Better Health" Demonstration, which preserved access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The Demonstration was amended in June 2012 to enable the Safety Net Pilot Program to be implemented by July 1, 2012. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net maintained access to primary care and specialty care. CMS approved a one-year extension of the Demonstration on September 27, 2013, July 16, 2014, December 11, 2015, and again on June 16, 2016. On September 2, 2017, CMS approved a five-year extension of the current Demonstration, which began on January 1, 2018. The State has been authorized to spend up to $30 million (total computable) annually to preserve and improve primary care and specialty care in St. Louis in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs).

The Demonstration includes the following main objectives:

I. Preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured.

II. Connect the uninsured to a primary care home, which will enhance coordination, quality, and efficiency of health care through patient and provider involvement.

III. Maintain and enhance quality service delivery strategies to reduce health disparities.

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

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

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

Starting on September 27, 2013, when CMS first approved a one-year extension of the Demonstration, eligibility requirements changed to cover uninsured adults in the St. Louis City and County, aged 19-64 who were below *100%* of the FPL. The eligibility population remained the same in all subsequent extensions.

The Demonstration delivers services to this population a large network that includes St. Louis County and its public health department, area Federally Qualified Health Centers (FQHCs), the St. Louis City health department, and area hospitals and medical schools.

Amendment Description

New Substance Use Disorder Services

This amendment proposes to authorize the State to cover office visits and generic prescriptions for substance use treatment, specifically for the disorders listed in Table 1. Currently, the Demonstration covers tobacco cessation counseling provided at the primary care centers, but no other substance use treatments (drugs or interventions) are covered. All pharmaceuticals covered by the Demonstration, including the additional drugs for substance use treatment, would continue to be dispensed by patients' primary care homes and covered through the alternative payment methodology used to reimburse community health centers for medical and dental services and pharmaceuticals.

Prior to this amendment, some patients enrolled in Gateway have had access to substance use treatment through avenues outside of the demonstration, such as through their health centers' sliding fee scales; pharmaceutical manufacturers' Prescription Assistance Programs (PAPs); and community-based behavioral health safety net providers. By covering the generic drugs listed below in Table 2 and services listed in Table 3, patients would be able to receive treatment at their health center without any further administrative requirement and at a lower cost than the sliding fee scale.

There is a clear need for this benefit. Annually, on average between 2005 and 2010, 9.5 percent or 219,000 people aged 12 or older in the St. Louis MSA were classified as having a substance use disorder in the past year. In the entire state of Missouri, this metric was estimated to be 8.9 percent of the population or approximately 433,000 individuals (SAMHSA 2012). According to the Missouri Department of Mental Health, in 2008, the average cost to treat a substance-addicted individual was $1,346, compared to a $17,300 cost to society not to treat the individual. The substance use disorder treatment benefit would, therefore, be of great value to the St. Louis City and County by expanding access to treatment services and reducing overall costs to society.

Furthermore, substance use treatment is directly related to the Demonstration's evaluation and incentive measures, which are designed to improve the health of the uninsured and underinsured population in the St. Louis region.

This amendment request is being made after significant consultation with the program's providers, patients and other community stakeholders, who indicated that substance use treatment is a top priority for the Gateway patient population. After consulting with these stakeholders, it was determined that adding a substance use treatment benefit to the Demonstration's benefit package would reduce barriers for patients in accessing these interventions, which are critical to reducing health disparities and to reducing preventable emergency department visits and hospitalizations.

In addition, for the reasons explained in the "Financial Analysis" section below, the State also seeks to amend the waiver to decrease the enrollment cap to 15,500.

Table 1: Diagnosis Codes (First Three Digits)

ICD10 Code10 Code	Description
F10	Alcohol related disorders
F11	Opioid related disorders
F12	Cannabis related disorders
F13	Sedative, hypnotic, or anxiolytic related disorders
F14	Cocaine related disorders
F15	Other stimulant related disorders
F16	Hallucinogen related disorders
F17	Nicotine dependence
F18	Inhalant related disorders

Table 2: Generic Drugs Included

Drug
Baclofen
Buprenorphine HCl
Buproban
Bupropion HCL, Bupropion HCL SR , Bupropion Xl
Desipramine HCL
Disulfiram
Gabapentin
Mirtazapine
Naltrexone HCL
Paroxetine CR, Paroxetine ER, Paroxetine HCL
Topiramate

Table 3: CPT and HCPC Procedure Codes

Code	Description
3016F	Patient screened for unhealthy alcohol use using a systematic screening method
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90837	Psychotherapy, 60 minutes with patient
90839	Psychotherapy for crisis; first 60 minutes
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying

	or supportive psychotherapy); 30 minutes
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; reassessment
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0444	Annual depression screening, 15 minutes
H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening to determine eligibility for admission to treatment program
H0004	Behavioral health counseling and therapy, per 15 minutes
H0005	Alcohol and/or drug services; group counseling by a clinician
H0006	Alcohol and/or drug services; case management
H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0031	Mental health assessment, by non-physician
H0032	Mental health service plan development by non-physician
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H0038	Self-help/peer services, per 15 minutes
H0039	Assertive community treatment, face-to-face, per 15 minutes
H0040	Assertive community treatment program, per diem
H0046	Mental health services, not otherwise specified
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral health day treatment, per hour

H2019	Therapeutic behavioral services, per 15 minutes
H2021	Community-based wrap-around services, per 15 minutes
H2036	Alcohol and/or other drug treatment program, per diem
S9480	Intensive outpatient psychiatric services, per diem
S9484	Crisis intervention mental health services, per hour
S9485	Crisis intervention mental health services, per diem
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification

Drug Manufacturer Rebates

In addition to adding a substance use disorder benefit, the State seeks to amend the Demonstration to expressly clarify that it is not required to seek rebates from manufacturers for drugs covered through Gateway.

The Gateway Demonstration operates under a waiver of Section 1902(a)(10)(B) permitting it to offer benefits that differ from the benefits offered under the state plan. The Gateway benefit package is limited to primary care, certain specialty care, and pharmacy benefits restricted to "generics provided through the [participating] community health centers and brand name insulin and inhalers that are not available in a generic alternative." *See* STC 26. In part because of the limited nature of Gateway's prescription drug benefit, Gateway has never been required to adhere to the provisions of Section 1927, which requires Medicaid coverage of any drug for which a manufacturer has entered into a rebate agreement.

It has been the State's understanding that the provisions of Section 1927, including the requirement to seek rebates, do not apply to Gateway, because Gateway does not cover the full scope of prescription drugs required under Section 1927, and because Gateway is funded through a demonstration and the requirement to pursue rebates applies only for drugs "for which payment was made under the [state] plan". *See* SSA § 1927(b)(2)(A). However, recently, the Missouri state auditor questioned whether the State is required to pursue rebates for the drugs reimbursed through the Gateway demonstration, both for the limited drugs dispensed as outpatient drugs and for physician-administered drugs that may be part of a specialty service.

It would be challenging for the State to claim rebates on the physician-administered drugs covered by the Demonstration, as Gateway reimburses both participating community health centers and specialty providers at the Medicare rate, *see* STC 17, 18. Medicare does not pay a drug rebate and the Gateway claims processing system is not set up to require the National Drug Code numbers that would allow the Department to claim rebates. Moreover, reprogramming the system to be able to claim rebates would not be cost-effective, given: the small size of the Gateway program; the limited benefit package available to Gateway enrollees; the fact that most covered drugs are generics (and thus qualify for a lower rebate amount than innovator drugs); and the fact that four of the five health community clinics that participate in Gateway also participate in the 340B program, and thus any drugs dispensed through them would be covered by the organized health care exemption in Section 1927(j).

Therefore, the State requests that the Demonstration be amended to expressly specify that the rebate requirements of Section 1927 do not apply to the limited prescription drugs provided to Gateway enrollees. We do not believe this requires any change to the waivers or expenditure authorities, but can

be clarified by a sentence to STCs 17 and 18 expressly confirming that the State is not required to pursue rebates.

Financial Analysis of the Amendment

New Substance Use Disorder Services

With an anticipated implementation date of January 1, 2019, the five community health centers in the Gateway to Better Health network would receive an estimated additional $13.11 per member per month (PMPM) to cover office visits and generic prescriptions for substance use treatment in 2019. The non-federal share of these additional Demonstration expenditures will come from appropriations from St. Louis County, which recently announced additional funding for substance use disorder services.

The Wakely Consulting Group was engaged to determine the PMPM rate, and to estimate the financial impact of the amendment over the course of the demonstration. Wakely Consulting's estimates are shown in Table 4:

Table 4: Cost Projection and Covered Members Estimated 2019-2022 (Any Diagnosis)

Services	2019	2020	2021	2022
Clinic capitation PMPM	$67.86	$70.58	$73.40	$76.34
Transportation PMPM	$1.30	$1.30	$1.30	$1.30
FFS PMPM	$42.76	$43.83	$44.92	$46.05
Substance Use PMPM	$13.11	$13.72	$14.37	$15.06
Total PMPM	**$125.03**	**$129.43**	**$133.99**	**$138.75**
Proposed Enrollment Cap	15,500	15,500	15,500	15,500
Projected Expenditures	$23,255,580	$24,073,980	$24,922,140	$25,807,500

The program would remain budget neutral with the implementation of this amendment. See Appendix I for a complete analysis of budget neutrality with the amendment and without the amendment.

The Demonstration has an enrollment cap of 21,432, but program membership has averaged 14,892 over the past year, and current enrollment is approximately 14,300. To bring the cap closer to the Demonstration's historic enrollment and to ensure there is sufficient funding to cover all Demonstration benefits, including the new substance use disorder services, the State proposes to lower the enrollment cap to 15,500, effective January 1, 2019.

Drug Manufacturer Rebates

There will not be any financial impact caused by amending the waiver to clarify that the State need not pursue rebates from manufacturers for drugs purchased through the Gateway Demonstration. As explained above, the State has never sought rebates for these drug purchases.

Public Input

(This section will be updated prior to submission to CMS with feedback from the public input sessions.)

The request for this amendment is a result of the public process by which the Commission manages the Demonstration in partnership with the State of Missouri. The SLRHC's Community and Provider Services Advisory Boards indicated that substance use treatment is a top priority for the Gateway patient population. Coverage of services and medications for substance use disorder treatment would enhance the ability of Gateway to Better Health to continue to secure high-quality, low-cost care for uninsured, low-income individuals.

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

On July __, 2018, the State published its abbreviated public notice in the newspapers of widest circulation in each city in the State with a population of at least 100,000; made the full public notice document available on the State's website at _____; and made a draft of the Gateway to Better Health Waiver amendment available on the State's public website at http://dss.mo.gov/mhd/. In addition, for the duration of the comment period, interested individuals were able to make appointments to view a hard copy of the draft of the extension application, by calling 314-446-6454, ext. 1032. Appointments could be made during regular business hours, 8:00 a.m. - 4:30 p.m., Monday through Friday. Review of the hard copy, if requested, would occur at 1113 Mississippi Avenue, St. Louis, MO 63104.

Comments were accepted until August 30, 2018, and at the following address:

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

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

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

Tuesday, August 7, 2018, 7:30 – 8:30 am
Ethical Society of St. Louis
9001 Clayton Road, St. Louis, MO 63117

Wednesday, August 8, 2018, 3:30 - 4:30 pm
Forest Park Visitor and Education Center
Voyagers Room
5595 Grand Drive St. Louis, MO 63112

A total of ___ people attended the public hearings. Comments about the amendment at the hearings included:

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

In addition, prior to the opening of the formal public comment process, on June 19, 2018, a post-award public hearing was held pursuant to 42 C.F.R. § 431.420(c), during which the potential substance use treatment benefit was discussed. This meeting was held as part of the regularly scheduled Community Advisory Board of the St. Louis Regional Health Commission. 33 people attended the meeting.

Attendees received information on the number of people served and the number of services and visits provided by Gateway. The current membership of the program, including the distribution of chronic conditions and a demographic profile of Gateway members, was also presented. An overview of patient and provider satisfaction feedback as well as results from quality metrics were reviewed. The audience was given an opportunity to provide feedback on the program's success to date as well as provide feedback about the proposed amendment.

In addition to the two public hearings and the post-award public hearing, the regularly-scheduled Provider Services Advisory Board on August 7, 2018, was also opened as a public forum for providers and community members to provide input on the amendment request. __ people attended this meeting, and the following comments were made:

Impact on Evaluation Design

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

- Available primary care services – number and type of primary care services endorsed by Gateway providers in primary care services
- Barrier to healthcare self-report – percentage of enrollees who report barriers to healthcare without Gateway program
- Barrier to healthcare provider report – percentage of providers who report enrollee barriers to healthcare without Gateway program
- Medical service line utilization – average number of office visits per Gateway enrollee
- Wellness self-report – percentage of providers who report improved Gateway enrollee health
- Tobacco use and assessment and cessation intervention – percentage of Gateway enrollees assessed for tobacco use and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy

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

- Number of encounters with substance use as the primary or secondary diagnosis
- Number of users with substance use as the primary or secondary diagnosis
- Number of covered drugs (see Table 2) prescribed to treat substance use
- Percent of patients prescribed a medication for alcohol use disorder (AUD)
- Percent of patients prescribed a medication for opioid use disorder (OUD)

Appendix I: Budget Neutrality Analysis

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

	DY 1 FFY 2010 07/28/2010 - 09/30/2010	DY 2 FFY 2011 10/01/2010 - 09/30/2011	DY 3 FFY 2012 10/01/2011- 9/30/2012	DY 4 FFY 2013 10/01/2012- 09/30/2013	DY 5 FFY 2014 10/01/2013- 9/30/2014	DY 6 FFY 2015 10/01/2014- 09/30/15	DY 7 FFY 2016 10/01/2015- 9/30/2016	DY 8 FFY 2017 10/01/2016- 9/30/2017	DY 9 FFY 2018 10/01/2017- 09/30/2018	DY 10 FFY 2019 10/01/2018- 09/30/2019	DY 11 FFY 2020 10/01/2019- 09/30/2020	DY 12 FFY 2021 10/01/2020- 09/30/2021	DY 13 FFY 2022 10/01/2021- 09/30/2022	DY 14 FFY 2023 10/01/2022- 12/31/2022	Total to Date 07/28/2010 to 12/31/2022
No. of months in DY	3 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	3 months	
No. of months of direct payments to facilities	3 months	12 months	9 months	0 months	0 months	0 months	0 months	0 months	0 months	0 months	0 months	0 months	0 months	0 months	
No. of months of Pilot Program (will be implemented on 07/01/2012)	0 months	0 months	3 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	3 months	
Without Waiver Projections															
Estimated DSH Allotment**	$189,681,265	$748,599,611	*$766,126,399*	*$811,102,775*	$814,509,721	*$809,021,633*	*$812,093,381*	$812,093,381	$801,292,456	$801,292,456	$801,292,456	$801,292,456	$801,292,456	$801,292,456	**$10,570,982,902**
Without Waiver Total	**$189,681,265**	**$748,599,611**	**$766,126,399**	**$811,102,775**	**$814,509,721**	**$809,021,633**	**$812,093,381**	**$812,093,381**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	$10,570,982,902
With Waiver Projections															
Residual DSH	$167,785,998	$679,083,062	*$675,602,811*	*$735,329,474*	*$713,152,789*	*$714,046,801*	*$787,095,768*	*$788,949,862*	*$775,218,847*	*$776,775,784*	*$776,506,582*	*$776,498,438*	*$776,490,611*	*$795,091,996*	$9,937,628,822
St. Louis ConnectCare	$4,850,000	$18,150,000	$14,879,909	*$3,148,648*	$118,489	$0	$0	$0	$0	$0	$0	$0	$0	$0	$41,147,045
Grace Hill Neighborhood Health Centers	$1,462,500	$5,850,000	*$5,071,706*	*$5,016,507*	*$6,073,656*	$5,648,970	*$4,805,114*	*$4,669,864*	*$4,755,256*	*$4,942,151*	*$5,126,156*	*$5,138,589*	*$5,150,673*	*$1,287,668*	$64,998,810
Myrtle Davis Comprehensive Health Centers	$937,500	$3,750,000	*$3,097,841*	*$2,108,161*	*$1,838,040*	$2,157,443	*$2,098,142*	*$2,099,527*	*$1,977,021*	*$2,054,724*	*$2,074,873*	*$2,079,905*	*$2,084,796*	*$521,199*	$28,879,172
Contingency Provider Network	$0	$0	*$379,372*	*$4,254,902*	*$5,469,199*	$3,937,955	*$5,035,278*	*$4,771,728*	*$4,941,245*	*$5,117,983*	*$5,004,105*	*$5,016,242*	*$5,028,038*	*$1,257,009*	$50,213,057
Voucher	$0	$0	$0	*$4,541,262*	*$6,358,786*	$6,926,811	*$6,649,760*	*$5,433,044*	*$7,449,620*	*$8,650,208*	*$8,829,134*	*$8,807,676*	*$8,786,732*	*$2,196,683*	$74,629,717
Infrastructure	$0	$0	$975,000	*$1,925,000*	*$0*	$0	$0	$0	$0						$2,900,000
SLRHC Administrative Costs	$75,000	$300,000	$300,000	*$300,000*	*$75,000*	*$0*	*$0*	*$0*	*$0*						$1,050,000
SLRHC Administrative Costs Coverage Model			$584,155	*$4,328,950*	*$3,692,463*	$3,098,002	*$3,477,955*	*$3,377,953*	*$3,784,373*	*$3,751,606*	*$3,751,606*	*$3,751,606*	*$3,751,606*	*$937,902*	$38,288,177
CRC Program Administrative Costs	$91,684	$700,000	$700,000	*$700,000*	*$175,000*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,366,684
Actual expenditures for DY3 DOS				$2,670,607	*$33,308*	*$0*	*-$83*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,703,832
Actual expenditures for DY4 DOS				$0	*$2,540,653*	*$6,559*	*$229*	*-$325*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,547,116
Actual expenditures for DY5 DOS						*$2,402,336*	*$267,821*	*-$11,644*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,658,513
Actual expenditures for DY6 DOS							*$2,663,397*	*-$2,117*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,661,279
Actual expenditures for DY7 DOS								*$2,805,489*	*$29,977*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,835,466
Actual expenditures for DY8 DOS									*$2,875,745*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,875,745
Projected expenditures for DY7 DOS									*$292,158*	*$0*	*$0*	*$0*	*$0*	*$0*	$292,158
Projected expenditures for DY8 DOS									*-$31,786*	*$0*	*$0*	*$0*	*$0*	*$0*	-$31,786
Total With Waiver Expenditures	**$175,202,682**	**$707,833,062**	**$701,590,793**	**$764,323,513**	**$739,527,383**	**$738,224,877**	**$812,093,381**	**$812,093,381**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$10,258,643,809**
Amount under (over) the annual waiver cap	$14,478,583	$40,766,549	$64,535,605	$46,779,262	$74,982,338	$70,796,756	$0	$0	$0	$0					$312,339,093
Annual expenditure by DY Payment Date as reported on CMS 64s (Demo expenses NOT including residual DSH)			$25,987,982	$28,994,039	$26,374,594	$24,178,076	$24,997,613	$23,143,519	$26,073,609	$24,516,672	$24,785,874	$24,794,018	$24,801,845	$6,200,461	
Annual expenditure authority cap by DY DOS (Demo expenses NOT including residual DSH)	$7,416,684	$28,750,000	$28,691,897	#REF!	$26,470,790	$24,430,460	$25,163,896	$20,320,330	$22,907,515	$24,516,672	$24,785,874	$24,794,018	$24,801,845	$6,200,461	

*Amount anticipated to be reported in Demonstration Years that should apply to a previous demonstration period.

**FFY 2012 through FY 2014 DSH allotments have not been finalized. FFY 2012 through FFY 2015 DSH allotments are based on actual CMS-64 reported expenditures. DSH allotment is shown as (total computable) above. For reference, DSH allotment in Federal share is shown below:

	FFY 2010
FFY 2010 Allotment (Federal share)	$465,868,922
FFY 2010 Increased Allotment (Federal share)	$23,584,614
Total Allotment (Federal share)	$489,453,536

Note: FFY 2010 FMAP for MO = 64.51%; FFY 2011 FMAP for MO = 63.29%; FFY 2013 FMAP = 61.37%. FFY 2014 FMAP = 62.03; FFY 2015 FMAP= 63.45; FFY 2016 FMAP=63.28; FFY 2017 FMAP=63.21; FFY 2018 FMAP=64.61; FFY 2019 FMAP=____

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

	DY 1 FFY 2010 07/28/2010 - 09/30/2010	DY 2 FFY 2011 10/01/2010 - 09/30/2011	DY 3 FFY 2012 10/01/2011- 9/30/2012	DY 4 FFY 2013 10/01/2012- 09/30/2013	DY 5 FFY 2014 10/01/2013- 9/30/2014	DY 6 FFY 2015 10/01/2014- 09/30/15	DY 7 FFY 2016 10/01/2015- 9/30/2016	DY 8 FFY 2017 10/01/2016- 9/30/2017	DY 9 FFY 2018 10/01/2017- 09/30/2018	DY 10 FFY 2019 10/01/2018- 09/30/2019	DY 11 FFY 2020 10/01/2019- 09/30/2020	DY 12 FFY 2021 10/01/2020- 09/30/2021	DY 13 FFY 2022 10/01/2021- 09/30/2022	DY 14 FFY 2023 10/01/2022- 12/31/2022	Total to Date 07/28/2010 to 12/31/2022
No. of months in DY	3 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	3 months	
No. of months of direct payments to facilities	3 months	12 months	9 months	0 months	0 months	0 months	0 months	0 months	0 months	0 months	0 months	0 months	0 months	0 months	
No. of months of Pilot Program (will be implemented on 07/01/2012)	0 months	0 months	3 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	3 months	
Without Waiver Projections															
Estimated DSH Allotment**	$189,681,265	$748,599,611	*$766,126,399*	*$811,102,775*	$814,509,721	*$809,021,633*	*$812,093,381*	$812,093,381	$801,292,456	$801,292,456	$801,292,456	$801,292,456	$801,292,456	$801,292,456	**$10,570,982,902**
Without Waiver Total	**$189,681,265**	**$748,599,611**	**$766,126,399**	**$811,102,775**	**$814,509,721**	**$809,021,633**	**$812,093,381**	**$812,093,381**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	$10,570,982,902
With Waiver Projections															
Residual DSH	$167,785,998	$679,083,062	*$675,602,811*	*$735,329,474*	*$713,152,789*	*$714,046,801*	*$787,095,768*	*$788,949,862*	*$775,218,847*	$774,860,055	*$774,224,692*	*$774,224,692*	*$774,224,692*	*$794,525,515*	$9,928,325,058
St. Louis ConnectCare	$4,850,000	$18,150,000	$14,879,909	*$3,148,648*	$118,489	$0	$0	$0	$0	$0	$0	$0	$0	$0	$41,147,045
Grace Hill Neighborhood Health Centers	$1,462,500	$5,850,000	*$5,071,706*	*$5,016,507*	*$6,073,656*	$5,648,970	*$4,805,114*	*$4,669,864*	*$4,755,256*	*$5,495,925*	*$5,755,667*	*$5,773,776*	*$5,791,969*	*$1,447,993*	$67,618,902
Myrtle Davis Comprehensive Health Centers	$937,500	$3,750,000	*$3,097,841*	*$2,108,161*	*$1,838,040*	$2,157,443	*$2,098,142*	*$2,099,527*	*$1,977,021*	*$2,284,958*	*$2,329,675*	*$2,337,005*	*$2,344,368*	*$586,092*	$29,945,772
Contingency Provider Network	$0	$0	*$379,372*	*$4,254,902*	*$5,469,199*	$3,937,955	*$5,035,278*	*$4,771,728*	*$4,941,245*	*$5,674,804*	*$5,849,664*	*$5,858,668*	*$5,868,074*	*$1,467,018*	$53,507,909
Voucher	$0	$0	$0	*$4,541,262*	*$6,358,786*	$6,926,811	*$6,649,760*	*$5,433,044*	*$7,449,620*	*$8,993,689*	*$9,072,593*	*$9,038,150*	*$9,003,188*	*$2,250,797*	$75,717,701
Infrastructure	$0	$0	$975,000	*$1,925,000*	*$0*	$0	$0	$0	$0						$2,900,000
SLRHC Administrative Costs	$75,000	$300,000	$300,000	*$300,000*	*$75,000*	*$0*	*$0*	*$0*	*$0*						$1,050,000
SLRHC Administrative Costs Coverage Model			$584,155	*$4,328,950*	*$3,692,463*	$3,098,002	*$3,477,955*	*$3,377,953*	*$3,784,373*	*$3,983,025*	*$4,060,165*	*$4,060,165*	*$4,060,165*	*$1,015,041*	$39,522,413
CRC Program Administrative Costs	$91,684	$700,000	$700,000	*$700,000*	*$175,000*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,366,684
Actual expenditures for DY3 DOS				$2,670,607	*$33,308*	*$0*	*-$83*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,703,832
Actual expenditures for DY4 DOS				$0	*$2,540,653*	*$6,559*	*$229*	*-$325*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,547,116
Actual expenditures for DY5 DOS						*$2,402,336*	*$267,821*	*-$11,644*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,658,513
Actual expenditures for DY6 DOS							*$2,663,397*	*-$2,117*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,661,279
Actual expenditures for DY7 DOS								*$2,805,489*	*$29,977*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,835,466
Actual expenditures for DY8 DOS									*$2,875,745*	*$0*	*$0*	*$0*	*$0*	*$0*	$2,875,745
Projected expenditures for DY7 DOS									*$292,158*	*$0*	*$0*	*$0*	*$0*	*$0*	$292,158
Projected expenditures for DY8 DOS									*-$31,786*	*$0*	*$0*	*$0*	*$0*	*$0*	-$31,786
Total With Waiver Expenditures	**$175,202,682**	**$707,833,062**	**$701,590,793**	**$764,323,513**	**$739,527,383**	**$738,224,877**	**$812,093,381**	**$812,093,381**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$801,292,456**	**$10,258,643,809**
Amount under (over) the annual waiver cap	$14,478,583	$40,766,549	$64,535,605	$46,779,262	$74,982,338	$70,796,756	$0	$0	$0	$0					$312,339,093
Annual expenditure by DY Payment Date as reported on CMS 64s (Demo expenses NOT including residual DSH)			$25,987,982	$28,994,039	$26,374,594	$24,178,076	$24,997,613	$23,143,519	$26,073,609	$26,432,401	$27,067,764	$27,067,764	$27,067,764	$6,766,941	
Annual expenditure authority cap by DY DOS (Demo expenses NOT including residual DSH)	$7,416,684	$28,750,000	$28,691,897	#REF!	$26,470,790	$24,430,460	$25,163,896	$20,320,330	$22,907,515	$26,432,401	$27,067,764	$27,067,764	$27,067,764	$6,766,941	

*Amount anticipated to be reported in Demonstration Years that should apply to a previous demonstration period.

**FFY 2012 through FY 2014 DSH allotments have not been finalized. FFY 2012 through FFY 2015 DSH allotments are based on actual CMS-64 reported expenditures. DSH allotment is shown as (total computable) above. For reference, DSH allotment in Federal share is shown below:

	FFY 2010
FFY 2010 Allotment (Federal share)	$465,868,922
FFY 2010 Increased Allotment (Federal share)	$23,584,614
Total Allotment (Federal share)	$489,453,536

Note: FFY 2010 FMAP for MO = 64.51%; FFY 2011 FMAP for MO = 63.29%; FFY 2013 FMAP = 61.37%. FFY 2014 FMAP = 62.03; FFY 2015 FMAP= 63.45; FFY 2016 FMAP=63.28; FFY 2017 FMAP=63.21; FFY 2018 FMAP=64.61; FFY 2019 FMAP=_____