GOVERNOR OF MISSOURI

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December 31, 2014

SUBMITTED ELECTRONICALLY AND VIA REGULAR MAIL

The Honorable Sylvia Mathews Burwell
Secretary of the United States Department
of Health & Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Madam Secretary:

The State of Missouri, Department of Social Services is requesting to extend its Section 1115 demonstration project, "Gateway to Better Health," which is currently scheduled to expire December 31, 2015. Missouri requests that the demonstration be extended for one year, to December 31, 2016 or until such time as Missouri's Medicaid eligibility is expanded to include the waiver population, whichever is sooner.

This updated demonstration extension application is being submitted in partnership with the St. Louis Regional Health Commission. Through administering the demonstration, the Commission works to preserve and improve primary and specialty care access for uninsured residents of St. Louis City and St. Louis County.

The public notice requirements under 42 CFR 431.408 have been met. Two public hearings were held and a newspaper notice was published with a 30 day comment period.

We look forward to working with the federal review team in the months to come. If additional information is needed, please contract Dr. Joseph Parks, M.D., Director, MO HealthNet Division, Missouri Department of Social Services, at 573-751-6922.

Thank you for your continued support of this critical health care demonstration project.

Sincerely,

[redacted]

Jeremiah W. (Jay) Nixon
Governor

Enclosure

c: James G. Scott, CMS Region VII
Manning Pellanda, CMCS
Terri Fraser

Gateway to Better Health Demonstration

Demonstration Extension Application

December 30, 2014

Number: 11-W-00250/7

Gateway to Better Health Demonstration: Extension Request

The State of Missouri, Department of Social Services is requesting an extension of the Section 1115 Demonstration project "Gateway to Better Health", which is currently scheduled to expire December 31, 2015. The beginning date of the most recent Demonstration extension period is January 1, 2015. The State requests an extension of this waiver until such time as Missouri's Medicaid eligibility is expanded to include the waiver population, or up to one year, whichever is first.

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Section I: Summary and Objectives

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, and again on July 16, 2014. 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 the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA);

II. Connect the uninsured and Medicaid populations 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;

IV. Have the affiliation partners provide health care services to an additional 2 percent of uninsured individuals over the current service levels by July 1, 2012; and

V. Transition the affiliation partner community to a coverage model, as opposed to a direct payment model, by July 1, 2012.

For the first two years of the Demonstration, through June 30, 2013, certain providers referred to as Affiliation Partners were paid directly for uncompensated care. These providers included St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers.

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[1] adults in St. Louis City and St. Louis County, aged 19-64, who were below 133% of the Federal Poverty Level (FPL). The Demonstration was scheduled to expire December 31, 2014.

The Missouri legislature did not expand Medicaid eligibility during its 2013 or 2014 legislative session. On September 27, 2013, and again on July 16, 2014, CMS approved a one-year extension of the Gateway Demonstration program for patients up to 100% FPL, or until Missouri's Medicaid eligibility is expanded to include the waiver population.

[1] To be considered to be "uninsured" applicants must not be eligible for coverage through the Medicaid State Plan. Screening for Medicaid eligibility is the first step of the Gateway to Better Health eligibility determination.

Extension of the Gateway Demonstration

At this time, it is not known if the Missouri legislature will expand Medicaid eligibility during the 2015 legislative session. If not, beginning January 1, 2016, none of the Gateway patients will have access to coverage, since all Gateway patients are under 100% FPL. The providers serving the Gateway population will also experience a significant reduction in revenue, and will not be able to maintain their current staffing or service levels.

Without Medicaid expansion and without the Gateway Demonstration, the Gateway population will have limited options for accessing outpatient health care services. As of September 30, 2014, the Gateway program provides outpatient coverage for nearly 22,000 individuals, which is nearly 50 percent of all uninsured residents under 100 percent of the federal poverty level in St. Louis City and County. Previous studies have indicated that the care provided through this Demonstration prevents more than 50,000 emergency department visits per year.

The State of Missouri proposes that the Gateway Demonstration be extended until Missouri's Medicaid eligibility is expanded to include the waiver population, or for a period up to one year, whichever is first. This extension will enable the uninsured population to continue to access preventive and other ambulatory health care services.

During this extension of the Demonstration, the State, SLRHC and providers will continue to demonstrate how coverage and access to preventive care cost-effectively improves the health of a low-income population.

The proposed objectives for the new extension period are:

I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA);

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;

With these objectives, the St. Louis community can continue to improve the health of those individuals who are not eligible for Medicaid or Medicare.

This application requests the extension of two current expenditure authorities with a total annual computable budget of $30,000,000 in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs) for one additional year, or when Medicaid eligibility expands in Missouri, whichever is first:

- **Demonstration Population 1:** Effective January 1, 2014, expenditures for uninsured individuals, not eligible for Medicaid, who are living in St. Louis City or St. Louis County, and are between the ages of 19-64 years of age with income up to 100 percent of the FPL to pay for primary care provided by a designated primary care provider or specialty care provider when referred by a designated primary care provider.

- **Expenditure for Managing the Coverage Model:** Effective January 1, 2014, expenditures pursuant to a memorandum of understanding and not to exceed $4,500,000 for costs incurred by the SLRHC to activities related to the continued administration of the coverage model during the extension period.

Historical Background

The current funding provided by this Demonstration Project (Number: 11-W-00250/7) builds on and maintains the success of the "St. Louis Model," which was first implemented through the "Health Care for the Indigent of St. Louis" amendment to the Medicaid Section 1115 Demonstration Project (Number: 11-W00122/7). This amendment authorized the diversion of 6.27 percent of the Statewide DSH cash distributions, previously allocated to St. Louis Regional Hospital, to a "St. Louis Safety Net Funding Pool," which funded primary and specialty care for the uninsured. The downsizing and ultimate closure of St. Louis Regional Hospital in 1997 led to the "St. Louis Model." Under this model, the DSH funds were distributed directly to the legacy clinics of St. Louis Regional Hospital, which were operated by St. Louis ConnectCare, Grace Hill Health Centers and Myrtle Hilliard Davis Comprehensive Health Centers. The funds were distributed directly to these organizations through June 30, 2012. This funding converted to a "coverage model" per the conditions of the Demonstration.

The SLRHC was established under this prior waiver to coordinate, monitor, and report on the safety net network's activities and to make recommendations as to the allocation of these funds. Today, the SLRHC is charged with improving health care access and delivery to the uninsured and underinsured in the St. Louis region, and is the fiscal agent for this Demonstration.

The Commission works within 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.

St. Louis ConnectCare was not able to demonstrate financial sustainability under a coverage model during the Demonstration period, and closed its operations in late 2013. After its closure, other contracted health care providers in the Gateway to Better Health network continued to provide services to Gateway patients and have maintained access levels and continuity of care for these patients through a managed transition process. Because of the approval of the Gateway extension through 2014, a seamless transition of care through 2014 was possible despite ConnectCare's closure.

Demonstration Summary

Beneficiaries and Eligibility Criteria

Gateway to Better Health will continue to provide access to primary care, specialty care and urgent care and will continue to be available to individuals who meet the following requirements:

- A citizen of the United States; legal immigrant who has met the requirements for the five-year waiting period for Medicaid benefits; refugee or asylee under same immigrant eligibility requirements that apply to the Medicaid program
- A resident of St. Louis City or St. Louis County
- Ages 19 through 64
- Uninsured
- At or below the federal poverty level of 100 percent
- Not eligible for coverage under the federal Medicare program or Missouri Medicaid
- Patients with a primary care home at one of the in network primary care sites

Delivery System

Gateway to Better Health services will continue to be delivered through a limited provider network. Beneficiaries choose a primary care home in which to enroll. Primary care homes in the network include:

- BJK People's Health Centers
- Family Care Health Centers
- Grace Hill Health Centers
- Myrtle Hilliard Davis Comprehensive Health Centers
- St. Louis County Department of Health

Primary care provider organizations will continue to be paid under an alternative payment methodology.

Beneficiaries may be referred by their primary care physician for specialty care at participating hospitals, medical schools, and community specialist practices contracted with the State and Gateway to Better Health.

Benefits

Beneficiaries will continue to receive the following benefits:

> Preventive; well care; dental (diagnostic and preventive); internal and family practice medicine (including five urgent care visits); gynecology; podiatry, generic prescriptions dispensed at primary care clinics; cardiology; DME (crutches, walkers, wound vac, and wound vac supplies); endocrinology; ENT; gastroenterology; neurology; oncology, radiation therapy, rheumatology, laboratory/pathology services; ophthalmology; orthopedics; outpatient surgery; physical,

occupational or speech therapy (on a limited basis); pulmonology; radiology (x-ray, MRI, PET/CT scans); renal; urology; and non-emergency medical transportation.

This application proposes that all the benefits approved for the Gateway to Better Health Demonstration continue during the proposed extension period, including those additional pharmaceutical benefits (insulin and inhalers not available in a generic alternative) that are outlined in an amendment request anticipated to be submitted by the State in December 2014 for approval by May 1, 2015. The final actuarial rates for the extension period will be established in 2015.

Amendment Description

The amendment proposes to add certain brand name pharmaceuticals that do not have generic alternatives to the Demonstration's benefits package. Specifically, the drugs added under this amendment would be insulin and inhalers that are not available in a generic alternative. All pharmaceuticals covered by the Demonstration, including the insulin and inhalers, would continue to be dispensed by patients' primary care homes and covered in the alternative payment used to reimburse community health centers for medical and dental services and pharmaceuticals.

After consulting with providers and patients, it was determined that covering these drugs would reduce barriers for patients in accessing these interventions, which are critical to managing chronic conditions and reducing preventable emergency department visits and hospitalizations. Furthermore, these two pharmaceutical interventions are directly related to the Demonstration's evaluation and incentive measures, which are designed to improve the health of those patients living with chronic disease.

The objective of this amendment would be to improve the health outcomes of those patients living with chronic conditions as measured by the metrics outlined in the Demonstration's Evaluation Design.

With this additional cost, the enrollment cap for the program will be lowered to 21,432 from 22,600, effective May 1, 2015. As of November 18, 2014, program enrollment was 21,044 – below the proposed enrollment cap after the implementation of the new benefits. The program will remain budget neutral with the implementation of this amendment. See Appendix IV for a complete analysis of budget neutrality with the amendment .

Cost Sharing

There will be no premium for Gateway to Better Health. Beneficiary co-pays are the same as those for patients of Missouri Medicaid, MO HealthNet.

Section II: Progress to Date

Through the Gateway to Better Health Demonstration, the State of Missouri and the St. Louis region have transitioned patients and providers to an environment where otherwise uninsured individuals access outpatient health care services via coverage. Eligible individuals are enrolled in the Demonstration and are eligible for primary care available at a limited network of safety net providers, including Grace Hill Health Centers, Myrtle Hilliard Davis Comprehensive Health Centers, BJK People's Health Centers, Family Care Health Centers, and the health centers of the St. Louis County Department of Health. Beneficiaries may be referred by their primary care physician for specialty care at participating hospitals, medical schools, and community specialist practices.

Throughout the Demonstration, access to primary care has been maintained in the areas of highest need, and access to specialty care has been maintained for an otherwise uninsured population. In addition, recent surveys of patients and providers conducted by Princeton Survey Research Associates International (PSRAI) and other emerging data indicate that the program is having a positive impact on the health of the patients. Summarized below are the key results to date:

1. ***Gateway has maintained access to primary and specialty care for uninsured individuals living in poverty in St. Louis City and St. Louis County.***
2. ***Patients enrolled in Gateway report that access to low-cost medical care is having a positive impact on their health, and they are highly satisfied with Gateway's services and provider network.***
3. ***Medical providers and clinical support staff at community health centers report Gateway is helping patients lead healthier lives, preventing future illnesses and improving the job satisfaction of health center staff.***
4. ***Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better.***
5. ***Gateway has enabled care coordination for low-income populations among community health centers, specialists and hospitals.***

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1. ***Gateway has maintained access to primary and specialty care for uninsured individuals living in poverty in St. Louis City and St. Louis County.***
    - Approximately 22,000 individuals are enrolled in Gateway to Better Health, which is approximately 50 percent of those uninsured and living below the federal poverty level in St. Louis City and County. Over the life of the program, approximately 39,000 unique individuals have received services from the program.

    - Nearly 80,000 medical visits (primary care/urgent care, dental, specialty care, diagnostic services and outpatient hospital services) and more than 207,000 prescriptions are funded each year through Gateway to Better Health. Previous studies have indicated that the care provided through this Demonstration prevents more than 50,000 emergency department visits per year.

2. ***Patients enrolled in Gateway report that access to low-cost medical care is having a positive impact on their health, and they are highly satisfied with Gateway's services and provider network.***
    - In a survey of 1,200 Gateway enrollees, conducted by Princeton Survey Research Associates International (PSRAI), 60% of participants with chronic conditions report that their overall physical health has improved since enrollment.

    - More than 70% of survey participants "strongly agree" that the program helps them follow treatments recommended by their health care providers; makes it easier to coordinate care; and helps them lead a healthier life. When asked about what would happen if the Gateway program ended, more than 80% report that they are "not confident" that they could afford prescription medicines or doctor's visits. About six in ten said they are "not confident" that their overall health would stay the same.

    - Survey respondents give the care they receive through Gateway high marks. Nine in ten rate the quality of care they receive through Gateway as either "good" (20%), "very good" (28%), or "excellent" (41%).

    - Large majorities of patients rate their experiences with the medical staff at community health centers and specialty care providers highly.

3. ***Medical providers and clinical support staff at community health centers report Gateway is helping patients lead healthier lives, preventing future illnesses and improving the job satisfaction of health center staff.***
    - In a survey of medical providers and clinical support staff, conducted by PSRAI, 75 percent report that the Gateway program is having a big impact on helping enrollees lead healthier lives. A majority say the program does an excellent or very good job at addressing current health needs and helping prevent future illnesses of patients.

    - Large majorities of providers and staff are "not confident" that Gateway enrollees could maintain their overall health or get necessary health care services if the program ended.

    - About one half of the providers and staff say their job satisfaction has increased since the implementation of Gateway. If Gateway were to close, 68% say their job satisfaction would decrease.

4. ***Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better.***

- Eighty percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within four months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.

- More than 63% of patients with diabetes had an HgbA1c of less than 8% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.

- More than 86% of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.

5. ***Gateway has enabled care coordination for low-income populations among community health centers, specialists and hospitals.***
   - The Community Referral Coordinator program, operated by the St. Louis Integrated Health Network and funded by the Gateway Demonstration through December 31, 2013, has been identified by Healthy People 2020 as a best practice. Throughout the Demonstration, the program connected nearly 27,000 hospital patients to a primary care home and has proven to be an effective intervention to reduce readmissions. The program is currently funded by participating hospitals and health systems, and is currently operating in 6 hospitals, connecting patients to 6 community health centers. These organizations meet regularly to develop strategies to improve transitions of care.

   - In the PSRAI survey, of those who have visited a specialist, more than 70% report that they received help from someone at their health center coordinating their care, and of those, 80% report being "very satisfied" with the help they received. Respondents who reported that they received help coordinating care are more likely to report that their health has improved throughout the demonstration, are more likely to report ease in obtaining a visit with a specialist and consistently rate specialist staff more positively.

   - As part of their pay-for-performance measures, health centers are required to follow up with hospital patients within seven days of discharge, when they are notified of the admission via the Gateway call center. During the last incentive period, this follow up occurred 81% of the time.

The State, SLRHC and safety net providers have been working to achieve the following objectives over the life of the Demonstration:

I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA);

II. Connect the uninsured and Medicaid populations 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;

IV. Have the affiliation partners provide health care services to an additional 2 percent of uninsured individuals over the current service levels by July 1, 2012; and

V. Transition the affiliation partner community to a coverage model, as opposed to a direct payment model, by July 1, 2012.

To date, all Demonstration objectives have been met or significant progress can be demonstrated.

Section VII: Interim Evaluation Findings provides further evidence to support the progress toward the Demonstration Objectives. Outlined below are the critical success factors for each objective.

Objective I: Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA).

To date, the Demonstration has shown that the St. Louis region can continue to provide access to ambulatory health care for the uninsured in the St. Louis region under a coverage model. The Safety Net Pilot Program, specifically, has provided access to outpatient health services for more than 39,000 unique individuals over the life of the program.

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

The total number of uninsured and Medicaid patients receiving care at the Affiliation Partner providers increased percent from 2009 to 2013.

In addition, the Community Referral Coordinator program funded by the Demonstration through December 31, 2013, resulted in approximately 27,000 new scheduled appointments for Medicaid and uninsured individuals at a primary care home since the beginning of the Demonstration. As of September 30, 2014, through the Safety Net Pilot Program, more than 22,000 individuals are enrolled at a primary care home.

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

The continuation of the funding for the St. Louis safety net of health care providers through this Demonstration helps ensure access to health care for those living in traditionally underserved communities. More than 74% of all members of the pilot coverage model are African-American, 18% are Caucasian, less than 1% are members of other races, and nearly 8% do not report their race.

Recent patient surveys conducted by Princeton Survey Research Associates International (PSRAI) indicate that patients are receiving quality care. When looking at the survey results by race, African-Americans (76% of survey respondents) tend to be more satisfied than other enrollees with the care they have received from medical staff at health centers and specialty providers.

Quality of care as measured by the program's pay-for-performance measures, continues to improve. Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better.

- Eighty percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within four months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.

- More than 63% of patients with diabetes had an HgbA1c of less than 8% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.

- More than 86% of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.

Gateway primary care providers are consistently on par with their peers across the State of Missouri as measured by UDS quality measures. A review of standard quality measures in UDS reports indicates that Gateway health centers on average perform on par (-1.8%) with their peers across the state.

During the Demonstration, the SLRHC, through its other work and funding, completed a *Decade Review of Health Status.* This report was released in December 2012. It is a comprehensive review of changes in 14 leading health indicators and disparity metrics between 2000 and 2010 in St. Louis City and County. Featured health topics include heart disease, diabetes, COPD, stroke, cancer, HIV/AIDS, maternal and child health, and many others leading causes of poor health outcomes and health care system costs in the St. Louis region. Data over the last ten years shows that health outcomes have improved dramatically in St. Louis, and these improvements have been shared across gender and race populations. Mortality rates have declined for many chronic health conditions, including heart disease, COPD, and breast cancer mortality.

For example:

1. Between 2000 and 2010, the rate of heart disease deaths decreased 26% among Blacks in the City of St. Louis (compared to a similar 26% decrease among Whites).
2. Between 2000 and 2010, the rate of breast cancer deaths decreased 28% among Black females in the City (compared to a <1% change among White females).
3. Between 2000 and 2010, the rate of prostate cancer deaths decreased 26% among Black males in the City (compared to a 32% decrease among White males).
4. Between 2000 and 2010, the number of HIV/AIDS deaths decreased 51% among Blacks in the City (the number of annual HIV/AIDS deaths among Whites during this time is too small for a valid comparison).
5. Between 2000 and 2009, the rate of infant deaths (within the first year of birth) decreased 14% among Blacks in the City (compared to a 3% decrease among Whites).

Please visit www.STLRHC.org to learn more about report findings and view the extensive local media coverage of the release of this report.

Objective IV: Have the affiliation partners provided health care services to an additional 2 percent of uninsured individuals over the current service levels by July 1, 2012.

There was a seven percent increase in total Medicaid and uninsured persons receiving services at the Affiliation Partner providers from 89,343 patients in 2009 to 95,712 patients in 2012. Over this time period, the number of uninsured patients declined slightly (0.4%) from 60,971 in 2009 to 60,727 in 2012.

The small decline in uninsured patients from 2009 to 2012, and the coinciding increase in Medicaid patients, can be attributed to strong outreach efforts to enroll eligible patients into available coverage.

Screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more than 30,000 individuals in MO HealthNet programs, including:

- 16,440 children (18 years or under) approved for MO HealthNet for Families or MO HealthNet for Kids
- 9,184 adults approved for Uninsured Women's Health Services
- 2,666 adults approved for MO HealthNet for the Aged, Blind or Disabled
- 2,441 adults approved for MO HealthNet for Families

Objective V: Transition the affiliation partner community to a coverage model, as opposed to a direct payment model, by July 1, 2012.

The community transitioned to a coverage model as opposed to a direct payment model by July 1, 2012, thereby meeting Objective V. Approximately 15,000 individuals were enrolled in Gateway to Better Health as of the program's July 1, 2012 start date. The implementation of the Safety Net Pilot Program represented a significant milestone for the State, the providers, patients and the rest of the community. As of September 30, 2014, more than 22,000 individuals were enrolled in Gateway.

Two of the affiliation partners, Grace Hill Health Centers and Myrtle Hilliard Davis Comprehensive Health Center, both Federally Qualified Health Centers, have successfully demonstrated financially sustainability through the coverage model pilot of the Gateway Demonstration.

The third affiliation partner, St. Louis ConnectCare, was not able to demonstrate financial sustainability during the coverage model pilot, and closed it operations in late 2013. However, all Gateway patients successfully transitioned care to other specialty care providers in the Gateway network, demonstrating that the St. Louis region can continue to provide access to ambulatory health care for the uninsured under a coverage model program, despite ConnectCare's closure. The extension of the Gateway Demonstration until such time as Missouri's Medicaid eligibility is expanded to include the waiver population will maintain the safety net network in St. Louis, preserve access to primary, preventative, and other ambulatory care services for the otherwise uninsured, and continue to demonstrate the region's ability to successfully operate and innovate under coverage model parameters until coverage for this population under Medicaid expansion provisions is available in the State.

Section III: Compliance with Each of the STCs

The State of Missouri has been compliant with each of the STCs throughout the duration of this Demonstration. The deadline for each milestone and each deliverable has been met. The State does not anticipate any difficulty maintaining compliance with each STC throughout the remainder of the existing Demonstration or the extension of the Demonstration.

Through ongoing dialogue, program monitoring and regular and extensive reporting, the State is able to maintain compliance. Throughout the negotiations for the STCs, the State and CMS developed several monitoring and reporting mechanisms to ensure compliance. These include but are not limited to the STCs listed below:

Table I: STC's Related to Monitoring and Reporting

IX.	**General Reporting Requirements**
34.	General Financial Requirements
35.	Reporting Requirements Related to Budget Neutrality
36.	Monthly Calls
37.	Quarterly Progress Reports
38.	Annual Report
39.	Final Report
X.	**General Financial Requirements**
40.	Quarterly Expenditure Reports
41.	Expenditures Subject to Title XIX Budget Neutrality Expenditure Limit
42.	Reporting Expenditures Subject to Title XIX Budget Neutrality Expenditure Limit
43.	Standard Medicaid Funding Process
44.	Extent of Financial Participation for the Demonstration
45.	Sources of Non-Federal Share
46.	Monitoring the Demonstration
47.	Program Integrity
48.	Penalty for Failing to Achieve Pilot Plan Milestone Listed in Section XIII
49.	Application of Penalty
XI.	**Monitoring Budget Neutrality for the Demonstration**
50.	Limit on Title XIX Funding
51.	Risk
52.	Budget Neutrality Expenditure Limit
53.	Future Adjustments to the Budget Neutrality Expenditure Limit
54.	Enforcement of Budget Neutrality
XII.	**Milestones**
55.	Milestones
56.	Additional Milestones
XIII.	**Evaluation**
57.	Submission of Draft Evaluation Design
58.	Interim Evaluation Reports
59.	Final Evaluation Design and Implementation
60.	**Cooperation with Federal Evaluators**
XIV.	**Schedule of State Deliverables During the Demonstration**

Furthermore, the State reviews the status of the program monthly as part of its own administrative functions but also as participants on the board of the SLRHC and its planning committees. Through these efforts, the State maintains a close working relationship with the SLRHC, its vendors and the providers. The State reviews and approves any information distributed by the SLRHC or its enrollment broker to patients, issues all payments to providers via the SLRHC based on the State's enrollment and claims data, reviews monthly financial data from the SLRHC related to the Demonstration and reviews the monthly call center report from the SLRHC's enrollment broker.

CMS assesses State compliance with the STCs in numerous ways. Conference calls are conducted on a monthly basis as needed to discuss any outstanding items or significant actual or anticipated developments related to the Demonstration. The State submits to CMS both quarterly and annual reports as well as the quarterly CMS 64 reports.

Section IV: Waiver and Expenditure Authorities

The waiver and expenditure authorities would remain the same for the extension period. No additional waivers or expenditure authorities are requested.

It is anticipated the Waiver and Expenditure Authorities would include:

- **Demonstration Population 1:** Effective January 1, 2014, expenditures for uninsured individuals, not eligible for Medicaid, who are living in St. Louis City or St. Louis County, and are between the ages of 19-64 years of age with income up to 100 percent of the FPL to pay for primary care provided by a designated primary care provider or specialty care provider when referred by a designated primary care provider.
- **Expenditure for Managing the Coverage Model:** Effective January 1, 2014, expenditures pursuant to a memorandum of understanding and not to exceed $4,500,000 for costs incurred by the SLRHC to activities related to the continued administration of the coverage model during the extension period.

Statewideness **Section 1902(a)(1)**

To the extent necessary, to allow the State to limit enrollment in the Demonstration to persons residing in St. Louis City and St. Louis County.

Reasonable Promptness **Section 1902(a)(8)**

To the extent necessary, to enable the State to establish an enrollment target and maintain waiting lists for the Demonstration population.

Amount, Duration, and Scope **Section 1902(a)(10)(B)**

To the extent necessary, to permit the State to offer benefits that differ among the Demonstration population and that differ from the benefits offered under the Medicaid state plan.

Standards and Methods **Section 1902(a)(17)**

To the extent necessary, to permit the State to extend eligibility for the Demonstration population for a period of up to eighteen months without redetermining eligibility.

Freedom of Choice **Section 1902(a)(23)(A)**

To the extent necessary, to enable the State to mandatorily enroll Demonstration population's into a delivery system that restricts free choice of provider.

Retroactive Eligibility **Section 1902(a)(34)**

To the extent necessary, to enable the State to not provide medical assistance to the Demonstration population prior to the date of application for the Demonstration benefits.

Payment for Services by Federally Qualified Health Centers (FQHCs) **Section 1902(a)(15)**

To the extent necessary, to enable the State to make payments to participating FQHCs for services provided to Demonstration Population using reimbursement methodologies other than those required by section 1902(bb) of the Act to the limited nature of the benefits.

Section V: Quality

Clinical Quality

The Demonstration was designed to measure and improve health outcomes for the patients of the safety net providers in the St. Louis region. During the extension period, the primary care providers will continue to be subject to a 7 percent withhold from their payments to incent them to achieve certain clinical measures. These measures were developed by the community's clinicians and determined to be the community's priorities. They include:

Primary Care Health Center Pay-for-Performance Incentive Eligibility

Primary Care Pay-for-Performance Incentive Measures

Pay-for-Performance Incentive Criteria	**Threshold**	**Weighting**	**Source**
All Newly Enrolled Patients- Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)	80%	20%	EHR Data
Patients with Diabetes, Hypertension, CHF or COPD –Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date)	80%	20%	EHR Data
Patients with Diabetes - Have one HgbA1c test 6 months after reporting period start date	85%	20%	EHR Data
Patients with Diabetes – Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period	60%	20%	EHR Data
Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.	50%	20%	Self-reported by health centers and AHS Call Center Data
TOTAL POSSIBLE SCORE		**100%**	

Objective measures may be changed for the subsequent reporting period. Any changes or additions will be approved by the Pilot Program Planning Team managed by the SLRHC at least 60 days in advance of going into effect. At no time will changes to the measures go into effect for a reporting period that has already commenced. (Note: the health centers and State are represented on the Pilot Program Planning Team.) Any changes to the measures will be included in an updated protocol and subject to CMS review.

Any remaining funds will be disbursed based on the criteria summarized below and will be paid within the first quarter following the end of the reporting period:

Pay-for-Performance Measures for Distribution of Remaining Funds

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
Rate of Referral to Specialist among Tier 1/Tier 2 Enrollees	680/1000	100%	Claims data

**Based on actuarial analysis: the thresholds for rate or referral to specialists is 680 referrals per 1,000 members enrolled at each health center for the first two six-month reporting periods of the pilot. Thresholds may change for the subsequent reporting periods, pending additional actuarial analysis. Please refer to Appendix III for a complete review of pay-for-performance outcomes to date.*

Primary care providers will be eligible for the remaining funds based on the percentage of patients enrolled at their health centers. Payments will not be redirected for administrative or infrastructure payments.

Within the first quarter following the end of the reporting period, the State will issue incentive payments to the health centers. Incentive payments will be calculated based on the data received and the approved methodology.

Program Quality

In addition to these clinical measures, the State and SLRHC will continue to monitor the performance of the Safety Net Pilot Program to ensure it is providing access to quality health care for the populations it serves.

Representatives from the provider organizations meet monthly to evaluate clinical, consumer and financial issues related to the program. SLRHC is monitoring appointment wait times and conducting surveys with referring physicians on a quarterly basis. SLRHC also is conducting surveys with participants at least semi-annually.

The most recent results from these surveys are reviewed in the sections below.

SECTION VI: Compliance with the Budget Neutrality Cap

To date, there have been no issues maintaining budget neutrality during the Gateway Demonstration. The State works closely with CMS to complete the budget neutrality reports and to monitor the program's budget compliance.

See Appendix IV for a completed budget neutrality worksheet.

SECTION VII: Interim Evaluation Findings

This section provides a narrative summary of the evaluation design, status (including evaluation activities and findings to date), and plans for evaluation activities during the extension period. The section reports on hypotheses being tested and preliminary evaluation results.

Evaluation Design Summary

The Gateway to Better Health Demonstration Project includes the following main objectives:

I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA);

II. Connect the uninsured and Medicaid populations 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;

IV. Have the affiliation partners provide health care services to an additional 2 percent of uninsured individuals over the current service levels by July 1, 2012; and

V. Transition the affiliation partner community to a coverage model, as opposed to a direct payment model, by July 1, 2012.

Objectives IV and V are not relevant to the extension period. However, results from all five objectives will be reported in the evaluation.

From July 1, 2012, when the pilot coverage model went into effect, through December 31, 2013, the Demonstration: (1) provided primary, urgent, and specialty care coverage to uninsured[2] adults in St. Louis City and St. Louis County, aged 19-64, who are below 133% of the Federal Poverty Level (FPL) through a coverage model known as Gateway to Better Health Blue; and (2) provided individuals otherwise meeting the same requirements but with income up to 200% of the FPL with urgent and specialty care services, excluding the primary care benefit, through a coverage model known as Gateway to Better Health Silver.

On September 27, 2013, CMS approved a one-year extension of the Gateway Demonstration program until December 31, 2014, or until Missouri's Medicaid eligibility is expanded to include the waiver population. As of January 1, 2014, the coverage model provides primary, urgent and specialty care coverage to one population: uninsured adults, aged 19-64, in St. Louis City and St. Louis County with incomes up to 100% FPL. Individuals with incomes between 100% and 200% FPL were not eligible for Gateway coverage as of January 1, 2014. On July 16, 2014, CMS approved an additional one-year extension of the Gateway Demonstration program for individuals up to 100% FPL until December, 31, 2015, or until Missouri's Medicaid eligibility is expanded to include the waiver population.

[2] To be considered to be "uninsured" applicants must not be eligible for coverage through the Medicaid State Plan. Screening for Medicaid eligibility is the first step of the Gateway to Better Health eligibility determination.

Determination of Evaluator

In cooperation with MO HealthNet staff, SLRHC selected Mercer Government Human Services Consulting (formerly known as Alicia Smith & Associates) to perform the evaluation of the Gateway to Better Health Demonstration Project. This resource was selected because of the team's experience with

- Conducting evaluations of 1115 demonstration projects and other similar federal programs;
- Urban safety net health care provider organizations and their required federal reporting;
- Programs designed to increase access to primary and specialty care among the uninsured; and
- Medicaid programs around the country and specific experience in Missouri.

Populations Evaluated

The Demonstration project is designed to maintain and increase access to primary and specialty care for the uninsured in St. Louis City and County. As a result, the evaluation will focus on uninsured patients who are served by the health care safety net in St. Louis. The evaluation will examine clinical activities for the following population groups, as defined in the amended Special Terms and Conditions:

Original Demonstration Period

Original Demonstration Period Populations

Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	Uninsured individuals, ages 19-64 years, residing in St. Louis City or St. Louis County, with family incomes between 0 and 133 percent of the Federal poverty level (FPL) who do not meet eligibility requirements of the Medicaid State Plan and eligible to receive care through a designated primary care provider under the Demonstration and/or are referred to ConnectCare for specialty care.
Population 2: Uninsured individuals receiving only Specialty Care through the Demonstration	Uninsured individuals, ages 19-64, residing in St. Louis City or St. Louis County, with family incomes between 0 and 133 percent of the FPL who do not meet eligibility requirements of the Medicaid State Plan who have been referred to ConnectCare for specialty care, and are not enrolled for primary care benefits by a primary care provider under the Demonstration. (through December 31, 2013)
Population 3: Uninsured individuals receiving only Specialty Care through this Demonstration	Uninsured individuals, ages 19-64, residing in St. Louis City or St. Louis County, with family incomes between 134 and 200 percent of the FPL who do not meet eligibility requirements of the Medicaid State Plan who have been referred to ConnectCare for specialty care, and are not enrolled for primary care benefits from a designated primary care provider under the Demonstration. (through December 31, 2013)

Extension Period

For the extension period, the evaluation will focus on Demonstration Population 1, as defined by the STCs and limited to uninsured adults, aged 19-64, in St. Louis City and St. Louis County with incomes up to 100% FPL.

Isolation of Outcomes

Because the program serves uninsured patients of a select provider network within St. Louis City and St. Louis County, the program will be able to track outcomes for safety net delivery systems, provider organizations and patients. The patients targeted by this program have very little access to health care services beyond those available from the provider organizations who are members of the St. Louis Integrated Health Network. This fact makes it easier to isolate the outcomes of this program. Furthermore, the "coverage model" provides utilization data and quality metrics for the three populations enrolled in the Pilot Program beginning July 1, 2012, enabling the project team to isolate outcomes to the targeted populations. Performance and health indicator outcomes will be compared with the average of other community health centers in the State.

Approach to Demonstration Project Evaluation

The following table summarizes the key questions and areas of analysis by Demonstration objective. Interim evaluation findings are provided later in this report section.

Demonstration Questions and Areas of Analysis by Objective

Demonstration Objective	Key Questions	Key Measures/Data Sources	Analysis
I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA).	Were primary health care services maintained in the neighborhoods where they existed at the beginning of the demonstration project (July 2010)? Did St. Louis City and St. Louis County uninsured individuals maintain access to specialty care services at a level provided at the beginning of the demonstration project? Did the types of services available (i.e. nutrition education, lab tests, radiology) in July 2010 remain available until December 31, 2013?	Health center locations and hours of operation. Primary care encounters by payor and by service line at Gateway primary care organizations on an annual basis. Specialty care, urgent care and diagnostic services encounters by payor and by service line at St. Louis ConnectCare on an annual basis (as applicable). Specialty care encounters provided by Gateway specialty care providers. Services available at other Gateway provider organizations on an annual basis.	Description of changes in service and impact of changes on the patient community.

Demonstration Objective	Key Questions	Key Measures/Data Sources	Analysis
II. Connect the uninsured and Medicaid populations to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement.	How many uninsured and how many Medicaid patients had a medical home at Gateway primary care organizations each year of the Demonstration project? How many new patients were established at primary care homes as a result of outreach of the Community Referral Coordinators (CRC)? (Through 2013)	Number of primary care patients seen by Gateway providers who are uninsured or covered by Medicaid. Number of patients referred by Community Referral Coordinators at area hospitals by payor, race/ethnicity and age. (Through 2013) Show rates for referrals from Community Referral Coordinators by payor, race/ethnicity and age. (Through 2013) Number of new patients established at a primary care home through the Community Referral Coordinator Program by organization, payor, race/ethnicity and age. (Through 2013)	Description of trends in connecting uninsured and Medicaid populations to a primary care home.
III. Maintain and enhance quality service delivery strategies to reduce health disparities.	By race and ethnicity, how many and what percentage of patients with hypertension have controlled blood pressure? By race and ethnicity, percentage of patients with Type I or Type II diabetes with Hba1c < 9%. In response to CMS comments, the MPCA is currently evaluating its ability to provide income, age, gender, and race/ethnicity data for each of the proposed health indicators in Appendix I. Further testing will be required to confirm the MPCA's ability to report this information. Updates will be provided in future reports to CMS.	UDS quality measures for each year of the demonstration project from participating organizations.	Description of trends presented in UDS data, including how that data compares to state and national averages for other community health centers.

Demonstration Objective	Key Questions	Key Measures/Data Sources	Analysis
IV. Have the affiliation partners provide health care services to an additional 2 percent of uninsured individuals over the current services levels by July 1, 2012.	How many primary care, specialty care and urgent care visits by site did the Affiliation Partners provide to the uninsured each year of the first two years of the demonstration project? How many uninsured patients (unique individuals) by site did the Affiliation Partners provide services to each year of the first two years of the demonstration?	Survey data and UDS data on users and encounters from the Affiliation Partners. Beginning July 1, 2012, annual uninsured users and encounters at each of the Gateway primary care provider organizations.	Description of trends presented by encounter data.
V. Transition the affiliation partner community to a coverage model, as opposed to a direct payment model, by July 1, 2012.	Did a coverage model become available for uninsured parents and other adults, aged 19-64, who are not otherwise eligible for Medicaid or Medicare who reside in St. Louis City or St. Louis County as of July 1, 2012? Were patients enrolled and provider organizations contracted to provide services under the coverage model as of July 1, 2012?	Number of applications received and patients enrolled as of July 1, 2012. Number of patients enrolled as of July 1, 2013. Enrollment targets established by Pilot Plan. Number and types of provider organizations contracted to provide services.	Review the effectiveness of the Pilot Plan development process and implementation to determine what went smoothly and what could have been improved. Were there challenges that were not foreseen by the Pilot Plan? Discussion with key stakeholders as to "lessons learned" from the transition to a coverage model.
i. Achieve financial sustainability of the St. Louis Regional Health Commission	As of December 31, 2013, did the St. Louis Regional Health Commission identify its priorities and the required funding to accomplish those priorities?	Identification of priorities for the St. Louis Regional Health Commission and necessary funding by July 1, 2013. Approval of 2014 priorities and budget for the St. Louis Regional Health Commission by its board at its December 2013 meeting.	Explanation of the priorities of the St. Louis Regional Health Commission after December 31, 2013.

Demonstration Objective	Key Questions	Key Measures/Data Sources	Analysis
ii. Achieve financial sustainability of the CRC program	Did the CRC identify funding for continued operations after December 31, 2013? Did the CRC program conduct an analysis of the effectiveness of its program in order to identify funding sources (using measures from Objective III)?	Identify funding sources for continued operations by July 1, 2013. Approval of 2014 CRC budget at August 2013 IHN board meeting.	Explanation of the case made and the value provided by the CRC program for the organization(s) that provide funding to secure continued operations.
iii. Achieve financial sustainability of the Affiliation Partners (St. Louis ConnectCare, Myrtle Hilliard Davis Comprehensive Health Centers, Grace Hill Health Centers)	Did the Affiliation Partners achieve financial sustainability? The revised Standard Terms and Conditions defines financial sustainability as "the provider continuing operations and providing quality services to the safety-net community absent funding from an 1115 demonstration." Were there any changes in operations/patient services due to the change in funding streams and the new payment methodology?	Breakeven or positive financial position in the year following the end of the Demonstration for each of the Affiliation Partners.	Description of changes in the Affiliation Partners operations/patient services as a result of the coverage model. Review of affiliation partner sustainability plans.

In addition to the stated objectives of the demonstration project, CMS' special terms and conditions specify that the draft evaluation design shall address the evaluation questions and topics listed below. Interim evaluation findings for these questions and topics are provided later in this report section.

I. To what extent, has the State met the milestones listed in section XII?

The evaluation will document the State's progress in completing milestones as specified by CMS.

II. How successful have the FQHCs and ConnectCare been at developing a business model that is based on receiving reimbursement through a claims-based system rather than receiving direct payments to the facilities?

As addressed in the description of Objective V, the following information will be tracked:

- Whether or not the FQHCs and Connectcare break even or achieve a positive financial position in the fiscal year following the completion of the Demonstration.

This information will provide insights about the financial sustainability of the FQHCs and ConnectCare absent receiving direct payments via the 1115 Demonstration.

III. How has access to care improved for low-income individuals?

As addressed in the description of Objective I, the following information will be tracked throughout the demonstration:

- Health center locations and hours of operation;
- Primary care encounters by payor and by service line at Gateway primary care organizations;
- Specialty care, urgent care, and diagnostic services encounters by payor and by service line at St. Louis ConnectCare on an annual basis (as applicable);
- Specialty care encounters by payor and by service line at medical schools, hospitals, and community specialist providers;
- Services available at Affiliation Partner sites and other primary care organizations on an annual basis.

This information will provide insights about where and what services have been maintained or enhanced throughout the Demonstration Project.

IV. How successful is the Demonstration in expanding coverage to the region's uninsured by 2 percent each year?

As addressed in the description of Objective IV, the following information will be tracked throughout the Demonstration through July 1, 2012:

- Primary care, specialty care, and urgent care encounters among the uninsured at FQHCs and ConnectCare (as applicable); and
- Uninsured patients receiving services at FQHCs and ConnectCare during the first two years of the Demonstration.

Due to recent Medicaid enrollment efforts among safety net providers in the St. Louis region, as well as eligibility screening for Gateway to Better Health, monitoring the number of encounters and unique patients served among the Medicaid population will also be an important factor in determining the success of expanding coverage to the region's uninsured.

Coinciding with the time period of the Demonstration, providers outreach efforts to enroll eligible patients into Medicaid programs. In addition, the first step in the Gateway to Better Health enrollment process is eligibility screening for MO HealthNet programs. Screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more the 30,000 individuals in MO HealthNet programs.

V. To what extent has the Demonstration improved the health status of the population served in the Demonstration?

Health status of the population will be tracked through the annual analysis of certain measures, which are reported on annual UDS reports or are HITECH Meaningful Use measures. In addition, the Incentive Payment Protocol (originally submitted to CMS on August 16, 2012, and subsequently amended on April 24, 2014, and August 11, 2014, and discussed in item VI below) aligns health status measures with the provider payment methodologies to provide further incentives for the delivery of quality healthcare services for the duration of the pilot program. For a complete list of proposed quality measures, see Appendix I.

VI. Describe provider incentives and activities.

Beginning July 1, 2012, with the implementation of the pilot program, the project team instituted new provider incentives and activities. The Incentive Payment Protocol (provided as Appendix II) was submitted to CMS on August 16, 2012, and subsequently amended on April 24, 2014, and August 11, 2014.

The Incentive Payment Protocol requires 7% of provider funding to be withheld from the Gateway providers. The 7% withheld is tracked on a monthly basis. The St. Louis Regional Health Commission is responsible for monitoring the organizations' performance against the pay-for-performance metrics in the Incentive Payment Protocol. Effective January 1, 2014, the Incentive Payment Protocol is only applicable to primary care organizations.

The fourth pay-for-performance reporting period ended on June 30, 2014. The complete results are provided in Appendix III. The evaluation will provide an analysis of provider performance against the performance incentive criteria and discuss provider payments. The evaluation will also compare outcomes with data from health centers statewide as described in Item VII below.

VII. Determine if performance incentives have impact on population metrics with a comparison of Gateway providers to other community health centers in the State. Include comparable FQHC population/providers to compare effectiveness of provider payment incentives.

As described in item VI above, the St. Louis Regional Health Commission will be responsible for monitoring the health centers' performance against the pay-for-performance metrics in the Incentive Payment Protocol. The Incentive Payment Protocol is provided as Appendix II.

The evaluation will also provide an analysis of provider performance outcomes as compared to statewide health center performance data for the following UDS measures:

- Percentage of patients aged 18 and over who were queried about any and all forms of tobacco use at least once within 24 months;
- Proportion of patients born between January 1, 1927, and December 31, 1993, with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading;

- Proportion of adult patients born between January 1, 1937, and December 31, 1993, with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year.

VIII. Provide financial analysis of the Legacy and ConnectCare providers for the pre- and post-coverage phase of the Demonstration.

The work to transition the St. Louis community to a coverage model is integrated with other efforts of the health centers that will help them prepare for the changes that will or are expected to occur as a result of the Affordable Care Act. The evaluation will provide an analysis of provider finances under direct provider payments and under the coverage model implemented on July 1, 2012. An analysis of provider sustainability plans will be provided, assessing provider efforts in transitioning to the new payment methodology.

The evaluation will also address relevant questions outlined in the Interim Transition Plan submitted to CMS on June 27, 2012. Key areas of analysis will include:

- What are the projected provider payment rates and covered services post-Demonstration?
    - How will these changes impact provider financial projections?
- What will be the role of the Medicaid managed care plans in ensuring access to the patient populations previously served by these providers under the Demonstration?
- How have the individual provider sustainability plans changed since initial submission to CMS?
- Health center patient population –
    - How many St. Louis residents will become eligible for Medicaid and where will they access services?
    - What proportion of the current health center patients will become eligible for Medicaid or for any other health insurance options that may be available?

IX. Analyze the cost of care and access to services at the Legacy FQHC providers, comparing the first 18 months of the Demonstration when the providers received direct payments to the last 18 months of the Demonstration when the providers were paid on a capitated basis with incentive payments.

As noted in the discussion of Demonstration objective I, the ability of services to remain available and accessible to patients will be a critical factor in evaluating the success of the Demonstration project. The project team will report on any change in health center locations, significant changes in service offerings, or significant changes in hours of operation, comparing the first two years of the Demonstration to the coverage model portion of the Demonstration. The cost-per-encounter under the direct payment model will be compared to the cost-per-encounter when providers were paid on a capitated basis.

Approach to Pilot Program Evaluation

The Pilot Program coverage model was implemented as planned on July 1, 2012. The evaluation will address the following objectives and hypotheses for the Pilot Program:

Pilot objectives

I. To provide a basic set of medical services for as many uninsured patients as possible

II. To provide a bridge to health care reform for the legacy clinics to help ensure financial sustainability

III. To place a particular emphasis on providing coverage to low-income individuals:

   a. who have chronic medical conditions such as diabetes, heart disease and hypertension

   b. who are aging out of Medicaid and link them to health care coverage

IV. To decrease the use of community emergency departments for non-emergent visits

Pilot hypotheses

I. By preserving health care services at the legacy clinics, services will be maintained in the urban core where the greatest health disparities exist, enabling low-income patients to receive preventive, specialty and primary care under the coverage model.

II. Uninsured patients who receive coverage under the pilot program will use community emergency departments for non-emergent visits at a lower rate than other uninsured patients.

III. The prevalence of preventable hospitalizations, hospital re-admissions and ED utilization will be reduced among patients with chronic medical conditions.

IV. For those patients aging out of Medicaid who need a coverage option, the pilot project provides a transition to coverage available under the Affordable Care Act, providing an effective bridge for these patients.

The following information will be collected and analyzed:

Enrollment

- By zip code
- By age, sex, race, ethnicity
- Length of time without insurance prior to enrollment (for a sample of patients)

Financial

- Number of patients enrolled by organization by month
- Provider revenue data by each Federal fiscal year

- Pay for performance withholds and payments

Utilization

- Primary care encounters by site
- Specialty care encounters and referrals
- Number of patients with chronic conditions (i.e. diabetes Type I and II; hypertension; asthma; COPD and congestive heart failure)
- Urgent care encounters
- Emergency department encounters (through December 31, 2013)
- Inpatient professional fees associated with inpatient stays

Quality

- Ease of access (wait times for appointments)
- Patient satisfaction
- Primary care provider satisfaction
- UDS and other measures relevant to patient population*

Outcomes

- Enrollment in wellness initiatives (smoking cessation; diabetic nutrition counseling)
- Percentage who transition to coverage as of January 1, 2014

**For a complete list of proposed quality measures, see Appendix II.*

Methodology

Most of this information will be gathered in the enrollment process, through the claims data, in the UDS data reported annually by federally qualified health centers, MO HealthNet data, and through the annual reporting of the safety net provider organizations, including St. Louis ConnectCare, to the St. Louis Regional Health Commission.

Patient satisfaction will be measured through semi-annual surveys. Referring physician satisfaction will be tracked through quarterly surveys.

Evaluation Activities

Evaluation activities to date include the following:

- Collection and reporting of baseline data for all Demonstration objectives for 2009, 2010, 2011, 2012, and 2013 as applicable
- Collection and reporting of proposed health indicator data baselines (see Appendix I)
- Analysis of interim progress in meeting Demonstration objectives comparing 2009, 2010, 2011, 2012 and 2013 data, as provided in this report section
- Analysis and reporting of enrollment data for the eighteen months of the Pilot Program (7/01/12-12/31/13) and the first nine months of the extension period (1/1/14-9/30/14), as provided in this report section.
- Analysis and reporting of financial data for the Demonstration (07/01/2012 – 9/30/2014) as provided in this report section.
- Analysis and reporting of claims-based utilization data for the Demonstration (07/01/2012–9/30/2014) as provided in this report section.
- Analysis and reporting of preliminary quality data for the Demonstration (07/01/2012–9/30/2014) as provided in this report section.

Data collection and analysis will continue throughout the Demonstration project. Additional interim evaluation findings will be provided in future reports as detailed in the STCs.

Interim Evaluation Findings for Demonstration Objectives

Based on data gathered to date, all Demonstration objectives have been met or significant progress can be demonstrated. Provided below are interim evaluation findings for each Demonstration objective. Unless otherwise noted, findings are based on reported data through calendar year 2013.

The Demonstration objectives are as follows:

I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA)

II. Connect the uninsured and Medicaid populations to 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.

IV. Have the affiliation partner providers provide health care services to an additional 2 percent of uninsured individuals over the current service levels by July 1, 2012.

V. Transition the affiliation partner community to a coverage model, as opposed to a direct payment model, by July 1, 2012.

Objective I: Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA)

The funding provided by the Gateway to Better Health Demonstration Project is critical to maintaining access to primary and specialty care services for the uninsured in the St. Louis region, particularly for those who live in the urban core where few options exist for health care services.

Key questions for this demonstration objective include:

- Were primary health care services maintained in the neighborhoods where they existed at the beginning of the Demonstration project (July 2010)?
- Did St. Louis City and St. Louis County uninsured individuals maintain access to specialty care services at a level provided at the beginning of the demonstration project?
- Did the types of services available (i.e., nutrition education, lab tests, radiology) in July 2010 remain available until December 31, 2013?

Findings to Date

The Demonstration has met Objective I, as evidenced by:

A. The St. Louis safety net providers funded by Gateway were able to increase primary care encounters for all uninsured and Medicaid patients at their locations by 3.8% during the pilot coverage model.

B. Primary care health centers have maintained or expanded hours of operation and have maintained their locations throughout the demonstration.

C. Primary care services were maintained at Gateway providers through 2013.

D. Access to specialty care has increased 6% throughout the demonstration.

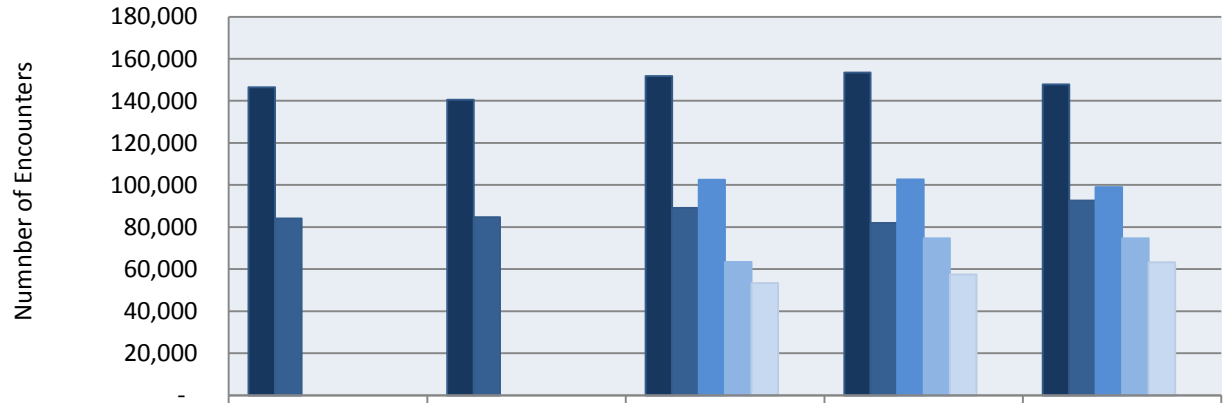
E. Access to urgent care locations for the safety-net population has been expanded throughout the demonstration.

Each of these findings is reviewed in detail below:

A. The St. Louis safety net providers funded by Gateway were able to increase primary care encounters for all uninsured and Medicaid patients at their locations by 3.8% during the pilot coverage model.

Uninsured and Medicaid primary care encounters at primary care affiliation sites increased (+4.4%) from 230,540 in 2009 (baseline) to 240,779 in 2011 (the year before the coverage model was implemented). Additional safety net providers funded by Gateway were added to the primary care network of the coverage model in 2012. Uninsured and Medicaid encounters at Gateway primary care providers increased (+3.8%) from 459,992 in 2011 (coverage model baseline) to 477,321 in 2013.

Uninsured and Medicaid Encounters Provided by Gateway Primary Care Providers, 2009-2013



	2009	2010	2011	2012	2013
Grace Hill	146,425	140,468	151,726	153,413	147,794
Myrtle Hilliard Davis	84,115	84,684	89,053	81,899	92,622
BJK People's	-	-	102,479	102,697	99,032
St. Louis County	-	-	63,381	74,618	74,586
Family Care	-	-	53,353	57,503	63,287
Total	230,540	225,152	459,992	470,130	477,321

B. Primary care providers have maintained or expanded hours of operation, and have maintained their locations throughout the demonstration.

Primary care providers' locations and hours of operation were maintained in the neighborhoods where they were located in from 2009 through 2013. As of February 2014, Grace Hill's Soulard-Benton site and Myrtle Hilliard Davis Comprehensive Health Centers' Comp I site have expanded their hours to provide urgent care services seven days a week.

Hours of Operation at Gateway Primary Provider Locations

Partner Site	***2013***	***2012***	***2011***	***2010***	***2009***
Grace Hill Health Centers					
Murphy-O'Fallon	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm;	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M,T,TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm
Soulard-Benton	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-9am-1pm Urgent Care: M, T, W, TH, F 9am – 7pm; Sa-9a-5pm; Su-9am-1pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm
Water Tower	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm;	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	NA	NA
Grace Hill South	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm;	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	NA	NA
BJC Behavioral Health	M-8:30am-4:30pm	M-F-8:30am-5pm	M-F-8:30am-5pm	NA	NA
St. Patrick	NA	M-F-8am-4:30pm	M-F-8am-4:30pm	NA	NA
Myrtle Hilliard Davis Comprehensive Health Centers					
Homer G. Phillips	M, T, W, TH, F-8am-5pm	M, T, W, F-8am-5pm; Th-8am-8pm	M, T, W, F-8am-5pm; Th-8am-8pm	M, T, W, F - 8am-5pm; TH- 8am-8pm	M, T, W, F - 8:00am-5:00pm; TH-8am-8pm
Florence Hill	M, T, W, TH, F-8am-5pm	M-8am-8pm; T, W, Th, F-8am-5pm	M-8am-8pm; T, W, Th, F-8am-5pm	M-8am-8pm; T, W, TH, F- 8am-5pm	M-8am-8pm, T, W, TH, F- 8am-5pm
Comp I	M, T, W, TH, F-8am-5pm; Sa 10am-2pm Urgent Care: M, T, W, TH, F- 10a-7pm; Sa- 9am-5pm; Su-1pm-5pm	M, T, Th, F-8am-5pm; W-8am-8pm	M, T, Th, F-8am-5pm; W-8am-8pm	NA	NA
BJK People's Health Centers					
Central	M, W, TH, F-8am-5:30pm; T-8am-8:30pm	M-F-8:30am-5:30pm; Sa (When Scheduled)	M-F-8:30am-5:30pm; Sa (When Scheduled)	NA	NA

Partner Site	*2013*	*2012*	*2011*	*2010*	*2009*
North	M, T, TH, F-8am-5:30pm; W-9am-8:30pm	M, T, Th, F-8:30am-5:30pm; W-11:30am-8:30pm; Sa (When Scheduled)	M, T, Th, F-8:30am-5:30pm; W-11:30am-8:30pm; Sa (When Scheduled)	NA	NA
West	M, T, W, F-8am-5:30pm; TH-11am-8pm	M, T, W, F-8:30am-5:30pm; Th-11:30am-8:30pm; Sa (When Scheduled)	M, T, W, F-8:30am-5:30pm; Th-11:30am-8:30pm; Sa (When Scheduled)	NA	NA
Family Care Health Centers					
Carondelet	M, W, F- 8am-5pm; T, TH- 8am-8pm; Sa- 8am-1pm	M, W, F-8am-4:30pm; T, Th-8am-8pm; Sa-8am-1pm	M, W, F-8am-4:30pm; T, Th-8am-8pm; Sa-8am-1pm	NA	NA
Forest Park	M, W, TH, F-8:30am-5pm; T-8:30am-7pm; Sa-9am-1pm	M, W, Th, F-8am-4:30pm; T-8am-7pm; Sa-9am-2pm	M, W, Th, F-8am-4:30pm; T-8am-7pm; Sa-9am-2pm	NA	NA
St. Louis County Health Centers					
North Central		M, T, F-8am-5pm; W, Th-8am-9pm	M, T, F-8am-5pm; W, Th-8am-9pm	NA	NA
South County		M, T-8am-9pm; W, Th, F-8am-5pm	M, T-8am-9pm; W, Th, F-8am-5pm	NA	NA

C. Primary care services were maintained at Gateway providers sites through 2013.

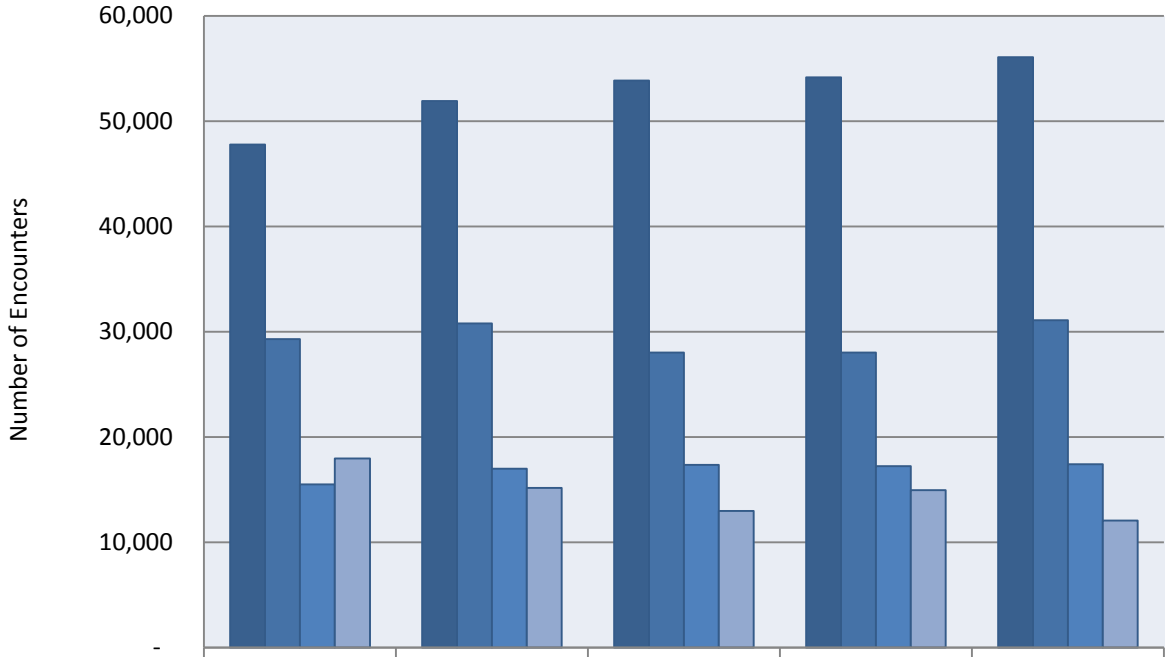
Primary care services at the Gateway primary care sites have been maintained from 2009 to 2013, ensuring patients in areas of highest need maintained access to the breadth of services available from community health centers.

Primary Care Sites	***2013***	***2012***	***2011***	***2010***	***2009***
Grace Hill Health Centers	No change	No change	No change	No change	Primary medical care, dental care, mental health services, substance abuse services, podiatry, optometry, nutrition, and enabling services (case management of pregnant women and patient education), children's behavioral Health services, pharmacy, nutrition, Women Infants and Children (WIC), community health homeless services, prenatal classes/centering pregnancy, chronic disease management, referral to specialty care.
Myrtle Hilliard Davis Comprehensive Health Centers	Added: health insurance coverage enrollment assistance.	No change	No change	No change	Primary medical care, podiatry, ophthalmology, dental care, nutrition and enabling services (Community outreach services, community and patient health education (diabetes, cardiovascular, asthma and cancer), case management (for pregnant women), social services, referral for specialty services, eligibility assistance services and HIV counseling. Ancillary services include radiology, pharmacy and CLIA certified clinical laboratory services.

Primary Care Sites	*2013*	*2012*	*2011*	*2010*	*2009*
Family Care Health Centers	No change	No change	Primary medical care, podiatry, ophthalmology, dental care, behavioral health, nutrition, pharmacy, laboratory services, and enabling services (Community outreach services, community and patient health education), case management (for pregnant women), social services, assistance, referral for specialty services, and HIV counseling and testing.	N/A	N/A
Betty Jean Kerr People's Health Centers	No change	No change	Primary medical care, podiatry, ophthalmology, dental care, behavioral health, nutrition, pharmacy, laboratory services, and enabling services (Community outreach services, community and patient health education, WIC services (lactation and nutrition), and HIV/AIDS counseling and testing.)	N/A	N/A
St. Louis County Department of Health	No change	No change	Urgent care, specialty care (cardiology, dermatology, endocrinology, general surgery, gastroenterology, urology, nephrology, neurology, gynecology (surgical), orthopedics, otolaryngology, pulmonary, rheumatology), diagnostic services (endoscopy and radiology), and STD clinic services.	N/A	N/A

D. Access to specialty care has increased by 6% throughout the Demonstration.

Uninsured and Medicaid Encounters by Gateway Specialty Care Providers, 2009-2013



	2009	2010	2011	2012	2013
Washington University - Adult	47,791	51,904	53,864	54,162	56,083
SLUCare	29,290	30,778	28,035	28,035	31,084
Barnes-Jewish	15,495	16,989	17,349	17,250	17,434
St. Louis ConnectCare	17,964	15,170	12,970	14,947	12,084
Total	110,540	114,841	112,218	114,394	116,685

The St. Louis safety net providers funded by Gateway were able to increase specialty care encounters for all uninsured and Medicaid patients at their locations by 6% during the Demonstration from 2009- 2013. Gateway specialty care providers provided 116,685 specialty care encounters to uninsured and Medicaid patients in 2013, compared to 110,540 in 2009, an increase of 6,145 encounters.

Specialty care encounters at St. Louis ConnectCare decreased 33% from 2009 to 2013.

As discussed previously in this document, due to financial constraints, St. Louis ConnectCare ceased all operation is late 2013. Gateway to Better Health has established a network of

specialty care providers, including medical schools, hospitals, and some community specialist providers to preserve the safety net of specialty health care services. Data showing the volume of specialty care encounters following the transfer of patients to new specialty care providers will be provided in future reports and the final evaluation.

From 2009 to 2013, St. Louis ConnectCare maintained the hours of operation and range of specialty and diagnostic services, as well as urgent care.

St. Louis Connect Care Hours of Operation, 2009-13

	2013	*2012*	*2011*	*2010*	*2009*
St. Louis ConnectCare*	M-F-8am-7pm; Sa/Su-8am- 5pm (Urgent Care and General X-ray); M-F- 8am-5pm (All other services)	M-F-8am-7pm; Sa/Su-8am- 5pm (Urgent Care and General X-ray); M-F- 8am-5pm (All other services)	M-F-8am-7pm; Sa/Su-8am- 5pm (Urgent Care and General X-ray); M-F- 8am-5pm (All other services)	M-F 8am-7pm; Sa/Su-8am- 5pm (Urgent Care and General X-ray); M-F-8am-5pm (All other services)	M-F 8am-7pm; Sa/Su-8am- 5pm (Urgent Care and General X-ray); M-F-8am-5pm (All other services)

St. Louis Connect Care Services, 2009-13

	2013	***2012***	***2011***	***2010***	***2009***
St. Louis ConnectCare	Urgent care, specialty care (cardiology, dermatology, endocrinology, general surgery, gastroenterology, urology, nephrology, neurology, gynecology (surgical), orthopedics, otolaryngology, pulmonary, rheumatology), diagnostic services (endoscopy and radiology), and STD clinic services.	Urgent care, specialty care (cardiology, dermatology, endocrinology, general surgery, gastroenterology, urology, nephrology, neurology, gynecology (surgical), orthopedics, otolaryngology, pulmonary, rheumatology), diagnostic services (endoscopy and radiology), and STD clinic services.	Urgent care, specialty care (cardiology, dermatology, endocrinology, general surgery, gastroenterology, urology, nephrology, neurology, gynecology (surgical), orthopedics, otolaryngology, pulmonary, rheumatology), diagnostic services (endoscopy and radiology), and STD clinic services.	Urgent care, specialty care (cardiology, dermatology, endocrinology, general surgery, gastroenterology, urology, nephrology, neurology, gynecology (surgical), orthopedics, otolaryngology, pulmonary, rheumatology), diagnostic services (endoscopy and radiology), and STD clinic services.	Urgent care, specialty care (cardiology, dermatology, endocrinology, general surgery, gastroenterology, urology, nephrology, neurology, gynecology (surgical), orthopedics, otolaryngology, pulmonary, rheumatology), diagnostic services (endoscopy and radiology), and STD clinic services.

E. Access to urgent care locations for the safety net population has been expanded throughout the demonstration

St. Louis ConnectCare was the only urgent care provider for the pilot program (July 1, 2012- October 31, 2013). As discussed previously, St. Louis ConnectCare ceased all operations, including the operation of its urgent care center, in late 2013 due to financial constraints. In order to identify a solution for urgent care services for Gateway patients, SLRHC analyzed St. Louis ConnectCare's urgent care utilization data for Gateway patients. Key findings from this analysis include:

- From October 2012 – September 2013, Gateway patients made approximately 5047 urgent care visits to St. Louis ConnectCare, averaging approximately 14 patients per day.

- The top 20 diagnoses for Gateway urgent care visits at ConnectCare were medical issues routinely managed in a primary care setting.

It was determined that primary care providers should provide urgent care services for their Gateway patients to ensure the coordination of care with the primary care provider. As a result, Myrtle Hilliard Davis and Grace Hill started offering urgent care services in 2014, and the other Gateway primary care providers contracted with an urgent care provider of their choice for their Gateway patients.

Early data indicates that urgent care service levels have been maintained. A detailed analysis of urgent care utilization will be provided in future reports.

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

The Community Referral Coordinator (CRC) Program, funded by the Demonstration Project through December 31, 2013, as well as the ongoing efforts of the Gateway providers, has positioned participating organizations to reach uninsured and Medicaid populations and enroll them in a primary care home.

The CRC Program uses Referral Coordinators to connect non-emergent, hospital patients with a primary care provider for follow-up and preventive care. The program is also focusing efforts on patients with chronic care needs to increase the utilization of preventive care services available in the community.

Key questions for this objective include:

- How many uninsured and how many Medicaid patients had a medical home at Gateway primary care organizations each year of the Demonstration project?
- How many new patients were established at primary care homes as a result of outreach of the Community Referral Coordinators?

Findings to Date:

The Demonstration has met Objective II, evidenced by:

A. Primary care providers that have received funding since the beginning of the Demonstration have increased the number of uninsured and Medicaid patients at their locations by 9.3%.

B. The Community Referral Coordinator Program consistently reported strong outcomes during the Demonstration, resulting in a total of more than 27,000 appointments scheduled from 2009 to 2013.

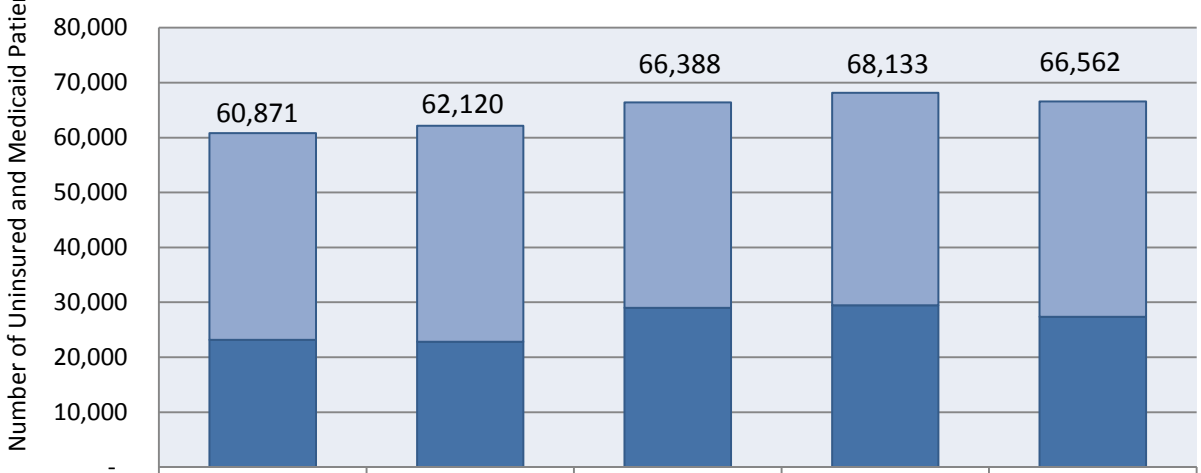
C. The CRC program improved its “show rate” for primary care appointments from 31 percent in 2009 to 39 percent in 2013.

Each of these findings is reviewed in detail below:

A. Primary care providers that have received funding since the beginning of the Demonstration have increased the number of uninsured and Medicaid patients at their locations by 9.3%.

The number of Medicaid and uninsured patients served by Grace Hill Health Centers and Myrtle Hilliard Davis Comprehensive Health Centers, increased by 5,691 individuals from 2009 to 2013.

Uninsured and Medicaid Primary Care Patients at Grace Hill and Myrtle Hilliard Davis, 2009-2012

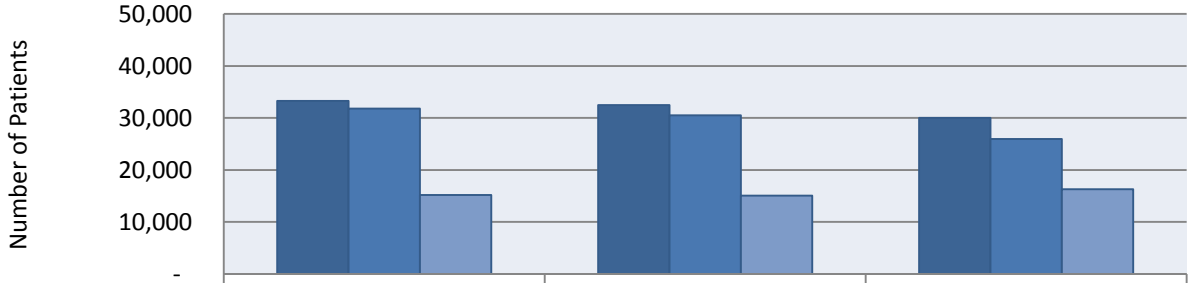


	2009	2010	2011	2012	2013
Uninsured	37,634	39,346	37,394	38,687	39,199
Medicaid	23,147	22,774	28,994	29,446	27,363

Of the other Gateway primary care organizations added to the program in 2011, two organizations experienced a decrease and one organization an increased in uninsured and Medicaid patients from 2011-2013 .

Gateway primary care providers served as a medical home to a total of 138,858 uninsured and Medicaid patients in 2013, compared to 146,635 in 2011, a decline of 5.3% (7,777 patients).

Uninsured and Medicaid Patients Served by Gateway Primary Care Providers, 2011-2013



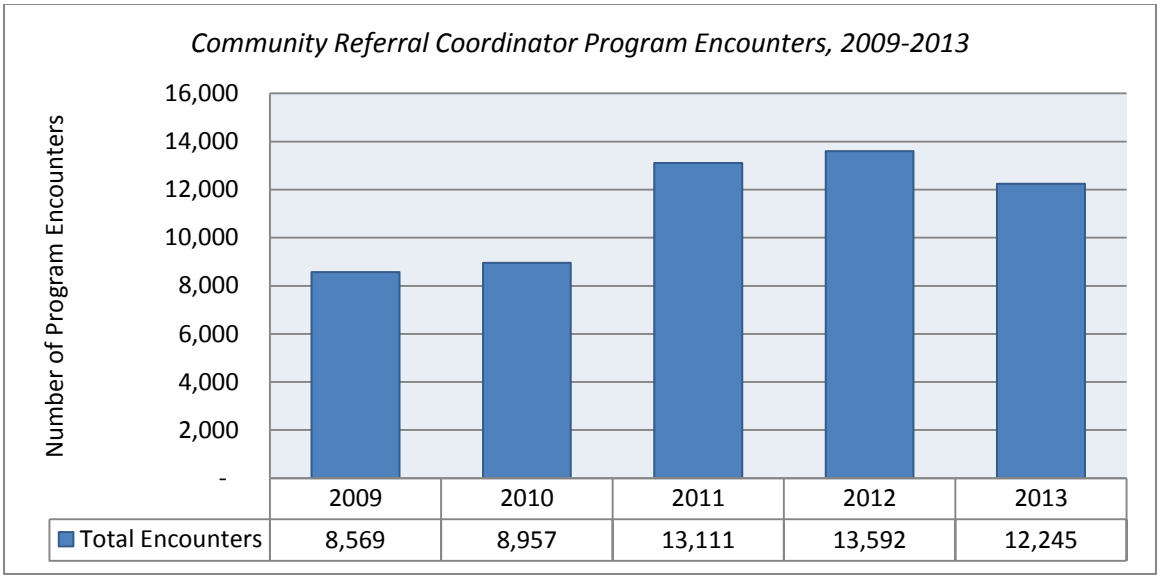
	2011	2012	2013
BJK People's	33,258	32,492	30,013
St. Louis County	31,822	30,486	25,979
Family Care	15,167	15,078	16,304
Total	80,247	78,056	72,296

In addition, nearly 39,000 unique individuals have been enrolled into Gateway since the implementation of the pilot program in July 2012. The Gateway primary care sites have also successfully enrolled nearly 30,000 individuals into MO HealthNet programs including:

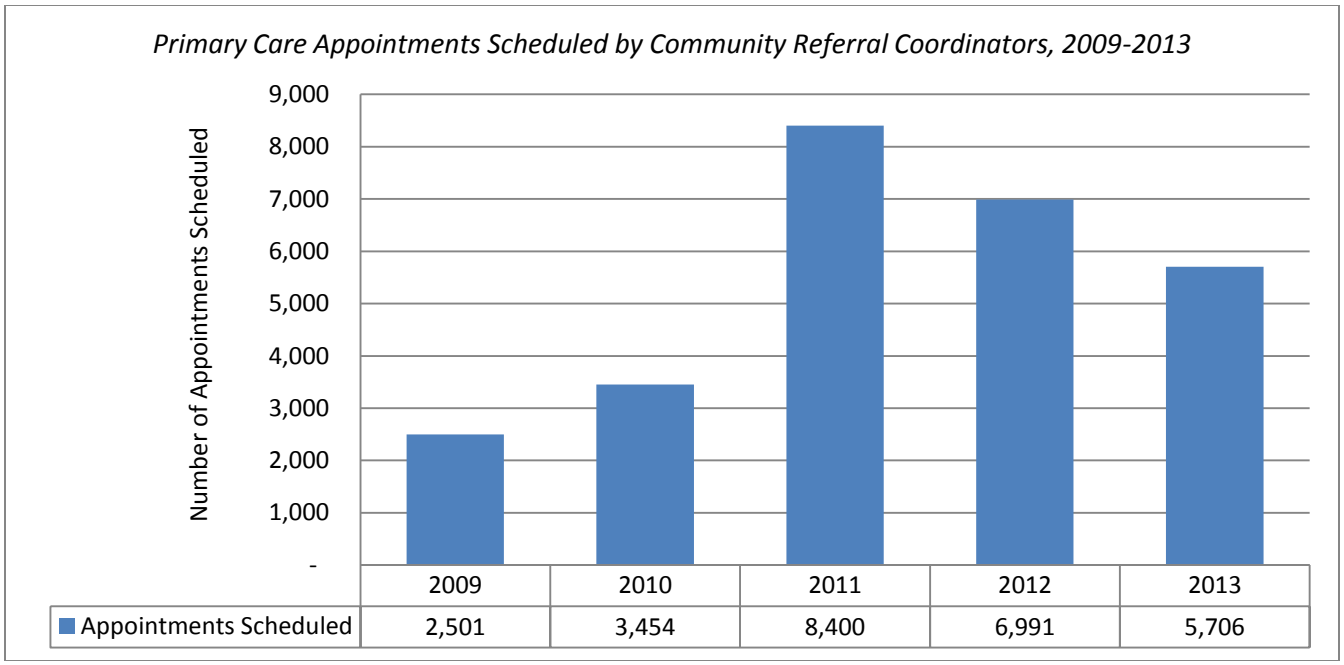
- 16,440 children (18 years or under) approved for MO HealthNet for Families or MO HealthNet for Kids
- 9,184 adults approved for Uninsured Women's Health Services
- 2,666 adults approved for MO HealthNet for the Aged, Blind or Disabled
- 2,441 adults approved for MO HealthNet for Families

B. The Community Referral Coordinator Program consistently reported strong outcomes during the Demonstration, resulting in a total of more than 56,000 patient encounters and 27,000 appointments scheduled from 2009 to 2013.

The CRC program increased annual encounters by 43% from 2009 to 2013. In 2013, the program provided 12,254 encounters, exceeding its 2013 Demonstration goal of 9,600 annual encounters.

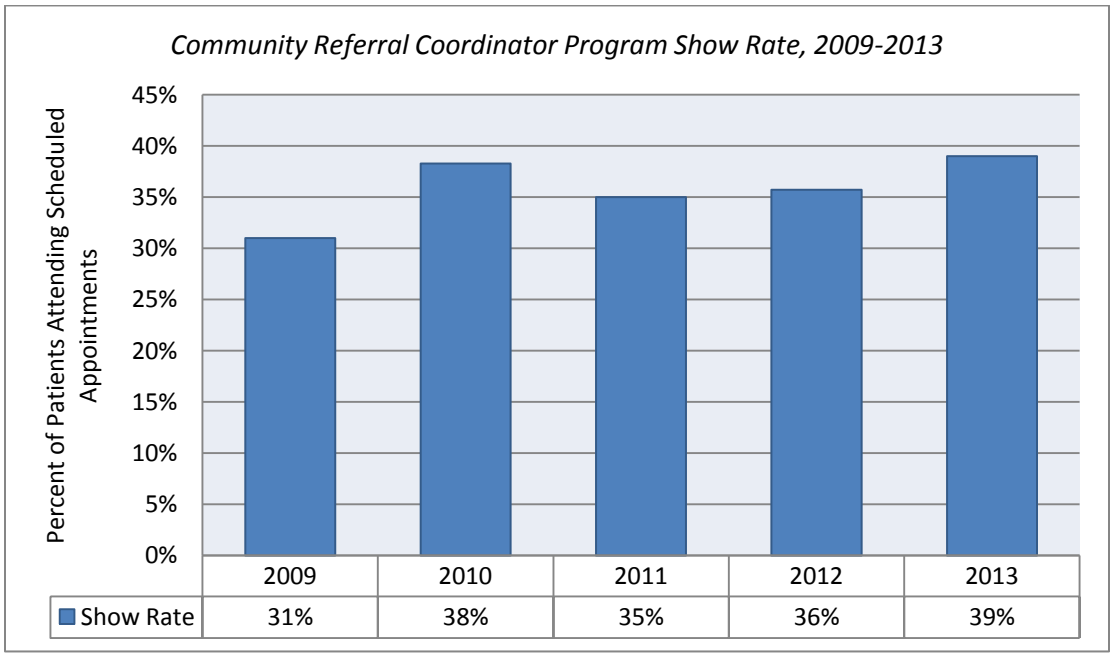


In 2013, the CRC program scheduled 5,706 primary care appointments, exceeding its 2013 Demonstration goal of 4,800 annual referrals.



C. The CRC program improved its "show rate" for primary care appointments from 31 percent in 2009 to 39 percent in 2013.

The 2013 "show rate" for primary care appointments scheduled through a Community Referral Coordinator was 39%, surpassing the 2013 Demonstration goal of a 35% show rate.



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

Key questions for this objective include:

- By race and ethnicity, how many and what percentage of patients with hypertension have controlled blood pressure?
- By race and ethnicity, what percentage of patients have Type I or Type II diabetes with Hgba1c <9%?

A complete list of quality measures is provided in Appendix I.

Findings to date:

The demonstration has met objective III, as evidenced by:

A. Successful enrollment of African-American patients, who report high satisfaction with the program.
B. Increasing quality of care as measured by the program's pay-for-performance measures.
C. A review of standard quality measures in UDS reports indicates that Gateway health centers on average perform on par (average difference -1.8%) with their peers across the state.

A. Successful enrollment of African-American patients, who report high satisfaction with the program.

The continuation of the funding for the St. Louis safety net of health care providers through this Demonstration helps ensure access to health care for those living in traditionally underserved communities. More than 74% of all members of the pilot coverage model are African-American, 18% are Caucasian, less than 1% are members of other races, and nearly 8% do not report their race. (Other races and ethnicities – reporting as one race -- make up 4.62% of individuals in St. Louis City and County.)

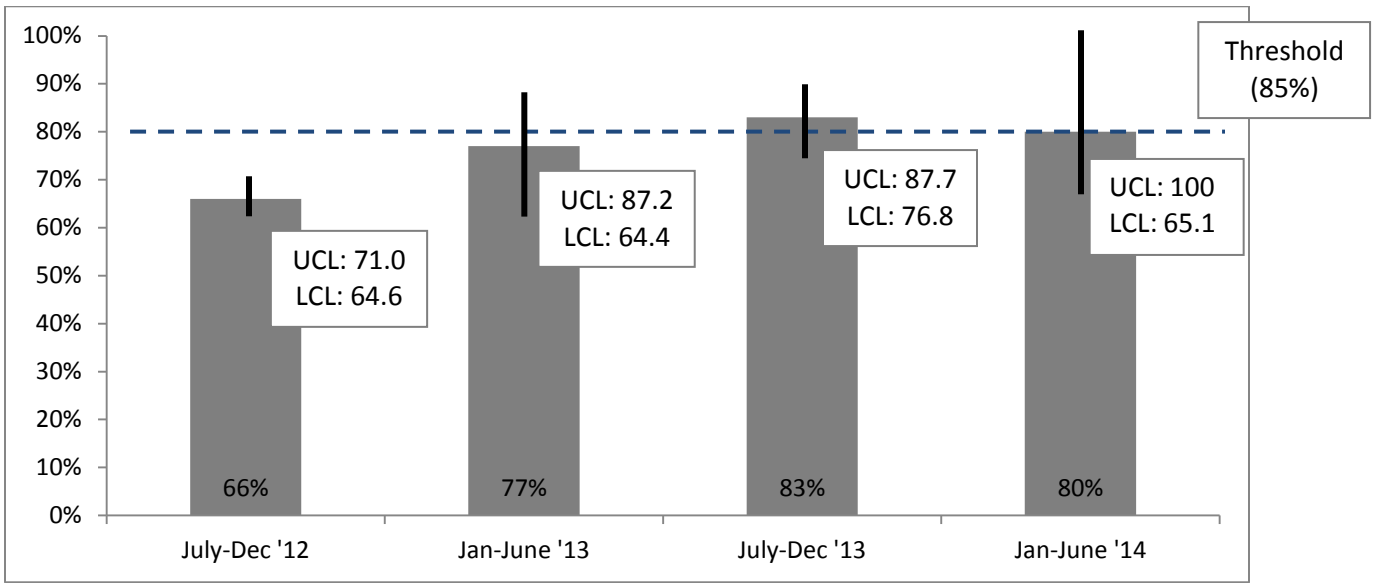
Recent patient surveys conducted by Princeton Survey Research Associates International (PSRAI) indicate that patients are receiving quality care. When looking at the survey results by race, African-Americans (76% of survey respondents) tend to be more satisfied than other enrollees with the care they have received from medical staff at health centers and specialty providers.

B. Increasing quality of care as measured by the program's pay-for-performance measures.

Quality of care as measured by the program's pay-for-performance measures, continues to improve. Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better.

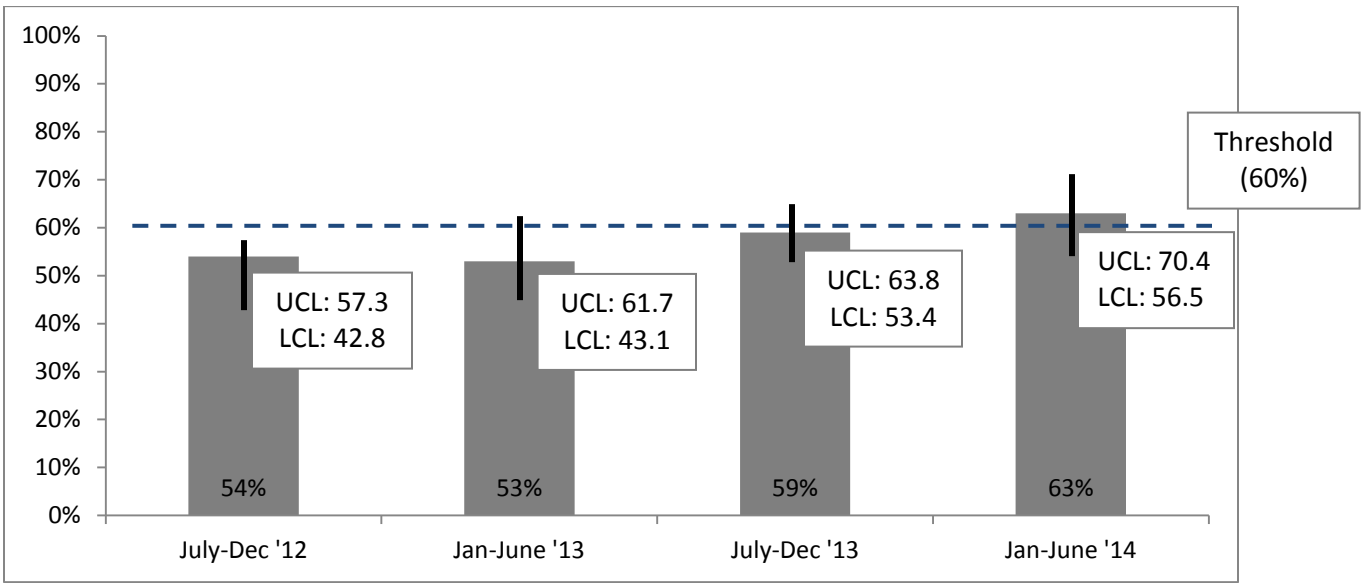
- Eighty percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within four months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.

Patients with Diabetes HgbA1c: HgbA1c testing performed within the first 4 months following the latter of either: a) initial enrollment, or b) initial diagnosis



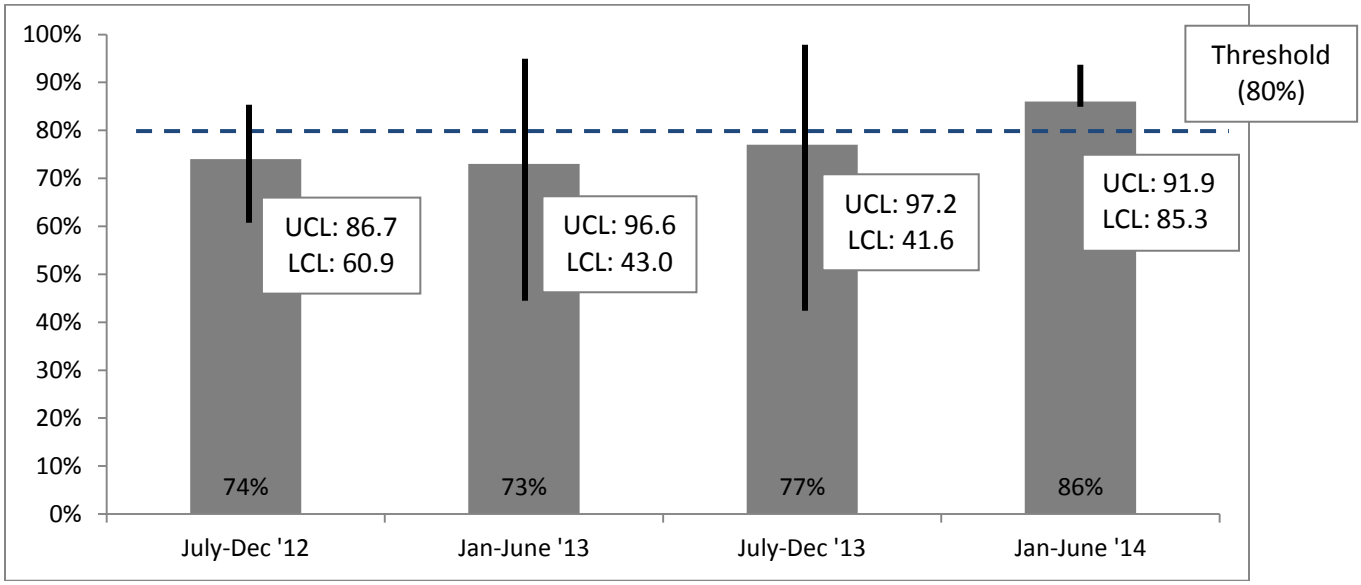
- More than 63% of patients with diabetes had an HgbA1c of less than 8% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.

Patients with Diabetes HgbA1c <8%: percentage of diabetics who have a HgbA1c <8% within six months following the latter of either: a) initial enrollment, or b) initial diagnosis



- More than 86% of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.

Patients with Chronic Disease (2 visit): 2 office visits within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis



C. A review of standard quality measures in UDS reports indicates that in 2013 Gateway health centers on average perform on par (average difference of -1.8%) with their peers across the state.

Quality Measure	2013		Difference
	Gateway CHCs	State	
Tobacco Use Assessment Percentage of patients aged 18 and over who were queried about any and all forms of tobacco use at least once within 24 months	76%	86%	-10%
Tobacco Cessation Intervention Percentage of patients aged 18 and over who were identified as users of any and all forms of tobacco during the program year or the prior year who received tobacco use intervention (cessation counseling and/or pharmacological intervention)	66%	60%	6%
Hypertension: Controlling High Blood Pressure Proportion of patients aged 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP)	54%	59%	-5%

was less than 140/90 (adequate control) at the time of the last reading			
Cervical Cancer Screening Percentage of women 24-64 years of age who received one or more Pap tests to screen for cervical cancer	49%	49%	--
Diabetes: HbA1c Control Proportion of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year. Results are reported in four categories: less than 7%; greater than or equal to 7% and less than 8%; greater than or equal to 8% and less than or equal to 9%; and greater than 9%	69%	71%	-2%
Adult Weight Screening and Follow-Up Percentage of patients aged 18 and over who had documentation of a calculated BMI during the most recent visit or within the 6 months prior to that visit	53%	53%	--

Objective IV: Have the affiliation partner providers provided health care services to an additional 2 percent of uninsured individuals over the current service levels by July 1, 2012.

Key questions for this objective include:

- How many primary care, specialty care and urgent care visits by site did the Affiliation Partners provide to the uninsured each year of the first two years of the Demonstration project?
- How many uninsured patients by site did the Affiliation Partners care for each year of the first two years of the demonstration?

Findings to Date:

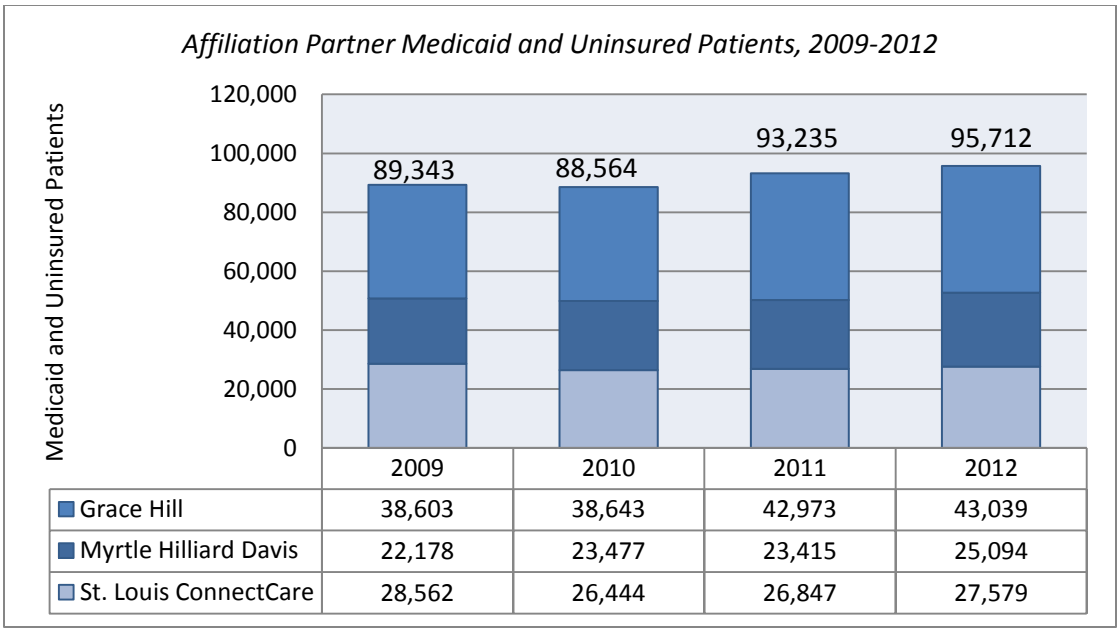
The Demonstration has met Objective IV, as evidenced by:

A. Access at affiliation partner sites increased for uninsured and Medicaid patients prior to July 1, 2012.

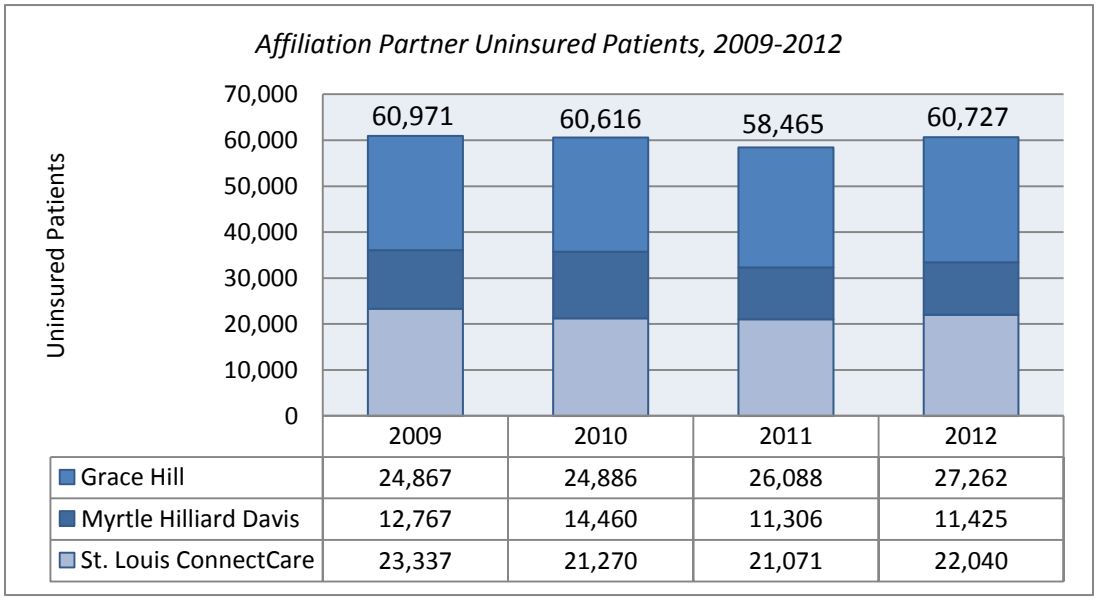
This finding is reviewed in detail below:

B. ***Access at affiliation partner sites increased for uninsured and Medicaid patients prior to July 1, 2012.***

There was a seven percent increase in total Medicaid and uninsured persons receiving services at the Affiliation Partner providers from 89,343 patients in 2009 to 95,712 patients in 2012.



Over this time period, the number of uninsured patients declined slightly (0.4%) from 60,971 in 2009 to 60,727 in 2012.



The slight decline in uninsured patients from 2009 to 2012, and the coinciding increase in Medicaid patients, can be attributed to strong outreach efforts to enroll eligible patients into Missouri Medicaid, MO HealthNet.

Screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more than 30,000 individuals in MO HealthNet programs, including:

- 16,440 children (18 years or under) approved for MO HealthNet for Families or MO HealthNet for Kids
- 9,184 adults approved for Uninsured Women's Health Services
- 2,666 adults approved for MO HealthNet for the Aged, Blind or Disabled
- 2,441 adults approved for MO HealthNet for Families

Objective V: Transition the affiliation partner community to a coverage model, as opposed to a direct payment model, by July 1, 2012.

On July 1, 2012, the Demonstration Project transitioned to a coverage model pilot program as opposed to a direct payment model. Objective II evaluates this transition to a coverage model by July 1, 2012, along with financial sustainability efforts of the St. Louis Regional Health Commission, the Community Referral Coordinator Program, and the Affiliation Partner organizations.

Key questions for this demonstration objective include:

- Did a coverage model become available for uninsured parents and other adults, ages 19-64, who are not otherwise eligible for Medicaid or Medicare who reside in St. Louis City or St. Louis County as of July 1, 2012?
- Were patients enrolled and able to receive covered benefits under the coverage model as of July 1, 2012?
- As of December 31, 2013, did the St. Louis Regional Health Commission identify its priorities and the required funding to accomplish those priorities?
- Did the Community Referral Coordinator Program identify funding for continued operations after December 31, 2013?
- Did the Affiliation Partners achieve financial sustainability?
- Were there any changes in operations/patient services due to the change in funding streams and the new payment methodology?

Findings to date:

The Demonstration has met Objective V, as evidenced by:

A. The St. Louis safety net funded by Gateway successfully transitioned to a coverage model by July 1, 2012 and has enrolled approximately 39,000 individuals into coverage over the life of the program to date.

B. The CRC program has achieved financial sustainability, and the SLRHC and primary care affiliation partners continue to be engaged in planning for financial sustainability.

Each of these findings is reviewed in detail below:

A. The St. Louis safety net funded by Gateway successfully transitioned to a coverage model by July 1, 2012, and has enrolled approximately 39,000 individuals into coverage over the life of the program to date.

The Pilot Program coverage model was implemented as planned on July 1, 2012, ensuring patients of the St. Louis safety net maintained access to primary care and specialty care. The Pilot Program provides a defined health coverage benefit to low-income, uninsured individuals residing in St. Louis City and St. Louis County who do not meet the eligibility requirements of the Medicaid State plan. Under the original Pilot Program, individuals up to 133 percent of the Federal Poverty Level who met other eligibility requirements were eligible for primary care and specialty care services through a coverage model known as Gateway to Better Health Blue. Additionally, individuals otherwise meeting the same requirements but with income up to 200% of the FPL could be enrolled into Gateway to Better Health Silver coverage, which included urgent and specialty care services but excluded the primary care benefit.

As of January 1, 2014, the coverage model provides primary, urgent and specialty care coverage to one population: uninsured adults in St. Louis City and St. Louis County with incomes up to 100% FPL. Individuals with incomes between 100% and 200% FPL were not eligible for Gateway coverage as of January 1, 2014. This change in eligibility resulted in the disenrollment of approximately 4,000 individuals.

As of September 30, 2014, nearly 22,000 individuals were enrolled into Gateway coverage.

Gateway to Better Health Enrollment by Population, as of September 30, 2012, 2013 and 2014

Demonstration Populations	**Unique Individuals Enrolled as of September 30, 2012**	**Unique Individuals Enrolled as of September 30,2013**	**Unique Individuals Enrolled as of September 30, 2014**
Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	16,441	21,061	21,743
Population 2: Uninsured individuals receiving only Specialty Care through the Demonstration	633	1,134	N/A
Population 3: Uninsured individuals receiving only Specialty Care through the Demonstration	239	1,326	N/A
Total	17,313	23,521	21,743

Gateway to Better Health Member Months by Population by Federal Fiscal Year

	Member Months		
Demonstration Populations	**Federal Fiscal Year 2012 July – September 2012**	**Federal Fiscal Year 2013 October '12 – September '13**	**Federal Fiscal Year 2014 October '13 – September '14**
Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	46,668	234,302	256,727
Population 2: Uninsured individuals receiving only Specialty Care through the Demonstration	1,430	11,159	3,583
Population 3: Uninsured individuals receiving only Specialty Care through the Demonstration	529	13,099	4,207
Total	48,627	258,560	264,517

In the STCs, the original enrollment target for the Blue Plan was 16,894. Due to higher than anticipated demand for the "Blue Plan" and lower than anticipated enrollment and utilization of the "Silver Plan," the State raised the enrollment target to 20,500 on January 1, 2013 and to 22,600 on April 1, 2013. More than 52,000 applications have been collected as of September 30, 2013. Approximately 70% of the applications are converting to approvals for Gateway to Better Health.

Screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more than 30,000 individuals in MO HealthNet programs, including:

- 16,440 children (18 years or under) approved for MO HealthNet for Families or MO HealthNet for Kids;
- 9,184 adults approved for Uninsured Women's Health Services;
- 2,666 adults approved for MO HealthNet for the Aged, Blind, or Disabled; and
- 2,441 adults approved for MO HealthNet for Families.

B. The CRC program has achieved financial sustainability, and the SLRHC and primary care affiliation partners continue to be engaged in planning for financial sustainability.

With the extension of the Demonstration, the primary care affiliation organizations have been able to maintain operations and extend their services to offer urgent care, seven days a week. The long-term sustainability of these organizations is dependent on coverage options being available to those living in

poverty in St. Louis. While St. Louis ConnectCare was unable to demonstrate sustainability, the funding and access to the services ConnectCare provided has been sustainable throughout the Demonstration.

Key question for this Demonstration topic include:

- As of December 31, 2013, did the St. Louis Regional Health Commission identify its priorities and the required funding to accomplish those priorities?
- Did the Community Referral Coordinator Program identify funding for continued operations after December 31, 2013?
- Did the Community Referral Coordinator Program conduct an analysis on the effectiveness of its program in order to identify funding sources?
- Did the Affiliation Partners achieve financial sustainability?
- Were there any changes in operations/patient services due to the change in funding streams and the new payment methodology?

Updates are provided below:

St. Louis Regional Health Commission

At the current time, the SLRHC's major priorities are (1) the successful management of the Gateway program, and (2) informing the public about the criticality of Medicaid expansion in Missouri. Once these duties have been successfully discharged, the SLRHC will reassess its priorities at that time. The SLRHC continues to sustain its non-Gateway operations through contributions from St. Louis City and County.

Community Referral Coordinator Program

The Community Referral Coordinator (CRC) program has had considerable success in transitioning patients from a hospital setting to a primary care home model. The program serves more than 12,000 individuals annually, with 55% of the individuals scheduling an appointment with a community health center after their interaction with a CRC in an Emergency Department or hospital inpatient setting. Approximately 74% of all patients served have at least one chronic disease.

Due to the success of the model with Gateway patients, hospitals and health centers have successfully migrated the model to other populations to assist with patient transitions, with the intent to lower readmission rates and improve patient care for Medicare and Medicaid patients. The St. Louis Integrated Health Network has secured ongoing, annual commitments of over $600,000 from SSM Health Care, St. Louis County Department of Health, St. Louis University Hospital, BJC Healthcare and Mercy to continue the CRC model in at least six area hospitals in St. Louis' urban core. With the funding that has been already secured, the successful CRC model will be sustainable in St. Louis' areas of high need beyond 2014.

Affiliation Partner Primary Care Providers

The primary care Affiliation Partner organizations continue to work towards the benchmarks outlined in their respective sustainability plans, submitted in June 2011, as part of the Pilot Plan. Long-term sustainability for the Affiliation Partners is dependent on coverage options being available for their patients at the end of the Demonstration.

The move to a coverage model has required the providers supported by the Demonstration to understand underlying costs structures and streamline operations in preparation for the post-Demonstration environment. Evaluation efforts will address any changes to operations or patient services that may become necessary due to the changes in the funding stream or payment methodology.

In February 2013, the SLRHC commissioned a Transition Team to evaluate the impact of the pilot program on partner institutions and assess the long-term sustainability of the health care safety net in the St. Louis region. Findings were submitted to CMS in the form of a transition plan on June 25, 2014.

St. Louis ConnectCare

ConnectCare was not able to demonstrate financial sustainability under a coverage model during the Demonstration period, and closed its operations in late 2013. After its closure, other contracted health care providers in the Gateway to Better Health network continued to provide services to Gateway patients and have maintained access levels and continuity of care for these patients through a managed transition process. Because of the approval of the Gateway extension, a seamless transition of care through 2014 was possible despite ConnectCare's closure.

Additional Demonstration Evaluation Questions and Topics

In addition to the stated objectives of the Demonstration project, CMS' special terms and conditions specify that the evaluation shall address the evaluation questions and topics as listed below. Interim evaluation findings for these topics are provided.

I. To what extent has the State met the milestones listed in section XII?

The State has met all Demonstration milestones to date, as shown in the table below:

Progress toward Achieving Demonstration Milestones

Date – Specific	Milestone	STC Reference	Date Submitted
10/01/2010	Submit strategic plan for developing the pilot plan	Section XII (#55a)	09/24/2010
11/25/2010	Submit Draft Evaluation Design	Section XII (#57)	11/19/2010
01/01/2011	Submit draft plan for the pilot program including business plans for the SLRHC, CRC Program, and each of the Affiliation Partners	Section XII (#55b)	12/30/2010
01/28/2011	Submit draft annual report for DY 1 (July 2010 – September 2010)	Section IX (#38)	1/28/2011
07/01/2011	Submit plan for the pilot program, including any needed amendments to the Demonstration and final business plans for the SLRHC, CRC Program, and each of the Affiliation Partners	Section XII (#55c)	6/30/2011
07/01/2011	Submit financial audit of ConnectCare	Section XII (#55d)	6/30/2011
10/01/2011	Submit draft operational plan for the pilot program	Section XII (#55e)	9/29/2011
01/01/2012	Submit operational plan for the pilot program	Section XII (#55f)	12/30/2011
01/27/2012	Submit draft annual report for DY 2 (October 2010 – September 2011)	Section IX (#38)	01/27/2012
07/01/2012	State must implement the pilot program, contingent on CMS approval	Section XII (#56a)	Implemented 07/1/2012
07/01/2012	Submit draft Transition Plan	Section III (#16)	6/27/2012
08/01/2012	Submit MOU between the State and SLRHC for CMS review	Section XIV	7/30/2012
09/01/2012	Incentive protocol	Section V (#21)	8/16/2012
10/31/2012	Submit revised evaluation design	Section XIII, (#57)	10/31/2012
01/28/2013	Submit draft annual report for DY 3 (October 2011 – September 2012)	Section IX, (#38)	01/28/2013
12/31/2013	ConnectCare, Grace Hill, and Myrtle Davis attain financial sustainability	Section XII (#56b)	See page 56
12/31/2013	SLRHC and CRC must attain financial sustainability	Section XII (#56d)	12/31/2013
01/28/2014	Submit draft annual report for DY 4 (October 2012 – September 2013)	Section IX (#38)	1/28/2014
01/29/2014	Submit revised Evaluation Design	Section XIII (#57)	1/29/2014
06/30/2014	Submit Transition Plan	Section III (#16)	6/25/2014
07/01/2016	Submit Draft Final Report	Section IX (#39)	
Ongoing through 07/01/2012	Ensure that there is a 2 percent increase in the number of uninsured persons receiving services at Affiliation Partners	Section XII (#56e)	Ongoing
Ongoing	Ensure that all individuals who present at the Affiliation Partners are screened for Medicaid and CHIP and assisted in enrolling, if eligible	Section XII (#56f)	

II. How successful have the FQHCs and ConnectCare been at developing a business model that is based on receiving reimbursement through a claims-based system rather than receiving direct payments to the facilities?

The primary care affiliation partners have successfully transitioned to the coverage model. Both Grace Hill and Myrtle Hilliard Davis finished calendar year 2013 (the year after the implementation of the coverage model) in a positive financial position.

As discussed above, ConnectCare closed all operation in late 2013. After the closure, other health care providers contracted with Gateway to Better Health continued to provide services to Gateway patients and have maintained continuity of care for these patients through a managed transition process.

III. How has access to care improved for low-income individuals?

The Gateway to Better Health Demonstration has improved access to care for low-income Individuals, as discussed in the description of interim evaluation findings for Objective I. Key findings to date include the following:

- Approximately 22,000 individuals are enrolled in Gateway to Better Health, which is approximately 50 percent of those uninsured and living below the federal poverty level in St. Louis City and County. Over the life of the program, approximately 39,000 unique individuals have received services from the program.

- Nearly 80,000 medical visits (primary care/urgent care, dental, specialty care, diagnostic services and outpatient hospital services) and more than 207,000 prescriptions are funded each year through Gateway to Better Health. Previous studies have indicated that the care provided through this Demonstration prevents more than 50,000 emergency department visits per year.

- In a survey of 1,200 Gateway enrollees, conducted by Princeton Survey Research Associates International (PSRAI), 60% of participants with chronic conditions report that their overall physical health has improved since enrollment.

- More than 70% of survey participants “strongly agree” that the program helps them follow treatments recommended by their health care providers; makes it easier to coordinate care; and helps them lead a healthier life. When asked about what would happen if the Gateway program ended, more than 80% report that they are “not confident” that they could afford prescription medicines or doctor’s visits. About six in ten said they are “not confident” that their overall health would stay the same.

- Survey respondents give the care they receive through Gateway high marks. Nine in ten rate the quality of care they receive through Gateway as either “good” (20%), “very good” (28%), or “excellent” (41%).

- Large majorities of patients rate their experiences with the medical staff at community health centers and specialty care providers highly.

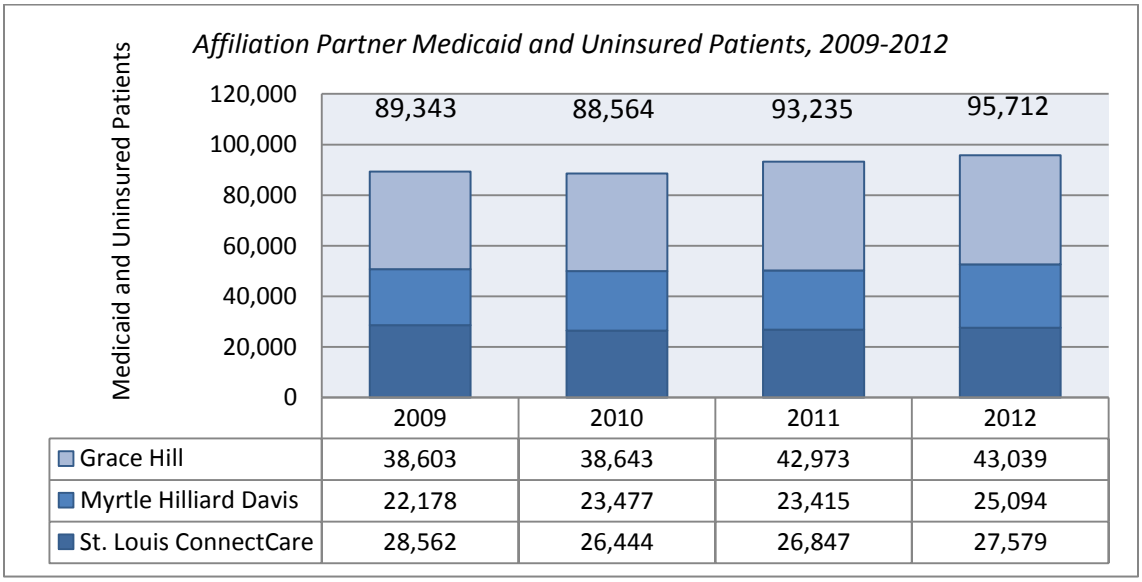
- In a survey of medical providers and clinical support staff, conducted by PSRAI, 75 percent report that the Gateway program is having a big impact on helping enrollees lead healthier lives. A majority say the program does an excellent or very good job at addressing current health needs and helping prevent future illnesses of patients.

- Large majorities of providers and staff are "not confident" that Gateway enrollees could maintain their overall health or get necessary health care services if the program ended.

- The Community Referral Coordinator program, operated by the St. Louis Integrated Health Network and funded by the Gateway Demonstration through December 31, 2013, has been identified by Healthy People 2020 as a best practice. Throughout the Demonstration, the program connected nearly 27,000 hospital patients to a primary care home and has proven to be an effective intervention to reduce readmissions. The program is currently funded by participating hospitals and health systems, and is currently operating in 6 hospitals, connecting patients to 6 community health centers. These organizations meet regularly to develop strategies to improve transitions of care.

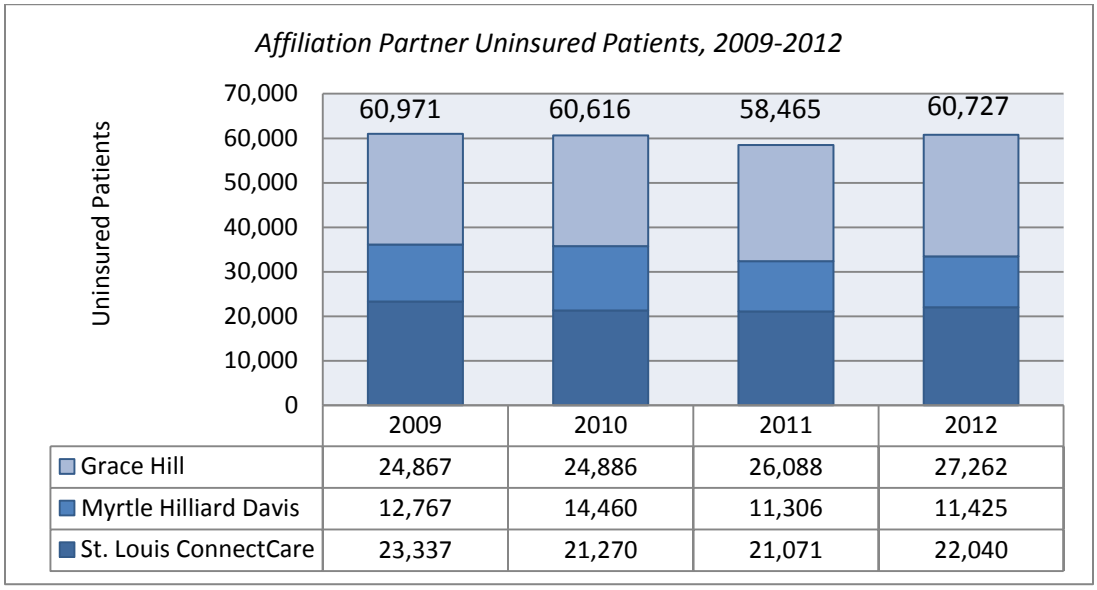
IV. How successful is the Demonstration in expanding coverage to the region's uninsured by 2 percent each year?

There was a seven percent increase in total Medicaid and uninsured persons receiving services at the Affiliation Partner providers from 89,343 patients in 2009 to 95,712 patients in 2012.



	2009	2010	2011	2012
Grace Hill	38,603	38,643	42,973	43,039
Myrtle Hilliard Davis	22,178	23,477	23,415	25,094
St. Louis ConnectCare	28,562	26,444	26,847	27,579

Over this time period, the number of uninsured patients declined slightly (0.4%) from 60,971 in 2009 to 60,727 in 2012.



	2009	2010	2011	2012
Grace Hill	24,867	24,886	26,088	27,262
Myrtle Hilliard Davis	12,767	14,460	11,306	11,425
St. Louis ConnectCare	23,337	21,270	21,071	22,040

The slight decline in uninsured patients from 2009 to 2012, and the coinciding increase in Medicaid patients, can be attributed to strong outreach efforts to enroll eligible patients into Missouri Medicaid, MO HealthNet.

Screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more the 30,000 individuals in MO HealthNet programs.

V. To what extent has the Demonstration improved the health status of the population served in the Demonstration?

Quality of care as measured by the program's pay-for-performance measures, continues to improve. Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better.

- Eighty percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within four months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.

- More than 63% of patients with diabetes had an HgbA1c of less than 8% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.

- More than 86% of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.

In future reports, the SLRHC in partnership with the Missouri Primary Care Association will analyze the impact of the program on the health outcomes of the population by age and race over the life of the Demonstration.

Data from the SLRHC's 2012 health status report, *Decade Review of Health*, indicate there have been many improvements in health indicators across all race- and gender-based groups in St. Louis City and County over the past ten years (2000 to 2010). Key data from this report are provided below:

- Rate of heart disease mortality decreased 27%.
- Rate of stroke mortality decreased 32%.
- Rate of diabetes mortality decreased 23%.
- New cases of lung, prostate, and colon cancer fell 5%, 9% and 13%, respectively.
- Births by teenage mothers, ages 15-17, fell 30%.
- Incidence of Gonorrhea cases decreased 40%.

VI. Describe provider incentives and activities.

The primary care organizations are working to achieve quality metrics developed by the SLRHC's community planning committee for the Demonstration – the Pilot Program Planning Team. Seven percent of provider payments are withheld and are paid out semi-annually based on the attainment of six performance metrics.

The fourth pay-for-performance reporting period ended on June 30, 2014. The complete results are provided in Appendix III. In general, the providers continued to build off gains from the first reporting period and made great strides in attaining the clinical quality measures. It is expected that the participating providers will continue to improve results as the program continues. As of January 2014, they pay-for-performance measures only applies to the participating primary care providers.

In the fourth reporting period, individually, all primary care providers achieved at least three of the six clinical quality measures. Family Care and St. Louis County Department of Health achieved all of their measures. Across all primary providers, 72% of patients enrolled for six months had a primary care visit during that time, with a threshold of 80%. Eighty-six percent of patients with chronic conditions enrolled six months had two primary care visits during that time, with a threshold of 80%. In addition, 63% of the patients with diabetes had HgbA1c measures <8%, with a threshold of 60% (a slight increase from 59% in the third period). Of these diabetic patients, 80% had their HgbA1c drawn within four months.

In the fourth pay-for-performance period, the providers successfully attained the measures related to rate of referrals to specialists. Tracking these measures has enabled the providers to address operational and clinical improvements to help them achieve better outcomes over the life of the program.

VII. Determine if performance incentives have impacted population metrics with a comparison of Gateway providers to other community health centers in the State. Include comparable FQHC population/providers to compare effectiveness of provider payment incentives.

- **Tobacco Use Assessment**: the percentage of patients aged 18 and over who were queried about tobacco use at health centers participating in the Gateway Pilot Program declined from 82% in 2011 to 76% in 2012. By comparison, the percent of patients who received tobacco use intervention increased from 57%% to 66% in 2012. In 2013, the Gateway health centers rate of screening was lower than the state average by 10%, but the rate of intervention was higher than the state average by 6%.
- **Controlling High Blood Pressure**: the proportion of hypertension patients whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading declined at health centers participating in the Gateway Pilot Program from 59% in 2011 to 54% in 2012. This measure declined across the state from 61% in 2011 to 59% in 2013.
- **Diabetes HbA1c Control (<9%)**: the proportion of adult patients with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year at health centers participating in the Gateway Pilot Program decreased slightly from 70% in 2011 to 69% in 2013. By comparison, the percent of adult diabetes patients with HbA1c readings less than 9% at health centers statewide decreased slightly from 73% in 2011 to 71% in 2012. Gateway providers performed similarly to the Missouri health center average for this metric from 2011-2013.

The Safety Net Pilot Program will continue to evaluate the impact of performance incentives on population metrics as additional information becomes available. Outcomes among Gateway providers will be compared to other community health centers in the State. Outcomes isolated to the Gateway population will be provided in future reports.

VIII. Provide financial analysis of the Legacy and ConnectCare providers for the pre- and post-coverage phase of the Demonstration.

The primary care affiliation partners have successfully transitioned to the coverage model. Both Grace Hill and Myrtle Hilliard Davis finished calendar year 2013 (the year after the implementation of the coverage model) in a positive financial position.

As discussed above, ConnectCare closed all operation in late 2013. After the closure, other health care providers contracted with Gateway to Better Health continued to provide services to Gateway patients and have maintained continuity of care for these patients through a managed transition process.

IX. Analyze the cost of care and access to services at the legacy FQHC providers, comparing the first 18 months of the Demonstration when the providers received direct payments to the last 18 months of the Demonstration when the providers were paid on a capitated basis with incentive payments.

While the cost of care at Grace Hill Health Centers remained flat from 2011 to 2013, after implementation of the Gateway coverage model, costs decreased by 24% at Myrtle Hilliard Davis during this period.

Cost Per Medical Encounter at Grace Hill and Myrtle Hilliard Davis, 2011, 2012 and 2013*

Legacy FQHC Provider	**Cost per Encounter, 2011**	**Cost per Encounter, 2012**	**Cost per Encounter, 2013**
Grace Hill Health Centers	$152	$161	$162
Myrtle Hilliard Davis Health Centers	$139	$136	$105

*The above costs exclude lab, radiology, and pharmaceuticals.

Interim Evaluation Findings for the Coverage Pilot Program

The following objectives and hypotheses were identified for the Pilot Program:

Pilot objectives

I. To provide a basic set of medical services for as many uninsured patients as possible

II. To provide a bridge to health care reform for the legacy clinics to help ensure financial sustainability

III. To place a particular emphasis on providing coverage to low-income individuals:

   a. who have chronic medical conditions such as diabetes, heart disease and hypertension

   b. who are aging out of Medicaid and link them to health care coverage

IV. To decrease the use of community emergency departments for non-emergent visits

Pilot hypotheses

I. By preserving health care services at the legacy clinics, services will be maintained in the urban core where the greatest health disparities exist, enabling low-income patients to receive preventive, specialty and primary care under the coverage model.

II. Uninsured patients who receive coverage under the pilot program will use community emergency departments for non-emergent visits at a lower rate than other uninsured patients.

III. The prevalence of preventable hospitalizations, hospital re-admissions and ED utilization will be reduced among patients with chronic medical conditions.

IV. For those patients aging out of Medicaid who need a coverage option, the pilot project provides a transition to coverage available under the Affordable Care Act, providing an effective bridge for these patients.

Pilot Program Findings to Date

The Pilot Program began on July 1, 2012. Analysis and reporting of initial program findings for some evaluation metrics are discussed below as follows:

- Enrollment data for the first twenty-seven months of the Pilot Program (7/01/12-9/30/14), as provided in this report section.
- Financial data for the first twenty-seven months of the Pilot Program (7/01/12-9/30/14), as provided in this report section.
- Claims-based utilization data for the first twenty-seven months of the Pilot Program (7/01/12-6/30/14), as provided in this report section.
- Quality data for the Demonstration (7/01/12-6/30/14), as provided in this report section.

I. Enrollment

More than 14,500 individuals were enrolled in the Blue Plan and 399 in the Silver Plan as of July 1, 2012. Since then, enrollment has continued to increase. On October 31, 2012, the State submitted a Notification of Change to the Enrollment Target, which notified CMS that the State was raising the enrollment target to 20,500 as of January 1, 2013. In January 2013, the State submitted an additional Notification of Change to the enrollment target, notifying CMS that the State will increase the target to 22,600 in April 2013. The State raised the enrollment target due higher than anticipated demand for Blue Plan services and lower than expected demand for services from Populations 2 and 3.

As of January 1, 2014, the coverage model provides primary, urgent and specialty care coverage to uninsured adults in St. Louis City and St. Louis County with incomes up to 100% FPL. Individuals with incomes between 100% and 200% FPL are not eligible for Gateway coverage as of January 1, 2014, and therefore the Blue Plan is the only Gateway plan.

When the income requirements changed for the program, approximately 4,000 individuals lost coverage through Gateway. Significant outreach was conducted helping to enroll these individuals in other coverage options. As of September 30, 2014, more than 21,000 individuals were enrolled in Gateway.

Outlined below are the key statistics related to enrollment in the demonstration at the end of each federal fiscal year.

Gateway to Better Health Enrollment by Population, as of September 30, 2012, 2013 and 2014

Demonstration Populations	**Unique Individuals Enrolled as of September 30, 2012**	**Unique Individuals Enrolled as of September 30, 2013**	**Unique Individuals Enrolled as of September 30, 2014**
Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	16,441	21,061	21,743
Population 2: Uninsured individuals receiving only Specialty Care through the Demonstration	633	1,134	N/A
Population 3: Uninsured individuals receiving only Specialty Care through the Demonstration	239	1,326	N/A
Total	17,313	23,521	21,743

Gateway to Better Health Member Months by Population by Federal Fiscal Year

	Member Months		
Demonstration Populations	**Federal Fiscal Year 2012 July – September 2012**	**Federal Fiscal Year 2013 October '12 – September '13**	**Federal Fiscal Year 2014 October '13 – September '14**
Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	46,668	234,302	256,577
Population 2: Uninsured individuals receiving only Specialty Care through the Demonstration	1,430	11,159	3,583
Population 3: Uninsured individuals receiving only Specialty Care through the Demonstration	529	13,099	4,207
Total	48,627	258,560	264,517

Gateway to Better Health "Blue Plan" Enrollment by Health Center, as of September 30, 2014

Health Center	**Unique Individuals Enrolled as of September 30, 2014**	**Member Months July 2012 - September 2014**
BJK People's Health Centers	3,230	71,414
Family Care Health Centers	1,529	37,763
Grace Hill Health Centers	10,085	247,722
Myrtle Hilliard Davis Comp. Health Centers	3,755	98,883
St. Louis County Dept. of Health	3,144	81,765
Total	21,743	537,547

**Enrollment numbers are based on MO HealthNet enrollment data as of September 30, 2014.*

Gateway to Better Health Enrollment by Gender, as of September 30, 2014

Gender	Count	Percentage
Female	11,899	54.7%
Male	9,844	45.3%
Total	21,743	100.0%

*Top 15 Zip Codes by Member Count as of September 30, 2014**

ZIP	Member Count	City or County
63136	1,765	St. Louis County (Jennings, MO)
63115	1,544	St. Louis City
63118	1,098	St. Louis City
63116	1,070	St. Louis City
63107	927	St. Louis City
63121	866	St. Louis City
63106	807	St. Louis City
63113	800	St. Louis City
63112	799	St. Louis City
63111	771	St. Louis City
63103	654	St. Louis City
63137	634	St. Louis County (Bellefontaine Neighbors, MO)
63120	599	St. Louis City
63104	596	St. Louis City
63033	586	St. Louis City
All Others	8,227	St. Louis City and St. Louis County
Total	***21,743***	-

**These 15 zip codes account for 62.4% of the total Gateway population*

Members by Age Group as of September 30, 2014

Age Groups	Members	% of Total
19-20	674	3.1%
21-44	11,371	52.3%
45-64	9,698	44.6%
Total	21,743	100.0%

Members by Race as of September 30, 2014

Race	Members	% of Total
African American	16,177	74.4%
Caucasian	3,960	18.2%
Other	30	<1%
Unknown	1,576	7.5%
Total	21,743	100.0%

II. **Financial**

Outlined below are the financial results from demonstration.

*Provider Payments through the Demonstration (July 2012- September 2014)**

Providers	FFY 2012	FFY 2013	FFY 2014
BJK People's Health Centers	$ 283,574	$ 1,480,715	$ 1,977,555
Family Care Health Centers	$ 168,225	$ 827,143	$ 991,930
Grace Hill Health Centers	$ 1,139,669	$ 5,487,860	$ 6,482,239
Myrtle Hilliard Davis Comp. Health Centers	$ 507,226	$ 2,276,724	$ 2374,882
St. Louis County Dept. of Health	$ 336,244	$ 1,865,953	$ 2,135,935
St. Louis ConnectCare (Including Infrastructure Payments)	$ 1,696,210	$ 5,433,717	$ 87,144
Transportation	$ -	$ -	$ 335,288
Voucher Providers	$ 680,580	$ 5,831,597	$ 7,436,308
Total	$ 4,811,728	$ 23,203,710	$ 21,821,282

*Payments in the table above are subject to change as additional claims are submitted by providers.

*Infrastructure Payments Made to St. Louis ConnectCare July 2012 – September 2013***

Program Quarter	Infrastructure Payments Made
July-September 2012	$ 975,000
October-December 2012	$ 600,000
January-March 2013	$ 450,000
April-June 2013	$ 425,000
July-September 2013	$ 450,000
October – December 2013	N/A
Total	$ 2,900,000

**Infrastructure payments ended 9/30/13.

III. Utilization

Outlined below are key findings from an initial review of claims throughout the Demonstration (July 2012 – September, 2014).

As of September, 2014, 44% of all visits were for patients with at least one chronic condition.

*Percentage of Visits for Patients with Certain Diagnosis**

Medical Condition	**Percentage of Visits**
Hypertension	22.7%
Diabetes (Type 1 & 2)	16.6%
Asthma	3.2%
COPD	1.3%
Congestive Heart Failure	0.5%

**Percentage of visits is based on the current Gateway population as represented in claims data as of November 3, 2014*

As of December 30, 2013, 96% of all ED visits for Blue Plan participants and 93% of ED visits for Silver Plan participants were for moderate to high or critical severity, indicating very few visits are for non-emergent issues.

*Percentage of ED Visits by Acuity July 2012- December 2013.**

Level of severity	**Number of Visits**	**Percent of Total Visits**
Blue Plan:		
Minor to low severity[1]	318	4%
Moderate severity[2]	2,535	30%
High severity and critical care[3]	5,496	66%
Total	8,349	–
Silver Plan:		
Minor to low severity[1]	33	7%
Moderate severity[2]	153	30%
High severity and critical care[3]	316	63%
Total	502	–

[1] CPT codes: 99281 and 99282

[2] CPT code: 99283

[3] CPT codes: 99284, 99285, 99291, and 99292

***Percentage of visits is based on the current Gateway population as represented in claims data.*

This benefit was no longer covered as of December 31, 2013. As indicated by the evaluation design, this information will no longer be reported.

IV. Quality

The State and SLRHC are continually monitoring the performance of the Safety Net Pilot Program to ensure it is providing access to quality health care for the populations it serves.

Patient Satisfaction Survey

SLRHC contracted with Princeton Survey Research Associates International (PSRAI) to evaluate patients experience and satisfaction with the program. PSRAI completed 1,202 telephone interviews with Gateway enrollees from the five Gateway funded primary care organizations. Eighty-two percent of respondents were uninsured prior to being enrolled in Gateway, and many were not getting regular medical care. About two-thirds of respondents (68%) have a chronic health condition such as high blood pressure, diabetes or heart disease.

Overall, Gateway enrollees believe their physical health has improved since enrolling the in Gateway, and the program is having a positive impact on their health. Majorities report they are satisfied with the quality of the care they have received and would recommend Gateway to friends or family members. Respondents do not feel they would be able to maintain the same level of health if the Gateway program was no longer available. Some of the key findings have been provided below. The full patient satisfaction survey report has been provided in Appendix V.

- Seven in ten participants reported that the quality of care they receive from Gateway is "excellent" (41%) or "very good" (28%).
- Over 70% of Gateway enrollees believes the program helps them feel more in charge of their health, helps them to make better decisions about their health and wellness, makes it easier for them to coordinate their health care needs and helps them follow the treatments recommended by the health provider.
- Five-five percent of program participants had visited a specialist doctor:
    - Eight-six percent report that it is easy to get a referral including 60% who describe the process as "very easy".
    - Eighty percent say that it is easy to schedule an appointment, including 55% who describe the process as "very easy".
- Over 50% of Gateway enrollees visit the emergency room less often since enrolling in the Gateway program. Sixty percent of survey respondents report they have not visited the emergency room since enrolling in Gateway.
- In addition to impacts on health, 30% of respondents say being enrolled in Gateway has a "big impact" on their ability to find or keep a job.
- Over 80% of Gateway participants believe they would not be able to afford to see their doctor or to fill their prescriptions if the Gateway program ended.

In addition, patient Satisfaction surveys were conducted four times from July 2012 – April 2014 with Gateway to Better Health patients. In the July-September 2012 quarter, a total of 66 patients participated in the survey; in the October-December 2012 quarter, a total of 40 patients participated; in the January-March 2013 quarter, a total of 98 patients participated; and in the January- April period, a total of 301 surveys were collected. An overview of the findings have been provided below.

Overall, surveyed patients reported having a good or excellent experience with both health center and referral visits in all reporting periods. In the July-September 2012 and January-March 2013 quarters, the lowest scores for most patients were related to ease of getting an appointment. In the October-December 2012 quarter, the lowest scores for most patients were related to how well provider staff listened to the patient. In the January- April 2014 period, the lowest scores were for ease of getting an appointment at your health center.

Overall, Gateway patients were satisfied with the primary care services, and 93% of respondents indicated that they would recommend their health center to others. In addition, Gateways patients who utilized transportation and urgent care services reported satisfaction with transportation service and ability to get in to be seen at urgent care centers. Results of the patient survey are outlined below.

Survey questions for each reporting periods also solicited feedback related to patients' overall experience with the Gateway to Better Health program. Those results are outlined below:

Results of Gateway to Better Health Patient Experience Survey, July 2012 – March, 2013

Survey Item	Patient Agreement (%)			
	July – Sep 2012	Oct – Dec 2012	Jan – March 2013	Jan-Apr 2014
More likely to see doctor	100%	97%	100%	93%
Would recommend health center to family and friends	98%	86%	92%	N/A
Understand services covered by Gateway	85%	87%	78%	N/A
Time without insurance before Gateway*:	1 month: 0% 6 months: 4% 12 months: 6% > 1 year: 19% 2 to 4 years: 30% > four years: 42%	< 1 year: 27% 1 to 2 years: 31% ≥ 3 years: 60%	< 1 year: 11% 1 to 2 years: 25% ≥ 3 years: 64%	N/A

**Response choices in the second quarter survey related to the "time without insurance before Gateway" were simplified into three categories for ease of patient completion.*

Provider Satisfaction Survey Results

Representatives from the provider organizations meet monthly to evaluate clinical issues, consumer issues and financial issues related to the program. SLRHC is monitoring appointment wait times and conducting satisfaction surveys with physician participants on a quarterly basis. Survey outcomes from July 2012 – September, 2014 are detailed below:

Provider Satisfaction surveys were distributed to the five primary care health centers in the Gateway provider network to assess providers' experience with the referral process for the first two quarters of the program. In the July-September 2012 quarter, a total of 17 surveys were

returned; in the October-December 2012 quarter, a total of 44 surveys were returned; in January-March 2013 quarter, a total of 37 surveys were returned; in the April-June 2013 quarter, a total of 34 surveys were returned; and in the Overall, in the first complete year of the pilot program, providers tended to have a good experience when referring for Gateway patients.

In the April - June 2014 quarter, specialty care providers in the Gateway to Better Health Network provided feedback on the following criteria:

- Overall ease of scheduling a consultation
- Ease of contacting the rendering provider
- Helpfulness and courtesy of staff when scheduling
- Timeliness of available appointments
- Receipt and usefulness of report from consultation provider
- Availability of rendering specialist to speak with you

The lowest scores for most providers during this program quarter were related to the information needed for scheduling and the availability of the rendering specialist to speak with the health center. Results from April - June 2014 surveys are outlined below:

*Provider Satisfaction Survey Results, April - June, 2014**

Survey Item	Average Ratings*
Overall ease of scheduling a consultation	2.98
Ease of contacting the rendering provider	2.80
Helpfulness and courtesy of staff when scheduling	2.95
Timeliness of available appointments	2.91
Report from consultation provider, did you receive it?	2.27
Report from consultation provider, was it meaningful?	2.38
Rendering specialist available to speak with you?	2.00

**4-point rating scale (1= Needs Improvement, 2=Average, 3=Above Average, 4=Excellent)*

Prior to October 2012, the Provider Survey tool focused primarily on referring providers.
In the October 2012, the Provider Survey tool was updated to capture information from both support staff and referring providers. For surveys conducted from October 2012 through June 2014, specialty providers and support staff in the Gateway to Better Health Network provided feedback on the following criteria (criteria varied depending on job role):

- Overall ease of scheduling a consultation
- Ease of contacting the rendering provider
- Helpfulness and courtesy of staff when scheduling
- Timeliness of available appointments
- Receipt and usefulness of report from consultation provider

- Availability of rendering specialist to speak with you

Overall, the lowest scores for most support staff were related to the timeliness of available appointments. Results from October 2012 - June 2014 for support staff respondents are outlined below:

*Provider Satisfaction Survey Results (Support Staff), October 2012 – June 2014**

Survey Item	Oct-Dec 2012	Jan-March 2013	April-June 2013	July – Sept 2013	Oct - Dec 2013	Jan- Jun 2014
Helpfulness and courtesy of staff when scheduling	3.5	3.1	2.8	2.9	2.9	2.9
Timeliness of available appointments	3.2	2.7	2.6	2.6	3.0	2.8
Ease of contacting the rendering provider	3.4	2.9	2.6	2.5	2.9	2.9
Overall ease of scheduling a consultation	3.4	2.8	2.7	2.8	3.0	3.0
Overall satisfaction	**3.4**	**2.9**	**2.7**	**2.7**	**2.9**	**2.9**

**4-point rating scale (1= Needs Improvement, 2=Average, 3=Above Average, 4=Excellent)*

Overall, the lowest scores for most rendering providers were related to the timeliness of available appointments. Results from October 2012 - June 2014for provider respondents are outlined below:

*Provider Satisfaction Survey Results (Referring Providers), October 2012 – June 2014**

Survey Item	Oct-Dec 2012	Jan-March 2013	April-June 2013	July – Sept 2013	Oct- Dec 2013	Jan- Jun 2014
Timeliness of available appointments	2.3	2.0	2.0	2.2	2.6	2.4
Receipt of report from consultation provider	2.4	2.0	2.2	2.5	2.6	2.3
Meaningfulness of report from consultation provider	2.9	2.7	2.4	2.8	2.9	2.4
Availability to speak with rendering specialist	1.9	1.9	2.3	2.8	2.9	2.0
Overall Satisfaction	**2.3**	**2.1**	**2.2**	**2.5**	**2.8**	**2.3**

**4-point rating scale (1= Needs Improvement, 2=Average, 3=Above Average, 4=Excellent)*

In addition to evaluating patients' experience and satisfaction with the program, PSRAI also evaluated the providers' experience and satisfaction with the program. In September 2014, PRSAI conducted an online survey for Gateway providers. A total of 93 Gateway health centers medical providers (n=37) and support staff (n=56) completed the survey.

Overall, providers and staff were extremely positive about the impact Gateway to Better Health has on the health of their patients, and many respondents say their own job satisfaction has

increased since the implementation of Gateway. The full provider satisfaction survey report has been provided in Appendix VI.

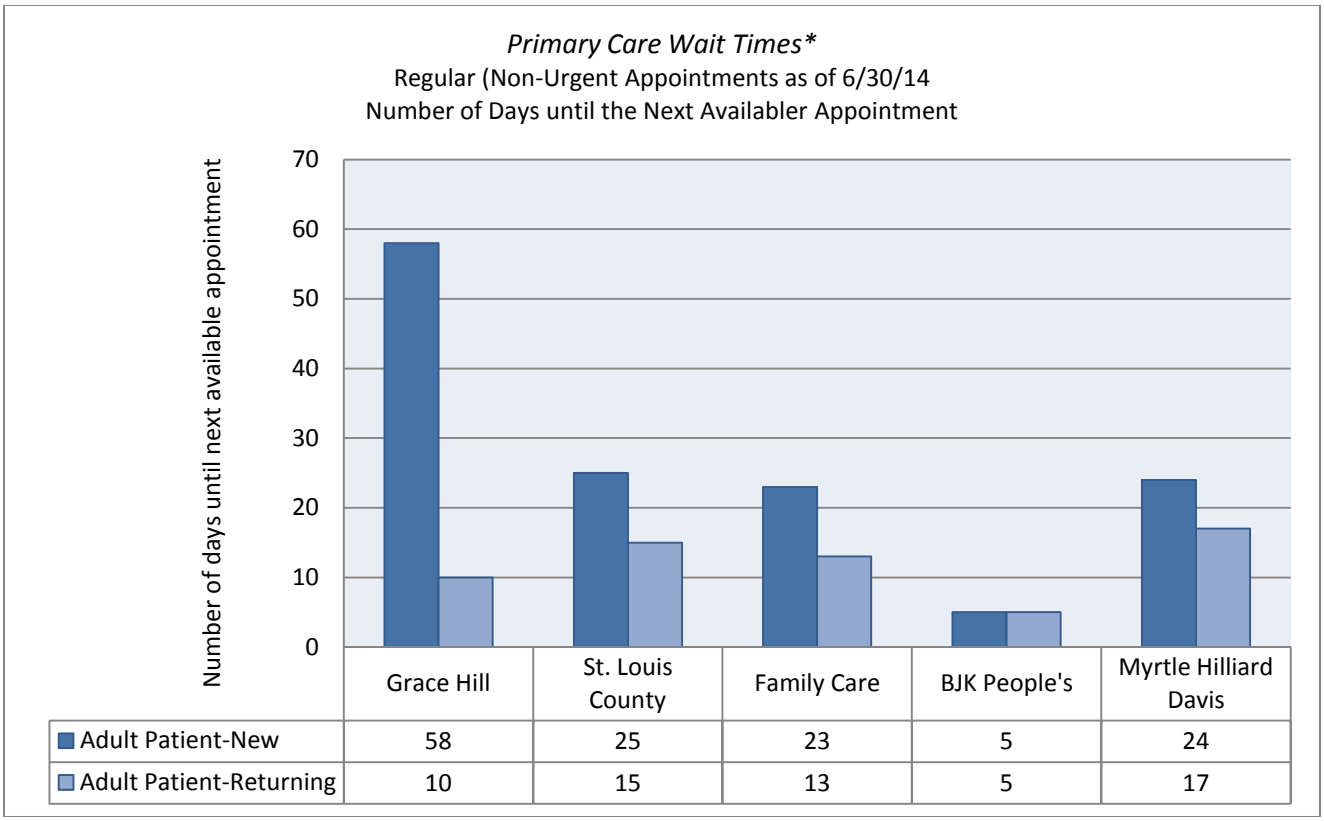
In addition to the financial oversight and reporting provided by the State to CMS, the State and SLRHC also monitor call center performance, access to specialty care, and wait times for medical appointments.

Call Center Performance, July 2012 – September 2014

Key Performance Measure	Outcome
Calls Received	45,294
Calls Answered	43,415
Average Abandonment Rate	4.2%
Average Answer Speed (*seconds*)	33 sec.
Length of Time per Call (*minutes: seconds*)	3:21

Access to Specialty and Diagnostic Care, July 2012 – September 2014

Month	Referrals to St. Louis ConnectCare	Referrals to other Specialty Providers	Total
July 2012	1350	417	1,767
August 2012	1515	638	2,153
September 2012	1004	618	1,622
October 2012	1171	850	2,021
November 2012	984	878	1,862
December 2012	1059	803	1,862
January 2013	1357	1108	2,465
February 2013	1230	970	2,200
March 2013	1394	1347	2,741
April 2013	1616	1239	2,855
May 2013	1287	1141	2,430
June 2013	1248	1364	2,612
July 2013	1336	1202	2,538
August 2013	858	1568	2,426
September 2013	79	1662	1,741
October 2013	69	2310	2,379
November 2013	8	2041	2,049
December 2013	0	1855	1,855
January 2014	N/A	1804	1,804
February 2014	N/A	1988	1,988
March 2014	N/A	2067	2,067
April 2014	N/A	2366	2,366
May 2014	N/A	2120	2,120
June 2014	N/A	2524	2,524
July 2014	N/A	2263	2,263
August 2014	N/A	2202	2,202
September 2014	N/A	2301	2,301



**All data self-reported by individual health centers*

Adult Wait Times by Specialty

	# of Days Until the Next Available Appt	
Appointment Type	**New Patient**	**Return Patient**
Allergy/Immunology	12.8	49.4
Cardiology	8.6	24.1
Cardiothoracic Surgery	50.3	48.6
Dermatology	30.0	15.8
Endocrinology	37.4	38.8
Endoscopy	7.0	7.0
ENT/Otolaryngology	21.7	20.8
Gastroenterology (GI)	26.4	44.4
Geriatrics	17.3	7.9
Gynecology	10.9	15.9
Hematology	9.8	21.5
Hepatology	49.2	25.2
Infectious Disease	19.6	32.3
Mental/Behavioral Health	25.4	21.9
Nephrology	41.6	43.4
Neurology	25.2	25.6
Neurosurgery	37.3	22.3
Obstetrics/Prenatal Care	7.2	6.3
Oncology	18.8	23.7
Ophthalmology/Eye Care	32.0	32.9
Orthopedics	35.0	18.5
Pain Management	6.0	35.0
Pathology	0.0	0.0
Physical Therapy	1.0	8.0
Plastic Surgery	3.8	2.6
Podiatry	38.0	38.0
Pulmonology	18.4	38.5
Renal	34.4	37.1
Rheumatology	64.7	66.8
Surgery -- General	6.7	13.3
Urology	39.0	47.7
Wound Management	6.6	5.3

* Wait times listed are the averages for self-reporting organizations (Barnes-Jewish Hospital, SLUCare, Mercy JFK Clinic, and Washington University in St. Louis School of Medicine – Adult).

Evaluation Activities during the Extension Period

During the extension period, the Demonstration will be evaluated against the established Demonstration objectives, as well as the Pilot Program objectives and hypotheses.

Demonstration objectives

I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act;

II. Connect the uninsured and Medicaid populations 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; and

Pilot objectives

I. To provide a basic set of medical services for as many uninsured patients as possible

II. To provide a bridge to health care reform for the legacy clinics to help ensure financial sustainability

III. To place a particular emphasis on providing coverage to low-income individuals:

   a. who have chronic medical conditions such as diabetes, heart disease and hypertension

   b. who are aging out of Medicaid and link them to health care coverage

IV. To decrease the use of community emergency departments for non-emergent visits

Pilot hypotheses

I. By preserving health care services at the legacy clinics, services will be maintained in the urban core where the greatest health disparities exist, enabling low-income patients to receive preventive, specialty and primary care under the coverage model.

II. Uninsured patients who receive coverage under the pilot program will use community emergency departments for non-emergent visits at a lower rate than other uninsured patients.

III. The prevalence of preventable hospitalizations, hospital re-admissions and ED utilization will be reduced among patients with chronic medical conditions.

IV. For those patients aging out of Medicaid who need a coverage option, the pilot project provides a transition to coverage available under the Affordable Care Act, providing an effective bridge for these patients.

There are no additional evaluation objectives at this time.

Section VIII: Compliance with Public Notice Process

The State has taken multiple steps to inform the public and solicit public input about its Demonstration extension application. These public notice and public input procedures comply with 42 C.F.R. Part 431, Subpart G.

In compliance with 42 C.F.R. § 431.408, the State's public notice and comment period began on November 28, 2014, and ran for 30 days, until December 28, 2014. On November 28, 2014, the State published the full public notice document (See Appendix VIII) in a prominent location on its website at http://dss.mo.gov/mhd/ and on November 28, 2014, published the abbreviated public notice (see Appendix VII) in the newspapers of widest circulation in each city in Missouri with a population of 50,000 or more. In addition, the SLRHC notified via email past participants of community meetings regarding Gateway to Better Health.

The public was invited to review and comment on the State's proposed waiver extension request from November 28, 2014, through December 28, 2014. Comments concerning the State's plan to submit a waiver extension request were accepted at:

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

The public was permitted to view a hard copy of the complete Gateway to Better Health Waiver Extension document and public notice by appointment by calling, 314-446-6454, ext. 1011. Appointments were scheduled during regular business hours, 8 a.m. – 4:30 p.m., Monday through Friday at 1113 Mississippi Avenue, St. Louis, MO 63104.

The public hearings were held more than 20 days prior to submission of the extension application:

Tuesday, December 2, 2014, 7:30-8:30AM
Ethical Society of St. Louis
9001 Clayton Road
St Louis, MO 63117

This meeting is part of the regularly scheduled Provider Services Advisory Board meeting of the St. Louis Regional Health Commission. Individuals wanting to participate in the December 3 public hearing via conference call may dial 888-808-6929, access code: 9158702.

Wednesday, December 3, 2014, 10 a.m. – 11 a.m.
Missouri History Museum
5700 Lindell Boulevard
St. Louis, MO 63112

The State and the St. Louis Regional Health Commission accepted verbal and written comments at the public hearings.

At the first public hearing on December 2, 2014, there were 35 people in attendance. At the second hearing on December 3, 2014, 50 people were in attendance.

A presentation on Gateway was provided at both hearings, along with copies of the public notice and the full extension document. Participants expressed support of the State's request for an extension of the Gateway to Better Health Demonstration project. Comments included:

"Gateway has been wonderful for patients, physicians and the entire community. If Medicaid is not expanded in MO, Gateway should be continued."

"I am so glad I have had the opportunity to be a part of the Gateway project. I have been an Eligibility Specialist with FSD for 11 years and I have been working on Gateway for the last 3 years. This experience has been so rewarding. I have personally witnessed firsthand how the program is changing lives."

"There are a lot of patients with various back/leg/shoulder pain that surgery is not the first option. To possibly expand physical therapy, PT is a needed service and less expensive than most surgeries."

"Gateway is a wonderful program that provides coordination of care for the Gateway population. In order to improve outcomes, it is imperative that inpatient hospitalizations and oncology services be added in future years."

"I fully support continued funding for the Gateway to Better Health Demonstration. In the absence of Medicaid expansion in Missouri, Gateway is a crucial piece in the St. Louis Regional safety net."

"Gateway has had a positive impact on patients, family, and friends. Due to Gateway, my family member has been able to receive the needed medication for his chronic disease. I receive calls from patients that appreciate having access to medical care due to Gateway. If people lose access to healthcare, this would increase unhealthy behaviors [and] decrease employment due to not receiving healthcare."

"As long as the state of Missouri resists Medicaid expansion, and as long as the wait times for Medicaid approval drag on for 3, 6, 9, or 12 months, Gateway to Better Health is absolutely essential to the health of St. Louis. Without Gateway, thousands of people would be without access to the care that they need. Moreover, without the addition of coverage for insulin and inhalers many of those patients already benefitting from Gateway will face suboptimal health outcomes."

"For the past few years, Gateway has really been a great program for many uninsured patients, especially for my husband. He didn't have any health coverage and his health began to fail with many health problems. He was unable to purchase medications or see a primary doctor, until this wonderful Gateway to Better Health program started. He's seeing a wonderful doctor at Grace Hill and never miss[es] an appointment from his primary doctor – dental. Thanks be to God. We would be so grateful to see Gateway around through 2015-2016 and beyond."

"[This is] my first meeting, [I am] very impressed. [I] liked what the surveys revealed. I am hopeful that the program continues for a long time. Thank you."

"Based on my personal knowledge of the Gateway program as well as my understanding of our organization's strong support, I support the extension request submitted by Gateway."

"Gateway is a very valuable program and should be continued through 2016. People of St. Louis City/County need it. Without GBH a lot of people would suffer."

"I love that the program is looking to add insulin and inhalers to the covered benefits. As a diabetes educator and diabetic, I know firsthand that patients often go without taking their medications because they are unaffordable. The addition of these drugs will really help to improve the health of Gateway patients."

In addition, on March 18, 2014, the community was invited to a "Post-Award Public Input Forum" in order to learn about and provide input into the Demonstration and its progress, in compliance with 42 C.F.R. § 431.420(c). Notice of the forum, including its date and time, was posted on the State's web site more than 30 days before the event. *See* Appendix IX. The event was held as part of the monthly Community Advisory Board meeting of the St. Louis Regional Health Commission.

Approximately 25 people attended the forum. After hearing a summary of the program's progress and the changes implemented effective January 1, 2014, participants were encouraged to submit written or verbal comments. No written comments were submitted. Participants expressed strong support for the program in the absence of Medicaid expansion in Missouri. Some participants discussed individuals they know who are members of the program who have had a positive experience with the program and report receiving health care services that had been delayed prior to receiving the coverage.

Gateway to Better Health Demonstration

Demonstration Extension Application Appendices

December 30, 2014

Number: 11-W-00250/7

Appendix I
Quality Measures

Baselines are provided using data from calendar year 2011. These quality measures will be reviewed for evaluation purposes.

Quality Measures

Metric	Numerator	Denominator	2011		2012		2013		Goal	Data Source
			Gateway CHCs	State	Gateway CHCs	State	Gateway CHCs	State		
1. Tobacco Use Assessment Percentage of patients aged 18 and over who were queried about any and all forms of tobacco use at least once within 24 months	Number of patients for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit or within 24 months of their most recent visit	Number of patients who were 18 years of age or older during the measurement year, seen after 18th birthday, with at least one medical visit during the reporting year, and with at least two medical visits ever, or a sample of these patients.	82%	82%	73%	84%	76%	86%	87%	UDS

Metric	Numerator	Denominator	2011		2012		2013		Goal	Data Source
			Gateway CHCs	State	Gateway CHCs	State	Gateway CHCs	State		
2. Tobacco Cessation Intervention Percentage of patients aged 18 and over who were identified as users of any and all forms of tobacco during the program year or the prior year who received tobacco use intervention (cessation counseling and/or pharmacological intervention)	Number of patients who received tobacco cessation counseling or smoking cessation agents during their most recent visit or within 24 months of the most recent visit	Number of patient who were 18 years of age or older during the measurement year, seen after their 18th birthday, who were identified as a tobacco user at some point during the prior twenty-four months who had at least one medical visit during the reporting period, and at least two medical visits ever, or a sample of these patients	57%	42%	63%	53%	66%	60%	62%	UDS

Metric	Numerator	Denominator	2011		2012		2013		Goal	Data Source
			Gateway CHCs	State	Gateway CHCs	State	Gateway CHCs	State		
3. Hypertension: Controlling High Blood Pressure Proportion of patients aged 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading	Number of patients whose last systolic blood pressure measurement was less than 140 mm Hg and whose diastolic blood pressure was less than 90 mm Hg	All patients 18 to 85 years of age as of December 31 of the measurement year: -with a diagnosis of hypertension (HTN), and -who were first diagnosed by the health center as hypertensive at some point before June 30 of the measurement year, and -who have been seen for medical services at least twice during the reporting year -or a statistically valid sample of 70 of these patients	59%	61%	62%	61%	54%	59%	64%	UDS

Metric	Numerator	Denominator	2011		2012		2013		Goal	Data Source
			Gateway CHCs	State	Gateway CHCs	State	Gateway CHCs	State		
4. Hypertension: Blood Pressure Measurement Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded	Number of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded	Number of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits	54%	NA	TBD*	TBD*	TBD*	TBD*	59%	HITECH Meaningful Use / MPCA
5. Cervical Cancer Screening Percentage of women 24-64 years of age who received one or more Pap tests to screen for cervical cancer	Number of female patients 24-64 years of age receiving one or more documented Pap tests during the measurement year or during the two years prior to the measurement year	Number of all female patient 24-64 years of age during the measurement year who had at least one medical visit during the reporting year, or a sampling of these women	61%	52%	51%	48%	49%	49%	66%	UDS

Metric	Numerator	Denominator	2011		2012		2013		Goal	Data Source
			Gateway CHCs	State	Gateway CHCs	State	Gateway CHCs	State		
6. Diabetes: HbA1c Control Proportion of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year. Results are reported in four categories: less than 7%; greater than or equal to 7% and less than 8%; greater than or equal to 8% and less than or equal to 9%; and greater than 9%	Number of adult patients whose most recent hemoglobin A1c level during the measurement year is less than or equal to 9%	Number of adult patients aged 18 to 75 as of December 31 of the measurement year: -with a diagnosis of Type I or II diabetes and, -who have been seen in the clinic for medical services at least twice during the reporting year, -or a statistically valid sample of 70 of these patients	70%	73%	68%	70%	69%	71%	75%	UDS
7. Adult Weight Screening and Follow-Up Percentage of patients aged 18 and over who had documentation of a calculated BMI during the most recent visit or within the 6 months prior to that visit	Number of patients who had their BMI (not just height and weight) documented during their most recent visit or within 6 months of the most recent visit and if the most recent BMI is outside parameters, a follow-up plan is documented	Number of patients who were 18 years of age or older during the measurement year, who had at least one medical visit during the reporting year, or a sample of those patients	19%	31%	47%	44%	53%	53%	24%	UDS

Metric	Numerator	Denominator	2011		2012		2013		Goal	Data Source
			Gateway CHCs	State	Gateway CHCs	State	Gateway CHCs	State		
8. Primary Care Visits for Patients with Chronic Diseases Percentage of enrolled patients with diabetes, hypertension, CHF or COPD with 2 office visits within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis	Number of enrollees with diabetes, hypertension, CHF or COPD with 2 office visits within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis	Number of enrollees with diabetes, hypertension, CHF or COPD	NA	NA	73%	NA	71%	NA	80%	Claims data
9. Primary Care Follow-Up After Hospitalization Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.)	Number of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days of hospital discharge.	Number of enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center during the measurement year.	NA	NA	79%	NA	66%	NA	50%	Claims data

Metric	Numerator	Denominator	2011		2012		2013		Goal	Data Source
			Gateway CHCs	State	Gateway CHCs	State	Gateway CHCs	State		
by a clinical staff member from the primary care home within 7 days of hospital discharge										

* To be provided in future reports.

APPENDIX II
Incentive Payment Protocol

Incentive Payments

The state will withhold 7% from payments made to the primary care health centers (PCHC) through December 31, 2016, and St. Louis ConnectCare (SLCC) through December 31, 2013. The amount withheld will be tracked on a monthly basis as two separate incentive pools - one for primary care health centers and one for specialty care. The SLRHC will be responsible for monitoring the PCHC and SLCC performance against the pay-for-performance metrics outlined below.

Pay-for-performance incentive payments will be paid out at six-month intervals of the Pilot Program based on performance during the reporting period.

Reporting Periods:

- July 1, 2012 – December 31, 2012
- January 1, 2013 – June 30, 2013
- July 1, 2013 – December 31, 2013
- January 1, 2014 – June 30, 2014
- July 1, 2014 – December 31, 2015
- January 1, 2016 – June 30, 2016
- July 1, 2016 – December 31, 2016

SLRHC will calculate the funds due to the providers based on the criteria and methodologies described below and report the results to the state. The state will disburse funds within the first quarter following the end of the reporting period. PCHC and SLCC are required to provide self-reported data within 30 days of the end of the reporting period.

Primary Care Health Center Pay-for-Performance Incentive Eligibility
Below are the criteria for the PCHC incentive payments to be paid within the first quarter following the end of the reporting period:

TABLE 1

Pay-for-Performance Incentive Criteria	**Threshold**	**Weighting**	**Source**
All Patients Enrolled - Minimum of at least 1 office visit (including a health risk assessment and health and wellness counseling) within the first 6 months following enrollment (effective 7/1/12- 6/30/14) **All Newly Enrolled Patients**- Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date) (effective 7/1/14 – 12/31/16)	80%	20%	EHR Data

Patients with Diabetes, Hypertension, CHF or COPD – 2 office visits within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis (effective 7/1/12- 6/30/14) Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date) (effective 7/1/14 – 12/31/16)	80%	20%	EHR Data
Patients with Diabetes - HgbA1c testing performed within the first 4 months following the latter of either: a) initial enrollment, or b) initial diagnosis (effective 7/1/12 – 6/30/14) Have one HgbA1c test 6 months after reporting period start date (effective 7/1/14 – 12/31/16)	85%	20%	EHR Data
Patients with Diabetes – percentage of diabetics who have a HgbA1c <8% within six months following the latter of either: a) initial enrollment, or b) initial diagnosis (effective 7/1/12 – 6/30/14) Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period (effective 7/1/14 – 12/31/16)	60%	20%	EHR Data
Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.	50%	20%	Self-reported by health centers and AHS Call Center Data
TOTAL POSSIBLE SCORE		**100%**	

Objective measures may be changed for the subsequent reporting period. Any changes or additions will be approved by the Pilot Program Planning Team managed by the SLRHC at least 60 days in advance of going into effect. At no time will changes to the measures go into effect for a reporting period that has already commenced. (Note: the health centers and state are represented on the Pilot Program Planning Team.) Any changes to the measures will be included in an updated protocol and subject to CMS review.

Any remaining funds will be disbursed based on the criteria summarized below and will be paid within the first quarter following the end of the reporting period:

TABLE 2

Pay-for-Performance Incentive Criteria	**Threshold**	**Weighting**	**Source**
Emergency Department Utilization among Tier 1/Tier 2 Enrollees (effective through December 31, 2013)	TBD pending final actuarial analysis	30% (7/1/12 – 12/31/13)	Claims data
Rate of Referral to Specialist among Tier 1/Tier 2 Enrollees	TBD pending final actuarial analysis	70% (7/1/12 – 12/31/13) 100% (1/1/14-12/31/16)	Referral data

The primary care providers will be eligible for the remaining funds based on the percentage of Tier 1 and Tier 2 patients (Blue Plan) enrolled at their health centers. For example, if Grace Hill has 60% of the primary care patients and Myrtle Hilliard Davis 40%, they would each qualify up to that percentage of the remaining funds. Funds not distributed will be used to create additional enrollment slots where demand and capacity exist. Payments will not be redirected for administrative or infrastructure payments.

Within the first quarter following the end of the reporting period, the state will issue incentive payments to the health centers. Incentive payments will be calculated based on the data received and the methodology described below.

Primary Care Health Center (PCHC) Calculations

Step 1: Calculate the PCHC Incentive Pool (IP) for each PCHC.

- IP = PCHC Payments Earned x 7%

Step 2: Calculate the Incentive Pool Earned Payment (IPEP) that will be paid to each PCHC.

- Identify which performance metrics were achieved
- Determine the total Incentive Pool Weights (IPW) by adding the weights of each performance metric achieved
- *Example:* If the PCHC achieves 3 of the 5 performance metrics, then: IPW = 20% + 20% + 20% = 60%
- IPEP = IP x IPW

Step 3: Calculate the Remaining Primary Care Incentive Funds (RPCIF) that are available for performance metrics not achieved.

- Add the IP for each PCHC to derive the Total IP
- Add the IPEP for each PCHC to derive the Total IPEP
- RPCIF = Total IP – Total IPEP

Step 4: Calculate member months (MM) per reporting period for each PCHC (CMM) and in total (TMM).

- CMM = Total payments earned by **each** PCHC during the reporting period / Rate
- TMM = Total payments earned by **all** PCHC during the reporting period / Rate

Step 5: Calculate the Proportionate Share (PS) of the RPCIF that is available to each PCHC.

- PS = RPCIF x (CMM/TMM)

Step 6: Calculate the Remaining Primary Care Incentive Fund Payment (RPCIFP) for each PCHC.

Example: If the PCHC achieves both the emergency room utilization and specialty referral performance metrics, then:

IPW = 30% + 70% = 100% (effective 7/1/12 - 12/31/13)

IPW = 100% (effective 1/1/14 – 12/31/15)

- RPCIFP = PS x IPW

The following scenarios illustrate the calculations for Step 3 through Step 6 explained above as well as the final amounts withheld and paid to each PCHC based on the assumptions of these scenarios. These scenarios are provided for illustrative purposes only and are not a prediction of what may actually occur.

SCENARIO 1

Key assumptions:

- $40,000 remains in the primary care incentive pool after the first round of disbursements based on the criteria listed in Table 1.
- Each PCHC met the performance metrics for emergency room and specialty referrals based on the criteria listed in Table 2.

Table 1A - Identifies the remaining incentive funds to be disbursed to PCHC.

	7% Withheld	Earned	***STEP 3*** Remaining (Unearned)
Grace Hill	$ 200,000	$200,000	$ -
Myrtle Hilliard	$ 100,000	$ 75,000	$ 25,000
Family Care	$ 20,000	$ 20,000	$ -
BJK People's	$ 50,000	$ 40,000	$ 10,000
St. Louis County	$ 50,000	$ 45,000	$ 5,000
Total	$ 420,000	$380,000	**$ 40,000**

Remaining Primary Care Incentive Funds

Table 1B - Identifies each PCHC proportionate share of the remaining incentive funds.

	STEP 4 Gross Earnings	# of Member Months	***STEP 5*** % of Member Months	PCHC Proportionate Share
Grace Hill	$ 2,857,143	54,966	48%	$ 19,200
Myrtle Hilliard	$ 1,428,571	27,483	24%	$ 9,600
Family Care	$ 285,714	5,497	4%	$ 1,600
BJK People's	$ 714,286	13,742	12%	$ 4,800
St. Louis County	$ 714,286	13,742	12%	$ 4,800
Total	**$ 6,000,000**	**115,430**	100%	**$ 40,000**

Table 1C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC assuming the performance metrics for emergency department utilization and specialty referral metrics are met (Table 2).

Step 6

	PCHC Proportionate Share	IPW**	RPCIFP
Grace Hill	$ 19,200	100%	$ 19,200
Myrtle Hilliard	$ 9,600	100%	$ 9,600
Family Care	$ 1,600	100%	$ 1,600
BJK People's	$ 4,800	100%	$ 4,800
St. Louis County	$ 4,800	100%	$ 4,800
Total	**$ 40,000**		**$ 40,000**

** Effective 1/1/14, IPW will either be 100% or 0% due to elimination of emergency department services.

Table 1D - Shows the total withheld, earned and paid for each PCHC.

	7% Withheld	Earned	RPCIFP	Total Paid
Grace Hill	$ 200,000	$200,000	$ 19,200	$ 219,200
Myrtle Hilliard	$ 100,000	$ 75,000	$ 9,600	$ 84,600
Family Care	$ 20,000	$ 20,000	$ 1,600	$ 21,600
BJK People's	$ 50,000	$ 40,000	$ 4,800	$ 44,800
St. Louis County	$ 50,000	$ 45,000	$ 4,800	$ 49,800
Total	$ 420,000	$380,000	$ 40,000	**$ 420,000**

SCENARIO 2

Key assumptions:

- $40,000 remains in the primary care incentive pool after the first round of disbursements based on the criteria listed in Table 1.
- Some PCHC do not meet the performance metric for emergency room and specialty referrals based on the criteria listed in Table 2.

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

STEP 3

	7% Withheld	Earned	Remaining (Unearned)
Grace Hill	$ 200,000	$200,000	$ -
Myrtle Hilliard	$ 100,000	$ 75,000	$ 25,000
Family Care	$ 20,000	$ 20,000	$ -
BJK People's	$ 50,000	$ 40,000	$ 10,000
St. Louis County	$ 50,000	$ 45,000	$ 5,000
Total	$ 420,000	$380,000	**$ 40,000**

Remaining Primary Care Incentive Funds

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

STEP 4 ***STEP 5***

	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
Grace Hill	$ 2,857,143	54,966	48%	$ 19,200
Myrtle Hilliard	$ 1,428,571	27,483	24%	$ 9,600
Family Care	$ 285,714	5,497	4%	$ 1,600
BJK People's	$ 714,286	13,742	12%	$ 4,800
St. Louis County	$ 714,286	13,742	12%	$ 4,800
Total	**$ 6,000,000**	**115,430**	100%	**$ 40,000**

Table 2C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC assuming that some providers did not meet the performance metrics for emergency department utilization and/or specialty referrals.

Step 6

	PCHC Proportionate Share	IPW**	RPCIFP	Remaining Unused Funds
Grace Hill	$ 19,200	100%	$ 19,200	$ -
Myrtle Hilliard	$ 9,600	70%	$ 6,720	$ 2,880
Family Care	$ 1,600	100%	$ 1,600	$ -
BJK People's	$ 4,800	30%	$ 1,440	$ 3,360
St. Louis County	$ 4,800	0%	$ -	$ 4,800
Total	**$ 40,000**		**$ 28,960**	**$ 11,040**

** Effective 1/1/14, IPW will either be 100% or 0% due to elimination of emergency department services.

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

	7% Withheld	Earned	RPCIFP	Total Paid
Grace Hill	$ 200,000	$200,000	$ 19,200	$ 219,200
Myrtle Hilliard	$ 100,000	$ 75,000	$ 6,720	$ 81,720
Family Care	$ 20,000	$ 20,000	$ 1,600	$ 21,600
BJK People's	$ 50,000	$ 40,000	$ 1,440	$ 41,440
St. Louis County	$ 50,000	$ 45,000	$ -	$ 45,000
Total	$ 420,000	$380,000	**$ 28,960**	**$ 408,960**

The state will determine with the SLRHC where the demand exists in the Pilot Program (primary care or specialty care) to determine where to apply the remaining funds. Payments will not be redirected for administrative or infrastructure payments.

St. Louis ConnectCare Pay-for-Performance Eligibility (Effective July 1, 2012 - December 31, 2013)

For those patients with Tier 1 and Tier 2 benefits (Blue Plan), St. Louis ConnectCare will receive an alternative payment for medical and pharmaceutical expenses. The payment to St. Louis ConnectCare will be subject to a 7% withhold, which will be paid out in whole or part within the first quarter following the attainment of certain quality measures.

For those patients with Tier 2 only benefits (Silver Plan), reimbursement to St. Louis ConnectCare will be based on a fee-for-service methodology at 120% of Medicare with a withhold of 7%, which will be paid out in whole or part within the first quarter following the attainment of certain quality measures.

The pay-for-performance incentive payment will be based on achieving specified goals for the following:

TABLE 3

St. Louis ConnectCare Pay-for-Performance Metrics

<table>
<tr><th colspan="5">Pay-for-Performance Incentive Criteria</th><th>Threshold</th><th>Weighting</th><th>Source</th></tr>
<tr><td colspan="5">Timely Patient Access as Measured by Appointment Wait Times -
<table><tr><th>Specialty</th><th>Benchmark (weeks)</th><th></th><th>Specialty</th><th>Benchmark (weeks)</th></tr><tr><td>Cardiology</td><td>5</td><td></td><td>Neurology</td><td>9</td></tr><tr><td>Dermatology</td><td>4</td><td></td><td>Orthopedics</td><td>6</td></tr><tr><td>Endocrinology</td><td>7</td><td></td><td>Pulmonology</td><td>8</td></tr><tr><td>ENT</td><td>4</td><td></td><td>General Surgery</td><td>3</td></tr><tr><td>GI</td><td>6</td><td></td><td>Urology</td><td>8</td></tr><tr><td>Nephrology</td><td>5</td><td></td><td></td><td></td></tr></table></td><td>80%</td><td>50%</td><td>Semi-Annual Self Reporting/AHS</td></tr>
</table>

Coordination of Care – (a) Receipt of consultation documentation within 10 business days; (b) Completion of a primary care – specialist physician compact of collaborative guidelines *	(a) 80% (b) 100%	(a) 15% (b) 10%	AHS/RHC
Timely, Accurate Filing of Patient Encounters and Claims Data– Utilization data for patients covered by cap payments and claims data all submitted within 60 days of date of service	90%	25%	Claims Processing Vendor
TOTAL POSSIBLE SCORE		**100%**	

Objective measures may be changed for the subsequent reporting period. Any changes or additions will be approved by the Pilot Program Planning Team managed by the SLRHC at least 60 days in advance of going into effect. At no time will changes to the measures go into effect for a reporting period that has already commenced. (Note: SLCC and state are represented on the Pilot Program Planning Team.)

Remaining funding in the specialty care incentive pool will be used to create additional enrollment slots where demand and capacity exist. Payments will not be redirected for administrative or infrastructure payments. Incentive payments will be calculated based on the data received and the methodology described below.

St. Louis ConnectCare (SLCC) Calculations

Step 1: Calculate the SLCC Incentive Pool (SIP).

- SIP = SLCC Payments Received x 7%

Step 2: Calculate the SLCC Incentive Pool Earned Payment (SIPEP) to be paid to SLCC.

- Identify which performance metrics were achieved
- Determine the SLCC Incentive Pool Weight (SIPW) by adding the weights of each performance metric achieved

Example: If SLCC achieves 2 of the 3 performance metrics - timely patient access and coordination of care, then:

SIPW = 50% + 25% = 75%

- SIPEP = SIP x SIPW

The state will determine with the SLRHC where the demand exists in the Pilot Program (primary care or specialty care) to determine where to apply any remaining funds. Payments will not be redirected for administrative or infrastructure payments.

Appendix III

Pay-for-Performance Incentive Payment Results
Reporting Period: January – June 2014

Background

The State withholds 7% from payments made to the primary care health centers. The amount withheld is tracked on a monthly basis. Primary care health centers provided self-reported data to SLRHC within 30 days of the end of the reporting period for those patients who were enrolled for the entire reporting period. SLRHC validated the data by taking a random sample of the self-reported data and comparing it to the claims data. SLRHC has calculated the funds due to the providers based on the criteria and methodologies described in the Incentive Protocol, approved by CMS. Results for the fourth reporting period, January – June 2014, are summarized below.

Primary Care Health Center Pay-for-Performance Results

The potential incentive payment amount totaled $480,785.54 and 100% will be paid to primary care providers. The following table outlines the pay-for-performance thresholds in comparison to the actual results of each metric.

Table 1 **Pay-for-Performance Criteria**	**Threshold**	*Actual Outcomes Achieved*					
		GH	**MHD**	**FC**	**BJKP**	**County**	**Total**
1 - All Patients (1 visit)	80%	67%	71%	80%	72%	87%	72%
2 - Patients with Chronic Disease (2 visits)	80%	83%	87%	89%	92%	92%	86%
3 - Patients with Diabetes HgbA1c Tested	85%	87%	48%	100%	89%	89%	80%
4 - Patients with Diabetes HgbA1c < 8%	60%	60%	58%	75%	56%	68%	63%
5 - Hospitalized Patients	50%	87%	73%	64%	67%	83%	81%

The number of metrics met by each health center for the first round of metrics is depicted by the green highlighted fields in Table 1 above. The health centers earned $359,560.90 of the initial incentive pool leaving a remaining balance of $121,224.64.

According to the Protocol, each health center is eligible for the remaining funds based on their percentage of Blue Plan patients enrolled provided that the specialist referral rate criteria is met. The outcome for referral rates to specialty care was compared to the thresholds and the results are summarized as follows:

Table 2 **Pay-for-Performance Criteria**	**Weight**	**Threshold**	*Actual Outcomes Achieved*					
			GH	**MHD**	**FC**	**BJKP**	**County**	**Total**
Referral Rate to Specialty Care	100%	680/1000	277	345	599	425	484	363
Incentive Pool Percentage Earned	**100%**		**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

As noted by the green highlights in Table 2, all health centers met the performance criteria for the second round of metrics related to the rate of referrals to specialty care. The following table summarizes the incentive earnings for each health center based on the metrics that were achieved.

Table 3 – Amount Due to Each Health Center

Health Center	Incentive Pool	First Round Earnings	Second Round Earnings	Total Due to Providers
GH	$ 224,213.71	$ 179,370.97	$ 56,975.58	$ 236,346.55
MHD	$ 81,965.88	$ 32,786.35	$ 20,608.19	$ 53,394.54
FC	$ 33,852.59	$ 33,852.59	$ 8,485.72	$ 42,338.31
BJKP	$ 68,005.92	$ 40,803.55	$ 16,971.45	$ 57,775.00
County	$ 72,747.44	$ 72,747.44	$ 18,183.70	$ 90,931.14
Total	$ 480,785.54	$ 359,560.90	$ 121,224.64	**$ 480,785.54**

SUMMARY OF CALCULATIONS

The following process was followed to determine the payout for each of the primary care providers.
Step 1: Determine the initial pool amount.
Step 2: Determine which of the following first-tier performance metrics were achieved for each organization:

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
All Patients Enrolled - Minimum of at least 1 office visit (including a health risk assessment and health and wellness counseling) within the first 6 months following enrollment	80%	20%	Claims Data
Patients with Diabetes, Hypertension, CHF or COPD – 2 office visits within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis	80%	20%	Claims Data
Patients with Diabetes - HgbA1c testing performed within the first 4 months following the latter of either: a) initial enrollment, or b) initial diagnosis	85%	20%	Claims Data
Patients with Diabetes – percentage of diabetics who have a HgbA1c <8% within six months following the latter of either: a) initial enrollment, or b) initial diagnosis	60%	20%	Self-Reported by Health Centers
Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.	50%	20%	Self-reported by health centers and AHS Call Center Data
TOTAL POSSIBLE SCORE		**100%**	

Step 3: Calculate the earnings for the initial pool based on the number of first-tier metrics achieved.
Step 4: Determine the second pool amount, which is unearned amount from the initial pool.
Step 5: Calculate health center's share of available earnings based on enrollment.
Step 6: Determine which of the following second-tier performance metrics were achieved:

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
Rate of Referral to Specialist among Tier 1/Tier 2 Enrollees	680/1000	100%	Claims data

Step 7: Calculate the earnings for the second pool based on the number of second-tier metrics achieved.
Step 8: Calculate the total payment to the health center by summing the earnings from both pools.

PRIMARY CARE TRENDING REPORT

Pay-for-Performance Criteria	Threshold	Grace Hill				Myrtle				Family Care			
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14
TIER 1 OUTCOMES													
1 - All Patients (1 visit)	80%	68%	52%	75%	67%	56%	58%	86%	71%	70%	73%	74%	80%
2 - Patients with Chronic Disease (2 visits)	80%	73%	81%	80%	83%	82%	87%	95%	87%	75%	18%	14%	89%
3 - Patients with Diabetes HgbA1c Tested	85%	62%	91%	88%	87%	67%	78%	72%	48%	68%	70%	81%	100%
4 - Patients with Diabetes HgbA1c < 8%	60%	61%	60%	61%	60%	50%	48%	50%	58%	54%	53%	64%	75%
5 - Hospitalized Patients	50%	100%	83%	71%	87%	100%	59%	37%	73%	100%	100%	38%	64%
TIER 2 OUTCOMES													
1 - Emergency Department Utilization	28/1000[1]	34	13	12	N/A	28	10	27	N/A	12	11	20	N/A
2 - Referral Rate to Specialists	680/1000	447	427	315	277	454	353	309	345	656	647	567	599

[1] The threshold for emergency room (ER) utilization for the July 2012 through June 2013 was 36 per 1000. As of January 1, 2014, Gateway to Better Health no longer funded any portion of ER visits and thus no longer captured data for ER utilization.

Pay-for-Performance Criteria	Threshold	BJK People's				St. Louis County				Total			
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14
TIER 1 OUTCOMES													
1 - All Patients (1 visit)	80%	75%	61%	80%	72%	69%	75%	77%	87%	65%	62%	79%	72%
2 - Patients with Chronic Disease (2 visits)	80%	50%	68%	81%	92%	89%	95%	82%	92%	74%	73%	77%	86%
3 - Patients with Diabetes HgbA1c Tested	85%	71%	57%	85%	89%	71%	83%	85%	89%	66%	77%	83%	80%
4 - Patients with Diabetes HgbA1c < 8%	60%	46%	37%	55%	56%	39%	64%	63%	68%	54%	53%	59%	63%
5 - Hospitalized Patients	50%	100%	77%	28%	67%	100%	100%	52%	83%	100%	78%	54%	81%
TIER 2 OUTCOMES													
1 - Emergency Department Utilization	28/1000[1]	24	16	17	N/A	9	7	14	N/A	26	12	12	N/A
2 - Referral Rate to Specialists	680/1000	598	440	363	425	547	510	487	484	496	443	365	363

Appendix IV
Projected Budget Neutrality Impact Through 2016

Gateway to Better Health (Total Computable)

	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- 09/30/2015	DY 7 FFY 2016 10/01/2015- 09/30/2016	DY 8 FFY 2017 10/01/2016- 12/31/2016	Total - 6.5 year demonstration 07/28/2010 to 12/31/2015
No. of months in DY	**3 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**	
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**	**3 months**	
Without Waiver Projections									
Estimated DSH Allotment**	$189,681,265	$748,599,611	*$764,632,976*	*$764,632,976*	*$764,632,976*	*$764,632,976*	*$726,401,327*	*$172,520,315*	**$4,895,734,422**
Without Waiver Total	**$189,681,265**	**$748,599,611**	**$764,632,976**	**$764,632,976**	**$764,632,976**	**$764,632,976**	**$726,401,327**	**$172,520,315**	**$4,895,734,422**
With Waiver Projections									
Residual DSH	$175,037,571	$679,083,062	*$738,644,994*	*$735,638,937*	*$738,258,382*	*$734,928,380*	*$700,323,723*	*$166,185,174*	$4,668,100,223
St. Louis ConnectCare	$4,850,000	$18,150,000	$14,879,909	*$3,148,648*	$118,489	$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*	*$6,690,813*	*$6,418,420*	*$1,551,515*	$38,135,117
Myrtle Davis Comprehensive Health Centers	$937,500	$3,750,000	*$3,097,841*	*$2,108,161*	*$1,838,040*	*$2,472,692*	*$2,372,024*	*$573,386*	$17,149,644
Contingency Provider Network	$0	$0	*$379,372*	*$4,254,902*	*$5,469,199*	*$5,725,193*	*$5,496,984*	*$1,328,778*	$22,654,429
Voucher	$0	$0	$0	*$4,541,262*	*$6,358,786*	*$8,051,231*	*$7,989,092*	*$1,931,191*	$28,871,563
Infrastructure	$0	$0	$975,000	*$1,925,000*	*$0*	$0	$0	$0	$2,900,000
SLRHC Administrative Costs	$75,000	$300,000	$300,000	*$300,000*	*$75,000*	*$0*	*$0*	*$0*	$1,050,000
SLRHC Administrative Costs Coverage Model			$584,155	*$4,328,950*	$3,692,463	*$4,024,400*	*$3,801,084*	*$950,271*	$17,381,324
CRC Program Administrative Costs	$91,684	$700,000	$700,000	*$700,000*	*$175,000*	*$0*	*$0*	*$0*	$2,366,684
Projected expenditures for DY3 DOS*	$0	$0	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	$0
Actual expenditures for DY3 DOS				$2,670,607	*$33,308*	*$0*	*$0*	*$0*	$2,703,915
Projected expenditures for DY4 DOS*				$0	*$0*	*$199,900*	*$0*	*$0*	$199,900
Actual expenditures for DY4 DOS				$0	*$2,540,653*	*$0*	*$0*	*$0*	$2,540,653
Projected expenditures for DY5 DOS*						*$2,540,366*	*$0*	*$0*	$2,540,366
Total With Waiver Expenditures	**$182,454,255**	**$707,833,062**	**$764,632,976**	**$764,632,976**	**$764,632,976**	**$764,632,976**	**$726,401,327**	**$172,520,315**	**$4,845,200,497**
Amount under (over) the annual waiver cap	$7,227,010	$40,766,549	$0	$0	$0	$0	$0	$0	$50,533,925
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	$29,704,596	$26,077,604	$6,335,141	
Annual expenditure authority cap by DY DOS (Demo expenses NOT including residual DSH)	$7,416,684	$28,750,000	$28,691,897	$29,063,985	$26,340,999	$26,964,330	$26,077,604	$6,335,141	

*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. Therefore, the regular FFY 2011 allotment was used as a proxy for FFY 2012 through FFY 2014. 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

The budget neutrality assumes the amendment to iinclude certain brand name drugs that do not have a generic equivalent is approved.

Appendix V
Patient Satisfaction Report

St. Louis Regional Health Commission Gateway to Better Health Demonstration Project Patient Report

A Summary of Key Findings

November 10, 2014

Prepared for:

St. Louis Regional Health Commission

Prepared by:

Princeton Survey Research Associates International

Contents

I. Executive Summary

The St. Louis Regional Health Commission (STLRHC) sponsored the Gateway to Better Health Demonstration Project – Patients Survey. In partnership with the State of Missouri, STLRHC operates the Gateway to Better Health Demonstration, which is an 1115 waiver granted by the Centers for Medicare and Medicaid Services (CMS) that authorizes a pilot coverage model. Enrollees select a primary care home from five community health centers that coordinate additional outpatient care with covered specialists. For the survey, a representative sample of Gateway enrollees (1,202) completed the surveys via a telephone interview, representing a 32% response rate from those contacted.

The Gateway to Better Health program enrollees believe the program is having a positive impact on their health. Majorities report they are satisfied with quality of the care they have received and would recommend Gateway to friends or family members. They are "not confident" that they would be able to maintain the same level of health if the Gateway program were no longer available. Many were uninsured prior to Gateway and delayed getting health care due to cost, which could account for their lack of confidence in obtaining care if the program were no longer available. The survey reveals some key findings of particular interest.

Participants' Prior Insurance Status and Access to Health Care

The large majority of Gateway enrollees (82%) were uninsured prior to being enrolled in the Gateway program. Just 18% were covered by health insurance prior to Gateway enrollment. Prior to enrollment, delaying health care was common among participants. A majority (57%) report it had been a year or longer since they saw a medical provider for a check-up or other routine care, with 27% reporting it had been three years or more. Those who were uninsured prior to Gateway enrollment are more likely not to have seen a doctor for a considerable period of time.

In addition, majorities of respondents report they did not get specific types of care because of the cost, including:

- 79% who did not get routine dental care;
- 74% who did not see a doctor when sick;

- 74% who did not fill a prescription;
- 72% who skipped a medical test, treatment or follow-up recommended by a doctor

Incidence of skipping these types of care is even higher among Gateway participants who were uninsured prior to their enrollment, those who describe their physical health as fair or poor, those with a chronic health condition, and those taking prescription medications.

Among those who report delaying or not getting care prior to enrollment in Gateway, 73% describe it as a "big problem" while just 17% say it was a "small problem" and 9% say it was "not at problem at all."

Current Health Status

One-third of Gateway enrollees rate their overall physical health as excellent or very good, while an additional 35% say it is good. Twenty-nine percent say their physical health is fair or poor. About two-thirds of respondents (68%) report at least one chronic health condition, such as high blood pressure, diabetes, or arthritis. The largest share of respondents have high blood pressure (43%) or arthritis (21%).

A majority of respondents (59%) currently take or need prescription medication to manage a long-term or chronic condition. In addition, more than one in three respondents (37%) have a physical or medical condition that seriously interferes with their ability to work, attend school, or manage their day-to-day activities.

Gateway Impact on Health

An important purpose of the survey was to gauge the impact, if any, that the Gateway program is having on enrollees' health. A majority of participants (56%) say their overall physical health has improved since enrollment in the Gateway program. A larger share of those with a chronic condition report improvements in their physical health since enrolling in Gateway, than those without these conditions (60% v. 46%).

Respondents were also asked about improvements in their mental or emotional health since enrolling in the Gateway program. One-third (36%) say that their mental or emotional health is better, while the majority (59%) say it has stayed the same.

Those with chronic health conditions, those who have had help coordinating their care, those who have been seen in the past three months at the health center, and those who delayed care are all more likely than their counterparts to say their mental or emotional health has improved since enrollment in Gateway.

Gateway enrollees were asked about other impacts enrollment in the program may be having on their health. Strong majorities say they "strongly agree" with each of the statements:

- Helps you follow the treatments your health provider recommends (74%)
- Makes it easier to coordinate all your health care (74%)
- Helps you to make better decisions about your health and wellness (74%)
- Helps you lead a healthier life (74%)
- Helps you feel more in charge or your health (73%)

In addition to impacts on health, 30% of respondents say being enrolled in Gateway has had a "big impact" on their ability to find or keep a job.

Gateway participants were asked to put into their own words what about the program has been most helpful to them, and what needs to be improved. Many enrollees say the ability to see a doctor and obtain treatment at a low-cost is most helpful to them.

"Being able to go and have my blood pressure checked and my cholesterol checked. I would not have been able to do that before the Gateway program."

"Being able to see the doctor and not having a whole lot of out-of-pocket expenses. Without Gateway, I don't know what kind of insurance I would or could have."

"Before I had insurance through Gateway, I would not go to the doctor. Now that I do have insurance, I don't have to be afraid to call and go to the doctor."

Gateway enrollees were also asked what could be improved in the program. Many responses focused on administrative aspects such as scheduling. Others emphasized the need to expand coverage.

"Appointment times and schedules and being able to get someone in a little quicker than they do."

"The location of providers and the number of providers."

"I think they need to cover mental health. There are a lot of people with mental issues that are not getting the help they need. They also need to add dental services."

Concern if Gateway Ended

Gateway participants are concerned that they would not be able to continue to receive health care if the Gateway program ended. Majorities say they are "not confident" about each of the following:

- You could afford prescription medicines (84%)
- You could afford to see a doctor (83%)
- You could find quality medical care (74%)

Additionally, six in ten say they are "not confident" their overall health would stay the same.

Gateway Health Centers

Overall, Gateway enrollees are satisfied with the care they are receiving. Seven in ten participants say the quality of the health care they receive from Gateway is "excellent" (41%) or "very good" (28%). Nine in ten enrollees are satisfied with the care they receive at their particular health center, with 68 percent saying they are "very satisfied". Three-quarters (76%) report they are "very likely" to recommend their health center to a friend or family member.

Several groups of interest are more likely than others to say they are very satisfied with their health center and very likely to recommend their health center to others: respondents who report improved health since enrolling in Gateway, who have had help coordinating their care, and those who were uninsured prior to enrollment.

Seven in ten say it is easy to get an appointment at the health center when they need one. In addition, large majorities report satisfaction with the medical staff at their health center. When asked how well each statement describes the staff, majorities say "very well" for each:

- The staff explains thing in way that is easy to understand (82%)
- The staff shows respect for what you have to say (81%)
- They listen carefully to you (80%)
- They involve you in decisions made about your medical treatments (78%)
- They spend enough time with you (75%)

Specialist Visits

Fifty-five percent of program participants have visited a specialist doctor. Among those referred to specialists, a large majority (86%) report that it is easy to get a referral, including 60% who describe the process as "very easy." In addition, eight in ten (80%) of those referred to specialists say it is easy to schedule an appointment, including 55% who describe the process as "very easy."

As was the case with the specific health centers, majorities of those who have visited a specialist report the statements describe the medical staff at the specialist office "very well".

- The staff explains things in way that is easy to understand (86%)
- The staff shows respect for what you have to say (86%)
- They listen carefully to you (84%)
- They spend enough time with you (82%)
- They involve you in decisions made about your medical treatments (81%)

Emergency Room Use

A majority of survey respondents (60%) report they have not visited the emergency room since enrolling in the Gateway program. About one in five (19%) report just one ER visit, while one in ten (12%) respondents have visited an ER three or more times during their Gateway enrollment. The most commonly cited reason for going to the ER is the problem was too serious for a doctor's office (69%).

Nearly one-half of Gateway enrollees who have visited an emergency room since entering the program believe that none of their ER visits could have been treated by their health center (48%).

One-half of all survey respondents (52%) report visiting the emergency room less often since enrolling in Gateway, and just 4% say they go to the ER more often.

Hospitalization

Since enrolling in Gateway, just 16% of survey respondents report they been a patient in a hospital overnight or longer. Of those who have been hospitalized since enrolling in the program, almost eight in ten (79%) say that at least one of their stays in the hospital began with a visit to the emergency room.

Respondents who have been hospitalized since enrolling in Gateway were asked how easy or hard it was for them to coordinate various aspects of their care after their release. Majorities of these respondents report that coordinating aspects of their care such as medication and follow-up appointments was easy.

- Getting an appointment to see your primary doctor for a follow up (82%)
- Getting the medicines that the hospital doctor had prescribed for you (75%)
- Getting an appointment to see a specialist doctor (72%)

About the Survey

These are among the findings of a survey sponsored by the St. Louis Regional Health Commission. The survey included telephone interviews with a representative sample of 1,202 Gateway to Better Health program enrollees. The survey, conducted by Princeton Survey Research Associates International, asked questions about the respondent's use of Gateway program benefits, their opinion and attitudes towards the program, as well as the impact the program is having on their health. Interviews were conducted from September 22-October 11, 2014.

The margin of sampling error for results based on total sample at the 95 percent level of confidence is plus or minus three percentage points. Question wording and the practical difficulties in conducting surveys can also introduce error in survey estimates. A description of the survey methodology and a questionnaire annotated with the survey results are included in the appendix that follows the detailed findings.

II. Background of Survey Participants

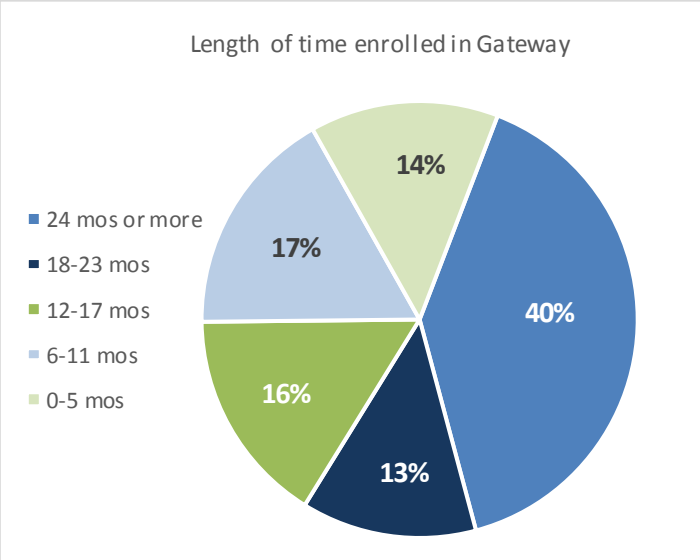
Participant Demographics

The 1,202 Gateway program enrollees who responded to the survey closely mirror the total Gateway enrollee population. The final sample is 55% female and about three-quarters African-American (76%). Respondents range in age from 18 to 64, with a median age of 48 years-old. A majority of respondents (83%) have graduated from high school, and 37% are employed either full- or part-time. Most are unmarried (85%) and have no children under age 18 (67%). Virtually all survey respondents (97%) report that English is the language they mainly speak at home. The table below summarizes the key demographic characteristics of survey respondents.

Table 1: Demographic Makeup of Survey Respondents	
Male	45%
Female	55%
18-29	17%
30-39	16%
40-49	23%
50-64	43%
Less than high school	16%
High school graduate	40%
Some college or more	43%
White	19%
African-American	76%
Asian	1%
Other/Mixed race	2%
Married/Living with partner	14%
Not married	85%
Parents of children under 18	32%
Non-parents	67%
Employed full-time	11%
Employed part-time	26%
Not employed for pay	62%

Participant Tenure in Gateway to Better Health

Survey respondents' tenure in the Gateway program ranges from brand new enrollees to those who have been in the program for more than two years. Their median length of enrollment in Gateway is 19 months.



Asked the MOST important reason for enrolling, about half (47%) say that Gateway made healthcare affordable, 20% say they enrolled because they lost their health insurance, and another 18% say getting sick was the main reason they enrolled. About one in ten (11%) enrolled because their doctor encouraged them to.

Getting Care Prior to Gateway

Fewer than one in five Gateway participants (18%) report having health insurance prior to enrolling in the program, with 82% reporting being uninsured at that time. The demographic subgroups that are particularly likely to report being uninsured prior to enrollment are men, older participants, and those who do not have a high school diploma (see Table 2).

In addition, to demographic differences, health status is also related to one's insurance status prior to Gateway enrollment. Those of poorer health are more likely than others to report being uninsured prior to their enrollment in Gateway (see Table 3).

Table 2: Percent Uninsured Prior to Enrollment	
Total	82%
Men	85%*
Women	79%
18-29	66%
30-39	81%*
40-49	88%*
50-64	85%*
Less than high school	89%*
High school graduate	83%
Some college or more	78%

*Throughout the report, the asterisk identifies groups that represent a statistically significant difference in response at the 95% level of confidence.

Table 3: Percent Uninsured Prior to Enrollment	
Total	82%
Physical Health is Excellent/Very good	79%
Physical Health is Good	80%
Physical Health is Fair/Poor	87%*
Have chronic health condition(s)	85%*
No chronic health condition(s)	75%
Take prescription medicine(s)	85%*
Do not take prescription medicine(s)	76%

Among those who were *uninsured* prior to enrolling in Gateway, a majority (72%) say that not being able to afford private insurance is the main reason they were uninsured. Another 17% report that losing their job or exhausting COBRA benefits is the main reason they had no insurance at that time. For 6%, the main reason for being uninsured is working for an employer that did not offer health insurance.

A substantial majority (88%) of survey respondents who were *uninsured* prior to enrolling in Gateway report being uninsured for at least one year, including 60% who had been uninsured for three years or more. Male respondents appear to be at slightly higher risk for lengthy periods of being uninsured; among the uninsured, men are significantly more likely than women (66% v. 54%) to have been uninsured for three years or more prior to enrolling in Gateway.

Looking at those who did have health insurance when they enrolled in Gateway, roughly half (52%) were covered by Medicaid/MO HealthNet, and another 34% were covered by an employer-provided plan. Those covered by Medicaid/MO HealthNet prior to enrollment are disproportionately female, under age 50, African-American and parents of children under 18. Those covered by an employer-provided plan prior to enrolling in Gateway are disproportionately male, age 50-64, and white.

Delays in Routine Care Prior to Enrollment in Gateway

Prior to enrolling in the Gateway to Better Health program, many respondents were not getting regular medical care. For a majority (57%), their most recent doctor's visit was at least one year prior to enrolling, including 27% who had not seen a doctor for at least three years before being enrolled in

Gateway. Four in ten survey respondents (42%) report that prior to enrolling in Gateway, their most recent visit to a doctor or other healthcare provider for routine care had been within the past year.

Whether one delayed routine care prior to being enrolled in Gateway appears to be more a function of their insurance status at the time than their health status. Gateway enrollees who were insured prior to becoming participants in the program are much more likely than those who were not insured (57% v. 38%) to have seen a doctor within the year prior to enrollment. In contrast, participant's physical health rating and whether they have a chronic health condition have no impact on whether they delayed routine care prior to being enrolled in Gateway.

Delays in care prior to becoming a Gateway participant are also related to an individual's age, gender and employment status (see Table 4).

Table 4: Percent Who Did Not See a Doctor for Routine Care for 3+ Years Prior to Enrolling in Gateway

Total	27%
Men	32%*
Women	23%
18-29	15%
30-39	18%
40-49	30%*
50-64	33%*
Employed Full or Part Time	22%
Not employed	30%*

In addition to not seeing a doctor for routine care, large majorities of respondents report that prior to enrolling in Gateway, there were times they did not see a doctor when they were sick (74%), did not fill a prescription for medicine (74%), or skipped a medical test, treatment or follow-up recommended by a doctor (72%). Eight in ten (79%) report not getting routine dental care prior to enrolling in the program. These figures are even higher among Gateway participants who were uninsured prior to their enrollment, those who describe their physical health as fair or poor, those with a chronic health condition, and those taking prescription medications (see Table 5).

Table 5: Groups Most Likely to Report NOT Getting Care Prior to Enrolling in Gateway				
% of each group who say that before enrolling in Gateway, there were times they…	**Did not get routine dental care**	**Did not go see a doctor when they were sick**	**Did not fill a prescription**	**Skipped a recommended test, treatment, or follow-up**
Total	79%	74%	74%	72%
Uninsured prior to enrollment	81%*	78%*	77%*	75%*
Insured prior to enrollment	66%	57%	61%	59%
Physical health is fair/poor	81%	82%*	81%*	76%*
Physical health is good	80%	73%	74%	72%
Physical health is excellent/very good	76%	70%	68%	68%
Have chronic health condition(s)	81%*	78%*	80%*	78%*
No chronic health condition(s)	74%	66%	62%	59%
Take prescription medicine(s)	81%	78%*	79%*	77%*
Do not take prescription medicine(s)	76%	69%	66%	65%

Among those who report delaying or not getting care prior to enrollment in Gateway, 73% describe it as a "big problem," while just 17% say it was a "small problem," and 9% say it was "not at problem at all." Those who were uninsured and in poor physical health were more likely to report delays in care were a "big problem" (see Table 6).

Table 6: Percent of Each Group Who Say Delays in Care or Not Getting Care Were a "Big Problem" Before Enrolling in Gateway	
Total	73%
Uninsured prior to enrollment	76%*
Insured prior to enrollment	59%
Physical health is fair/poor	81%*
Physical health is good	72%
Physical health is excellent/very good	66%
Have chronic health condition(s)	78%*
No chronic health condition(s)	62%
Take prescription medicine(s)	79%*
Do not take prescription medicine(s)	64%

Respondents' Current Physical and Mental Health

Asked to rate their current physical health, 35% of respondents describe their health as excellent or very good, another 35% say their health is good, and 29% describe their health as fair or poor. Self-ratings of mental and emotional health are slightly more positive than ratings of physical health, with 51% describing their current mental health as excellent or very good, 27% saying good, and 21% saying just fair or poor.

About two-thirds of respondents (68%) have a chronic health condition such as high blood pressure, diabetes, or heart disease, and almost as many respondents (59%) currently take or need prescription medication to manage a long-term or chronic condition. In addition, more than one in three respondents (37%) have a physical or medical condition that seriously interferes with their ability to work, attend school, or manage their day-to-day activities.

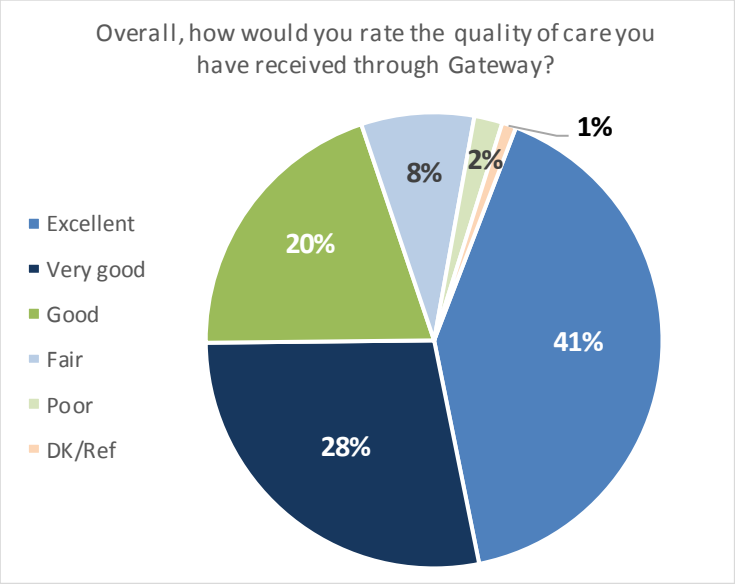
Respondents' health ratings and profiles vary considerably by age and race (see Table 7).

Table 7: Health Profile of Survey Respondents

% of each group who…	Describe their physical health as fair or poor	Describe their mental health as fair or poor	Have a chronic health condition	Take/need prescription medication for a chronic or long-term condition	Have a physical or mental condition that interferes with daily life
Total	29%	21%	68%	59%	37%
18-29	9%	15%	35%	25%	18%
30-39	27%*	14%	58%*	49%*	27%*
40-49	34%*	26%*	75%*	69%*	42%*
50-64	36%*	24%*	81%*	70%*	46%*
White	39%*	36%*	75%*	71%*	55%*
African-American	27%	18%	66%	55%	33%

III. Perceptions of Gateway and its Impact on Health

Survey respondents rate the care they receive through Gateway with high marks. Nine in ten (89%) say the quality of care they receive through Gateway as at least "good". Four in ten (41%) rate the quality of their care "excellent," 28% rate it "very good" and 20% say it is "good". Very few (10%) give their care in the program ratings of "fair" or "poor."

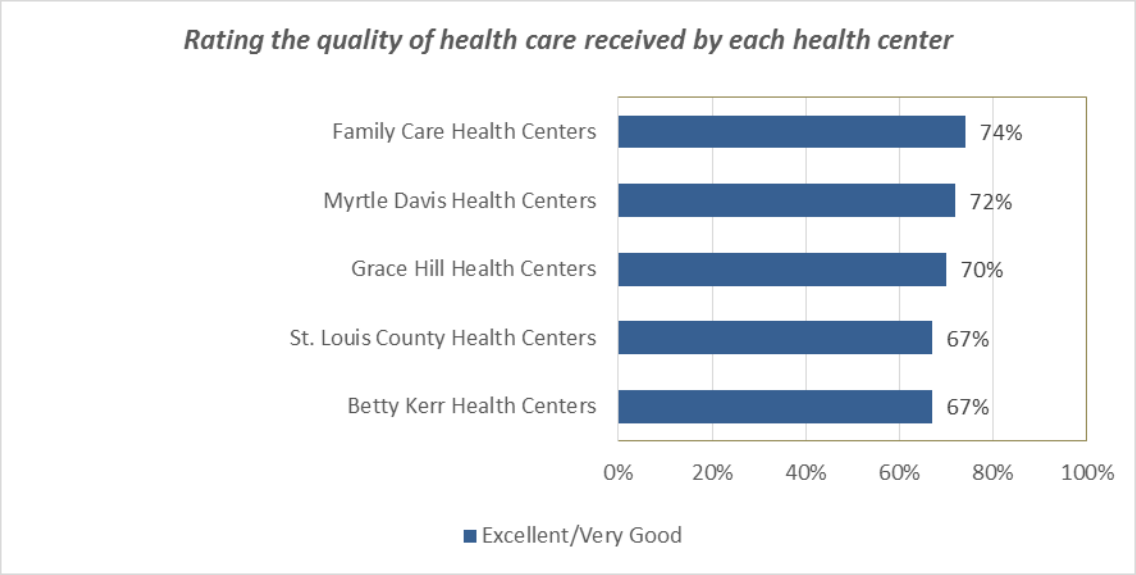


Respondents who give their Gateway care the highest marks are those who have had a recent visit to a Gateway healthcare provider, as well as those who had not seen a doctor for at least one year prior to being enrolled in the program. Specifically, participants who visited a Gateway healthcare provider within the three months prior to the survey are slightly more likely than those whose last visit was four or more months prior (72% v. 64%) to say their overall healthcare under Gateway is "excellent" or "very good." Enrollees who had not visited a doctor for more than a year prior to being enrolled are also slightly more likely than those who had (73% v. 64%) to rate their care under the program as "excellent" or "very good."

As would be expected, Gateway enrollees who report better health since joining the program and those who have had help coordinating care also rate the program's quality of care more positively than others. Among those who say their health has improved since becoming part of Gateway, 81% rate the care they receive as "excellent" or "very good," compared with just half (51%) of those who do not report better health since joining. Patients who received help coordinating their care are more likely than those who did not (73% v. 64%) to give quality of care ratings of "excellent" or "very good."

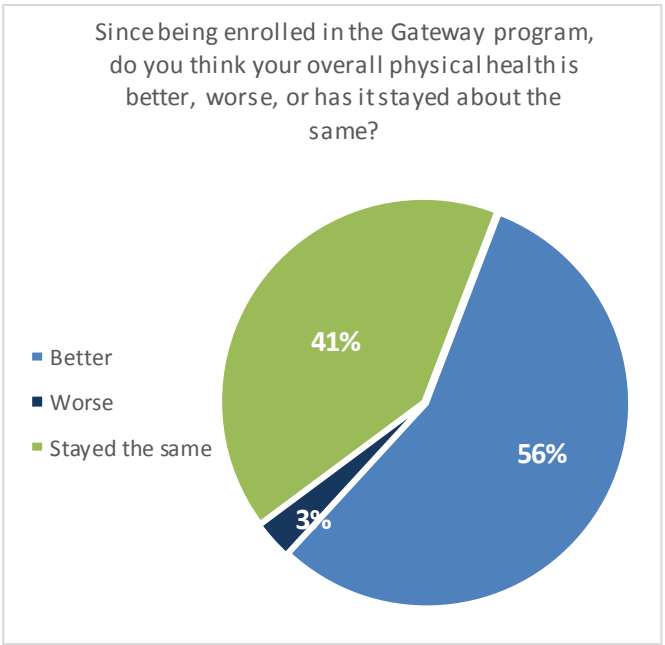
Ratings across the different health centers are high, while not statistically significant, there is some variation. Seventy-four percent of patients at Family Care Health Centers give ratings of "excellent" or "good" on the quality of health care they have received in the Gateway program, while 72% of patients at Myrtle Hilliard Davis Health Centers, 70% of patients at Grace Hill Health Centers, and 67% of patients

at Betty Jean Kerr People's Health Centers and St. Louis County Health Centers give similar ratings (see Figure).



Perception of Health since Enrolling in Gateway

A majority of survey respondents (56%) report better physical health since enrolling in Gateway, with very few (3%) reporting worsening physical health. As was the case with ratings of Gateway's quality of care, respondents who have visited a Gateway healthcare provider in the three months prior to the survey are more likely than those who have not (60% v. 46%) to report improved health. Likewise, those who had not seen a healthcare provider for at least three years prior to enrolling in Gateway are more likely than those who had had more recent care (64% v. 53%) to say their health has improved since enrollment.



Older survey respondents are more likely than younger respondents to report positive health impacts since joining the program. Gateway enrollees age 40-64 are more likely than those 18-39 (59% v. 49%) to say their health has gotten better since enrolling in Gateway. This may be partly due to older

respondents reporting poorer health overall, leaving more room for perceived improvement with consistent care. This same pattern bears out among enrollees with a chronic health condition, who are more likely than others (60% v. 46%) to say their health is better since enrolling in Gateway.

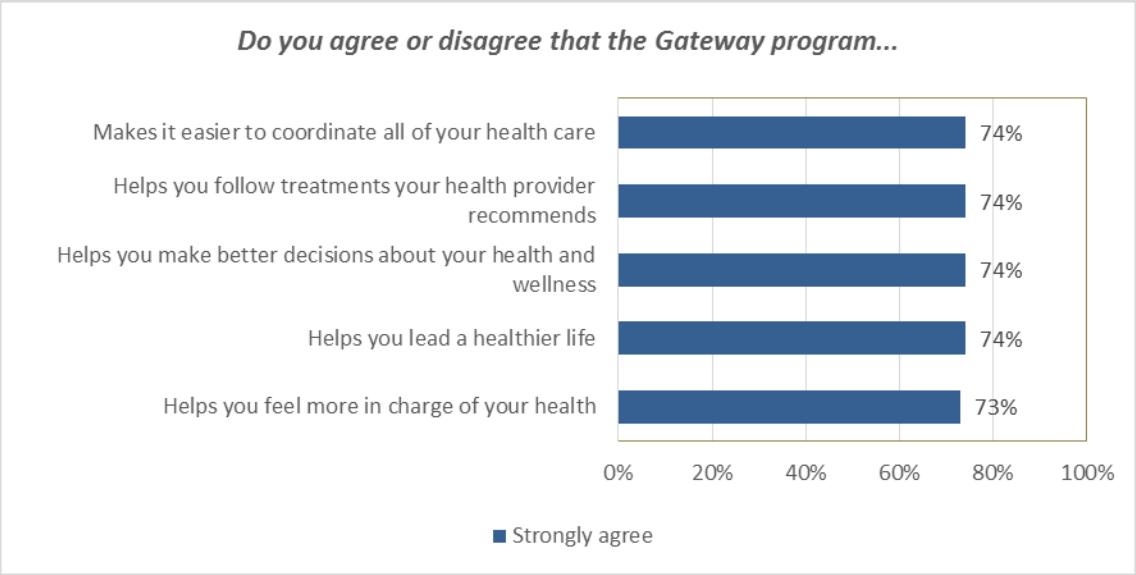
Asked about their overall mental and emotional health since enrolling, fewer respondents report improvement (36%), with most reporting their mental or emotional health has stayed the same (59%). Again, very few (5%) report a decline in mental or emotional health since becoming Gateway participants.

Similar to findings regarding physical health since joining Gateway, those most likely to report improved mental or emotional health have had a recent visit with a healthcare provider and had delayed care prior to joining Gateway. Enrollees who have visited a provider within the three months prior to the survey are more likely than those who have not (39% v. 29%) to report improvement in their mental or emotional health. Moreover, 37% of those who had delayed care prior to enrolling in Gateway report improvements in their mental health, compared with 27% of those who did not experience care delays before enrolling.

Also particularly likely to report improved mental health since joining Gateway are the chronically ill (38% v. 30% of those without chronic conditions) and those who have had help coordinating their care (39% v. 32% of others).

Specific Benefits of the Gateway Program

Respondents were asked if they had experienced any of five specific health benefits as a result of being enrolled in Gateway. As the table below indicates, substantial majorities not only agree but "strongly agree" that the Gateway program has provided all of these five health benefits.



Sizeable majorities of all demographic subgroups in the survey "strongly agree" that Gateway provides these benefits to its enrollees, though there are particular groups that stand out on this question (see Table 8).

Table 8: Some Groups Are More Likely to Report Specific Benefits of Gateway

% of each group who "strongly agree" that being enrolled in Gateway…	**Makes it easier to coordinate all of your healthcare**	**Helps you follow treatments your health provider recommends**	**Helps you make better decisions about your health and wellness**	**Helps you lead a healthier life**	**Helps you feel more in charge of your health**
Total	74%	74%	74%	74%	73%
Most recent visit to health provider 0-3 months ago	79%*	78%*	77%*	77%*	78%*
Most recent visit 4+ months ago	67%	69%	69%	69%	65%
Had not visited a doctor in at least a year prior to enrolling	78%*	79%*	79%*	78%*	79%*
Had visited a doctor within one year of enrolling	70%	69%	69%	70%	67%
Have received help coordinating care	79%*	80%*	78%*	78%*	77%*
Have not received help coordinating care	70%	69%	71%	70%	70%
Have chronic health condition(s)	78%*	78%*	77%*	77%*	77%*
No chronic health condition(s)	67%	67%	68%	67%	67%

In addition to the above health-related benefits, 30% of respondents say being enrolled in Gateway has had a "big impact" on their ability to find or keep a job. Another 9% report a "small impact" while 58% say Gateway has had no impact in this area. More men than women (34% v. 27%) report a "big impact" in this area, as do respondents age 40-64 when compared with those 18-39 (35% v. 20%) and those who report improved health since enrolling in Gateway when compared with those who do not report better health (36% v. 21%).

Most and Least Helpful Aspects of the Gateway Program

Gateway participants were asked to put into their own words what about the program has been most helpful to them, and what needs to be improved. Patients felt having the ability to see a doctor and get treatment needed was most helpful to them. In addition, they cited the low costs of prescription medicines, and other services as a great benefit. Some also cited the caring, helpfulness, and quality of the doctors and staff at the health centers.

"Being able to go and have my blood pressure checked and my cholesterol checked. I would not have been able to do that before the gateway program. "

"It helps me pay for my medicine. I have high blood pressure and diabetes and I have no other insurance and it allows me to see a doctor and get prescriptions cheap."

"My diabetes program, keeping up with my diabetes plan; they take extra care they make sure you are following doctors recommendations and they keep an eye on you very well."

"I get lab work and prescriptions that i would never have been able to afford before. "

"The part with the specialty departments. I've had good specialty doctors under the gateway program and I've been happy with my endocrinologist that was recommended through them. It just seems like they have good coverage with good quality doctors under the coverage."

"The staff at gateway are helpful with making the payments and informing me about appointments and other medical needs."

"The efficiency of the doctors. When I get there, the doctor answers all the questions, thorough on examinations and friendly."

Gateway enrollees were also asked what aspect(s) of the Gateway program could be improved. Many responses focused on the administrative aspects of the program, such as scheduling appointments or enrollment issues. Others focused on the need for expanding the program with regards to services covered or a larger number of providers and facilities accepting Gateway.

"They need to improve the time between you make an appointment and when you actually have the appointment. If I was to call the doctor now it would probably be a month before I could see him."

"Maybe to be accepted at all hospitals, not just grace hill and peoples, it's overcrowded, two months to get appointment".

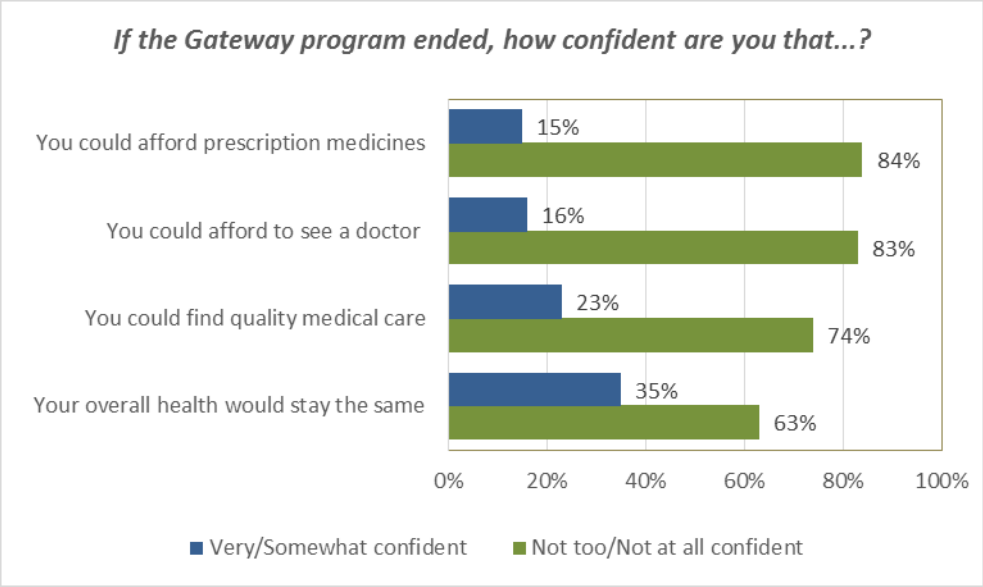
"There are not too many other places that will accept it, only at the center."

"Expand the emotional and mental health support in the program; provide glasses and other services related."

"Maybe more people need to be let in. Maybe adjust by how much a person makes and can afford."

Finding and managing care if Gateway ended

When asked what would happen to their health and healthcare if the Gateway program were to end, respondents are not optimistic about the outcomes. Survey respondents were asked how confident they would be managing various parts of their healthcare if the Gateway program were to end. As the table below indicates, majorities of respondents report that if the Gateway program ended, they would NOT be confident they could afford prescription drugs, afford to see a doctor, find quality medical care, or that their overall health would stay the same.

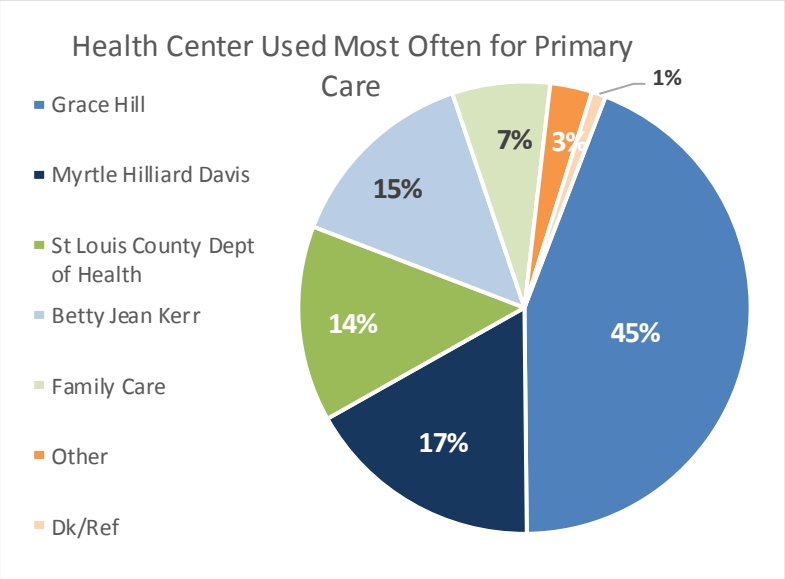


While concerns about losing the Gateway program are high across virtually all survey respondents, there are some subgroups that are particularly concerned about what would happen if the program ended (see Table 9).

Table 9: Managing Your Health if the Gateway Program Ended				
If Gateway ended, % of each group who are "not too" or "not at all" confident that…	**They could afford prescription medicine**	**They could afford to see a doctor**	**They could find quality medical care**	**Their overall health would stay the same**
Total	84%	83%	74%	63%
18-29	68%	70%	57%	47%
30-39	85%*	85%*	75%*	62%*
40-49	87%*	85%*	76%*	67%*
50-64	87%*	86%*	79%*	69%*
White	88%*	87%	84%*	74%*
African-American	82%	83%	72%	61%
Employed FT or PT	79%	79%	69%	56%
Not employed	87%*	85%*	77%*	67%*
Most recent visit within 3 months of survey	87%*	86%*	77%*	68%*
Most recent visit 4+ months prior to survey	76%	77%	67%	54%
Delayed care prior to enrolling in Gateway	87%*	85%*	78%*	67%*
No delayed care	54%	60%	38%	33%
Had not seen doctor for at least 1 year prior to enrolling	89%*	88%*	79%*	65%
Had seen a doctor in year prior to enrolling	77%	77%	67%	61%
Have chronic health condition(s)	87%*	86%*	79%*	70%*
No chronic health condition(s)	76%	76%	64%	49%
Physical health improved since enrolling	86%*	85%*	76%	68%*
Physical health not improved	80%	79%	70%	56%
Take prescription medicine(s)	88%*	85%*	79%*	74%*
Do not take prescription medicine(s)	78%	79%	67%	48%

IV. Experiences with Gateway Health Centers

Survey respondents were asked at which health center they get most of their primary care. Just under half (45%) report using Grace Hill Health Centers for most of their primary care, followed by Myrtle Hilliard Davis Comprehensive Health Centers (17%), Betty Jean Kerr People's Health Centers (15%), Saint Louis County Department of Health (14%), and Family Care Health Center (7%). This distribution is comparable to program enrollment at each health center.



Most Recent Visit

Seven in ten (72%) of survey respondents who use one of the health centers report that their most recent visit was within the three months prior to the survey, and another 18% report visiting from four to six months prior.

Groups of enrollees most likely to have had a visit within three months are the unemployed (75% v. 67% of employed enrollees), those who have had a specialist referral (79% v. 63% of those without a referral), and those who had delayed care prior to enrolling in Gateway (73% v. 58% who had no delayed care prior to enrollment).

As might be expected, those who report poor physical health, chronic illness, and prescription medicine use are also particularly likely to have visited their health center more recently (see Table 10).

Table 10: Who Visited a Health Center Within Past Three Months	
Total	72%
Physical health is excellent/very good	68%
Physical health is good	70%
Physical health is fair/poor	79%*
Have chronic health condition(s)	78%*
No chronic health condition(s)	58%
Take prescription medicine(s)	81%*
Do not take prescription medicine(s)	59%

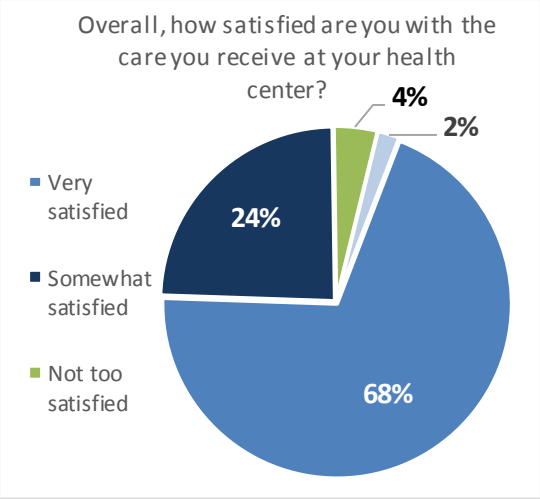
Ease of Getting Appointment

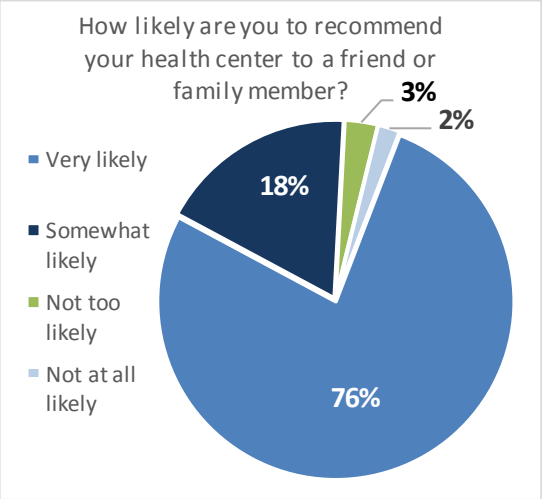
Overall, a majority of respondents say getting an appointment at their health center is easy (70%). About four in ten (37%) survey respondents who use a health center report that getting appointments is "very easy" and another 33% say it is "somewhat easy." Just over one quarter (26%) of respondents describe the process of getting an appointment as "somewhat" or "very" hard.

While a majority of patients at all health centers rate the appointment process positively, those most likely to say it is "very easy" to get an appointment use Family Care Health Centers (57%) or Myrtle Hilliard Davis Comprehensive Health Centers (50%). In contrast, one-third or fewer describe the getting an appointment as "very easy" use Grace Hill Health Centers (31%), St. Louis County Department of Health Centers (33%), or Betty Jean Kerr People's Health Centers (33%).

Satisfaction with their Health Center

Gateway enrollees rate their own health centers very positively. Nine in ten say they are satisfied with their particular health center, with the majority saying they are "very satisfied" (68%). In addition, three-quarters sat they are "very likely" to recommend their health center to a friend or family member.





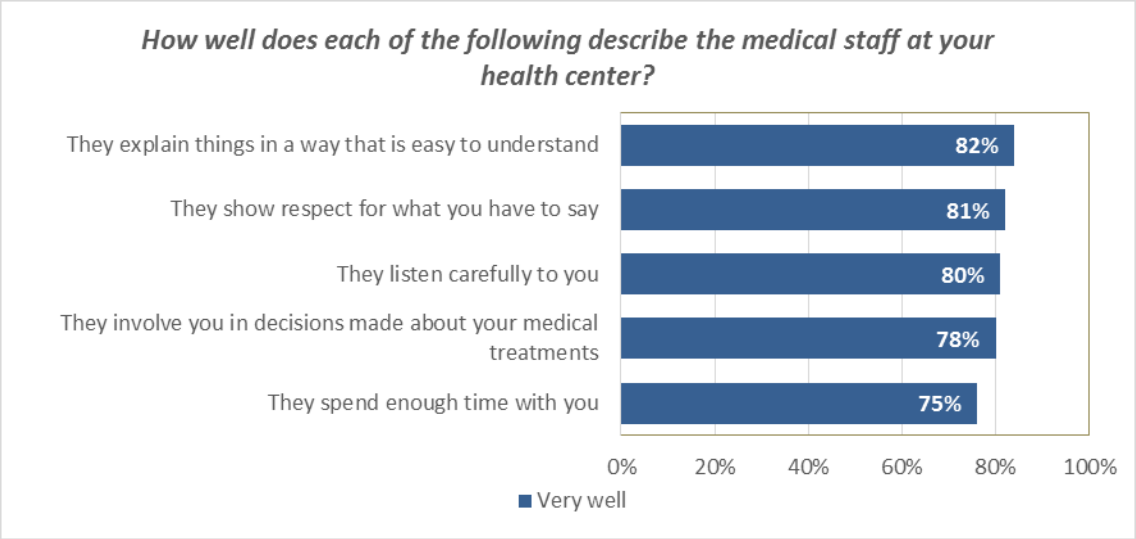
Overall, respondents who report improved health since enrolling in Gateway are particularly likely to say they are "very satisfied" with their health center (77% v. 55% who do not report improved health). Also particularly likely to be "very satisfied" with their health center are enrollees who have had help coordinating their care when compared with those who have not (74% v. 61%) and those who were uninsured prior to enrollment when compare with those who were insured (71% v. 57%). Seventy-one

percent of those with chronic health condition say they are “very satisfied”, compared with 63% of those with no chronic conditions. These same groups of enrollees are more likely than others to say they are “very likely” to recommend their health center to others.

Looking at specific health centers, a majority of Gateway enrollees from each location report being “very satisfied” with the care they receive and that they are “very likely” to recommend their center to others. Family Care Health Centers has both the largest percentage of patients reporting being “very satisfied” with the care they provide (80%) and that they are “very likely” to recommend Family Care to others (85%).

Relationship with Medical Staff

Medical staff across the Gateway program receive very high ratings from patients. The survey asked respondents to rate the medical staff at their health center on five key aspects of patient care.



While Gateway enrollees as a whole have positive feelings about the way staff at their health centers relate to them, there are a few instances where a specific subgroup of patients feels staff at their health center does something particularly well. For example, the oldest patients (age 50-64) are the most likely of all age groups to say that “explaining things a way that is easy to understand” describes staff “very well.” African-American patients are more likely than white patients to say that “they listen carefully to you” describes staff at their health center “very well.”

Across the board, Gateway enrollees who report better health since entering the program and those who have had help with care coordination are more likely than those who have not to say that each of these statements describe medical staff at their health center “very well.”

Satisfaction with Coordination of Care

About half (51%) of survey respondents report that someone from their health center helped coordinate their care among specialists or other health providers. Among this group, 79% say they are "very satisfied" with the help they received, and another 18% report being "somewhat satisfied." Just 2% say they are "not too" or "not at all" satisfied with the help they received coordinating their care.

Patients presumably requiring the most care are also the most likely to report receiving help coordinating their care from someone at their health center. Among these are patients age 50-64 (62% have received help with coordinated care), the chronically ill (56%), those who rate their physical health as fair or poor (57%), and those taking prescription medicines (58%). It is notable that among those who have been referred to a specialist, 72% have received help from someone at their health center coordinating their care, and of those, 80% report being "very satisfied" with the help they received.

V. Specialist Care

Just over half of survey respondents (55%) have been referred to a specialist doctor at least once since enrolling in Gateway. As shown in the table below, older enrollees are more likely to report being referred to a specialist, as are those who had delayed care prior to entering the Gateway program, report fair or poor physical health, have a chronic illness, or need prescription medicine for a medical issue.

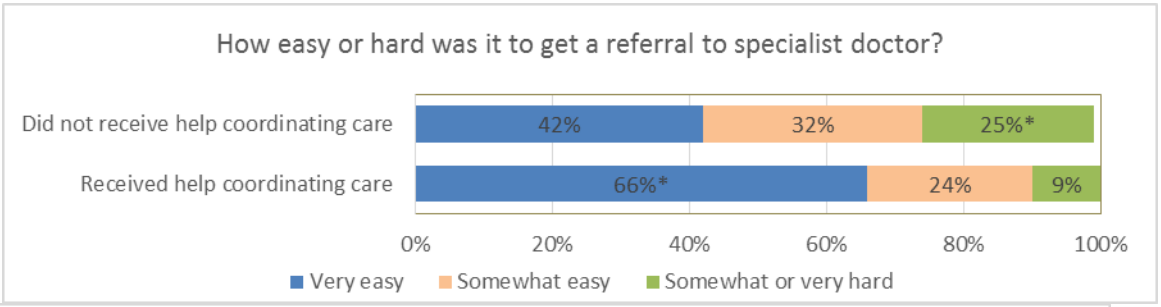
Table 11: Referred to a Specialist Since Enrolling in Gateway	
Total	55%
18-29	28%
30-39	52%*
40-49	51%*
50-64	69%*
Delayed care prior to enrollment	57%*
No delayed care	40%
Physical health is excellent/very good	44%
Physical health is good	54%*
Physical health is fair/poor	69%*
Have chronic health condition(s)	64%*
No chronic health condition(s)	36%
Do not take prescription medicine(s)	40%
Take prescription medicine(s)	65%*

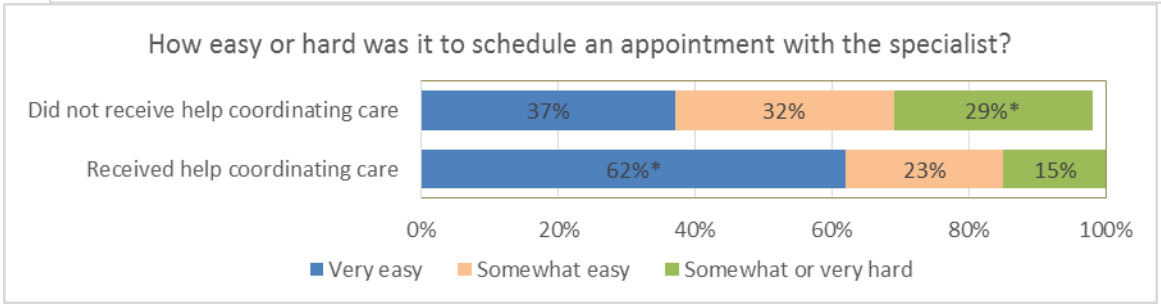
Respondents whose main health center is Family Care or St. Louis County are more likely than those using other health centers to report being referred to a specialist. About three-quarters of survey respondents from Family Care Health Centers (73%) and St. Louis County Department of Health (74%) report being referred to a specialist, compared with about half who use Betty Jean Kerr People's Health Centers (53%), Grace Hill Health Centers (48%), or Myrtle Hilliard Davis Comprehensive Health Centers (52%).

Ease of Getting a Specialist Referral and Scheduling an Appointment

Among those referred to specialists, a large majority (86%) report that it is easy to get a referral, including 60% who describe the process as "very easy." Likewise, a large majority (80%) of those referred to specialists say it is easy to schedule an appointment with a specialist in the Gateway program, including 55% who describe the process as "very easy."

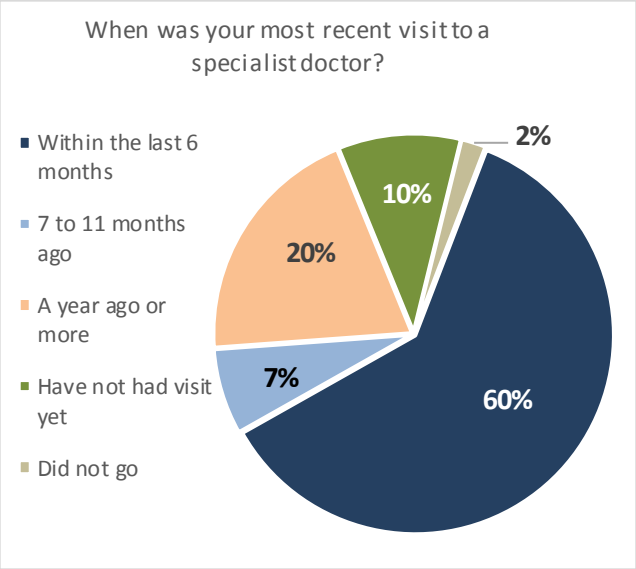
One segment of survey respondents who stand out as being especially likely to say it is "somewhat or very *hard*" to both get a specialist referral and to get an appointment with a specialist are those who did not receive help coordinating their care.



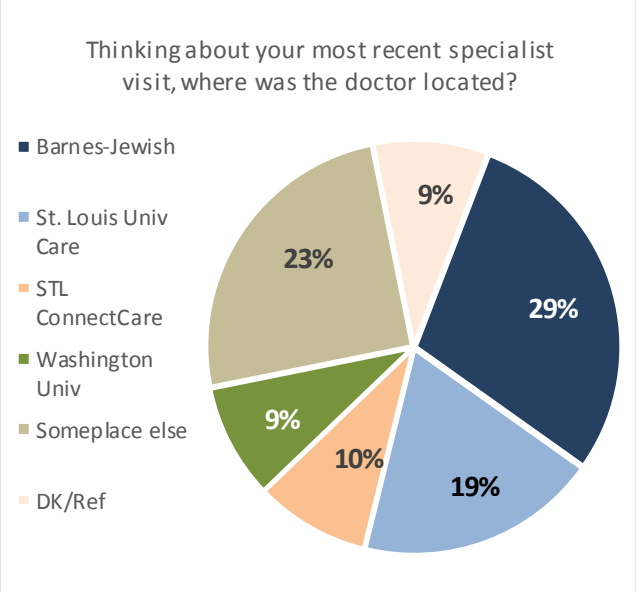


When and Where was Most Recent Specialist Visit?

Three in five (60%) survey respondents who have been referred to a specialist since enrolling in Gateway say their most recent specialist visit was within six months of participating in the survey. About one in ten had not yet had their specialist appointment at the time of the survey. Among that group, 93% report that they intend to keep that appointment, while 6% report they do not plan on keeping it.



Those who had already scheduled and attended a specialist visit were asked where their most recent appointment took place. The most common response was Barnes-Jewish Hospital (29%)[2], followed by SLUCare (19%). Nine percent could not recall or chose not to disclose the location of their most recent specialist visit.

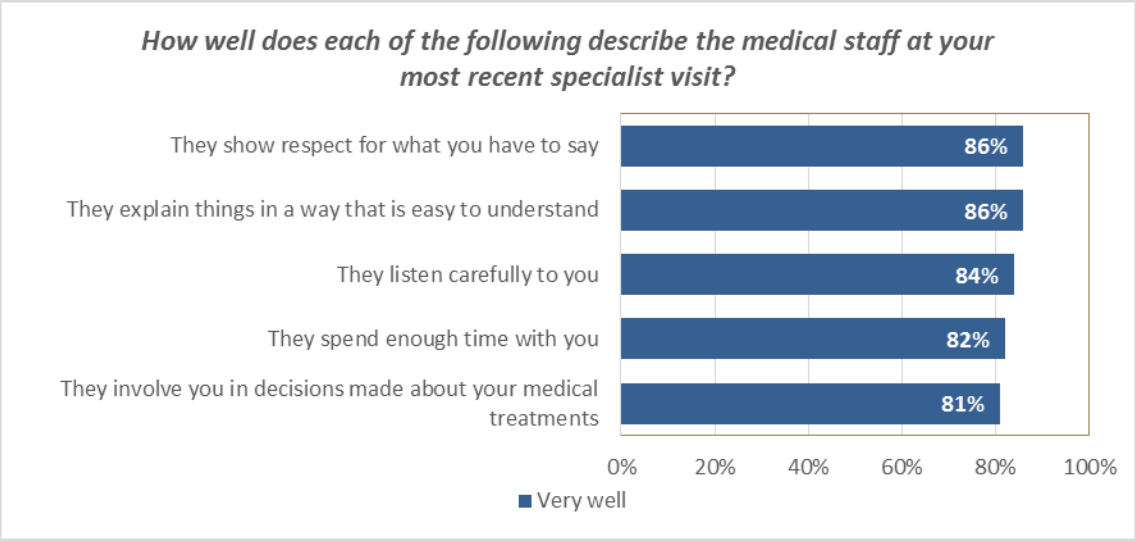


Patients whose most recent specialist visit was at Barnes-Jewish Hospital tend to come from Betty Jean Kerr People's Health Centers, Family Care Health Centers, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers. Enrollees who use St. Louis County Health Centers are more likely to visit specialists at SLUCare.

[2] Based on the program's claims data, it is likely that many of these visits were with physicians at Washington University School of Medicine, but that patients reported the visit as with Barnes-Jewish Hospital due to the co-location of the organizations.

Relationship with Specialist Medical Staff

Survey respondents who attended an appointment with a specialist doctor were asked to rate the medical staff from their most recent specialist experience. As is the case with their ratings of their health center medical staff, enrollees have very positive feelings about the way specialist staff relate to them.

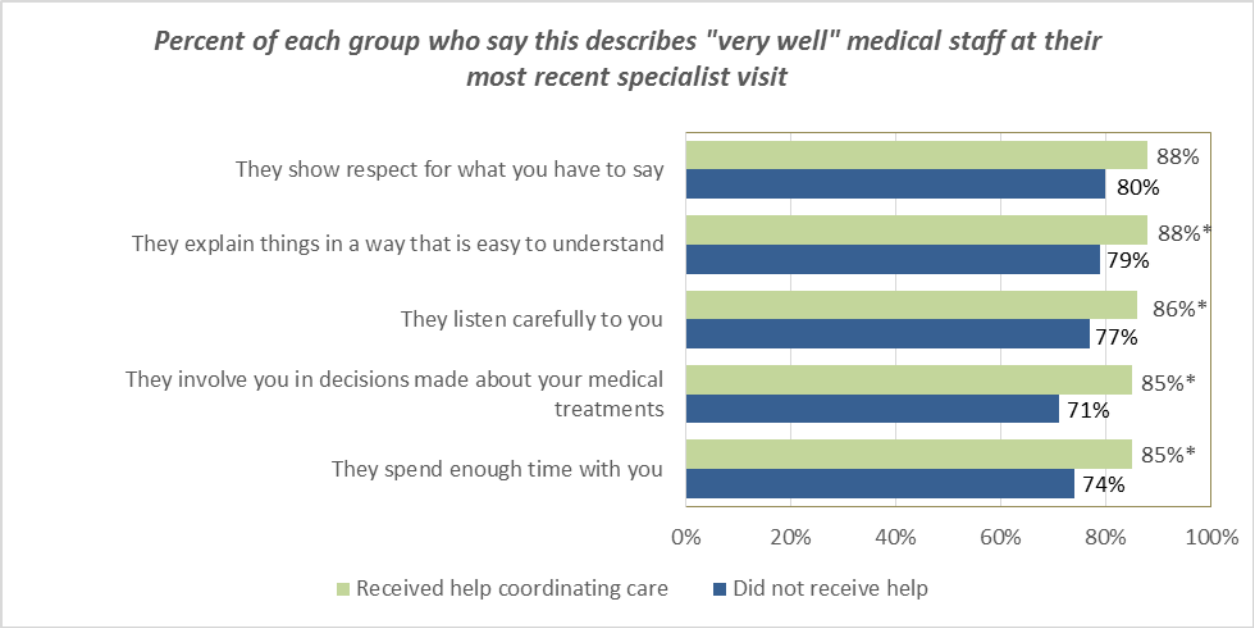


These positive responses regarding specialist staff cross all demographic subgroups of patients. In a few cases, specific demographic subgroups stand out in their responses. Specifically, on some measures, older patients and African-American patients tend to perceive interactions with staff more positively than younger patients and white patients.

Table 12: Interactions with Specialist Staff

% of each group who say this describes "very well" staff at their most recent specialist visit…	**They show respect for what you have to say**	**They explain things in a way that is easy to understand**	**They listen carefully to you**	**They spend enough time with you**	**They involve you in decisions about your medical treatments**
Total	86%	86%	84%	82%	81%
18-29	81%	80%	80%	77%	80%
30-39	73%	78%	72%	69%	69%
40-49	86%*	85%	83%	83%*	84%*
50-64	90%*	89%*	88%*	86%*	84%*
White	80%	83%	78%	78%	76%
African-American	88%*	88%	86%*	84%	84%*

One enrollee subgroup, those who have not received help coordinating care, consistently rates specialist staff less positively than those who have received help (see figure below). Yet even among the former group, a sizeable majority report very positive perceptions of specialist staff.



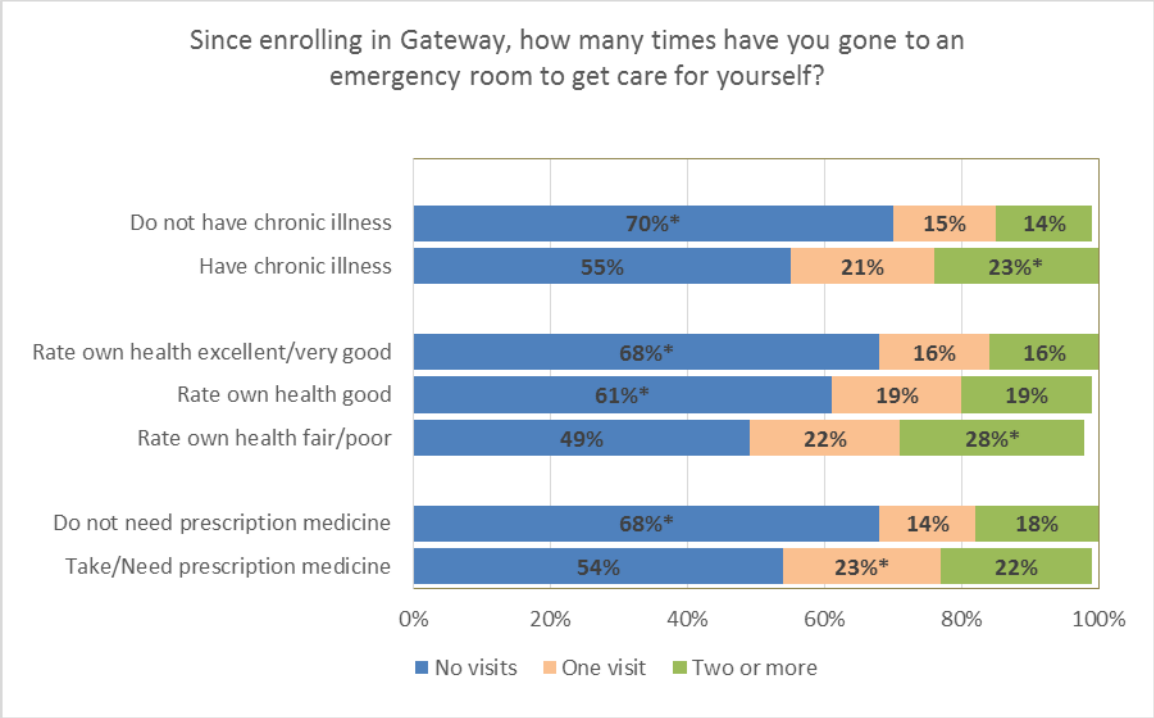
Overall, ratings of staff by specialist organization visited are positive. Ratings do vary somewhat by organization visited. A larger share of those who visited Washington University School of Medicine receives have positive perceptions of the staff, while STL Connect Care receives fewer positive ratings (see Table 13).

Table 13: Interactions with Specialist Staff by Specialist Organization

% of each group who say this describes "very well" staff at their most recent specialist visit…	**They show respect for what you have to say**	**They explain things in a way that is easy to understand**	**They listen carefully to you**	**They spend enough time with you**	**They involve you in decisions about your medical treatments**
Total	86%	86%	84%	82%	81%
Washington University School of Medicine – Center for Advanced Medicine	95*%	93%	90%	91%*	85%
Barnes-Jewish Hospital Resident Clinic	88%	87%	86%	83%	84%
SLUCare	85%	89%	83%	85%	83%
STL Connect Care	76%	79%	74%	74%	76%

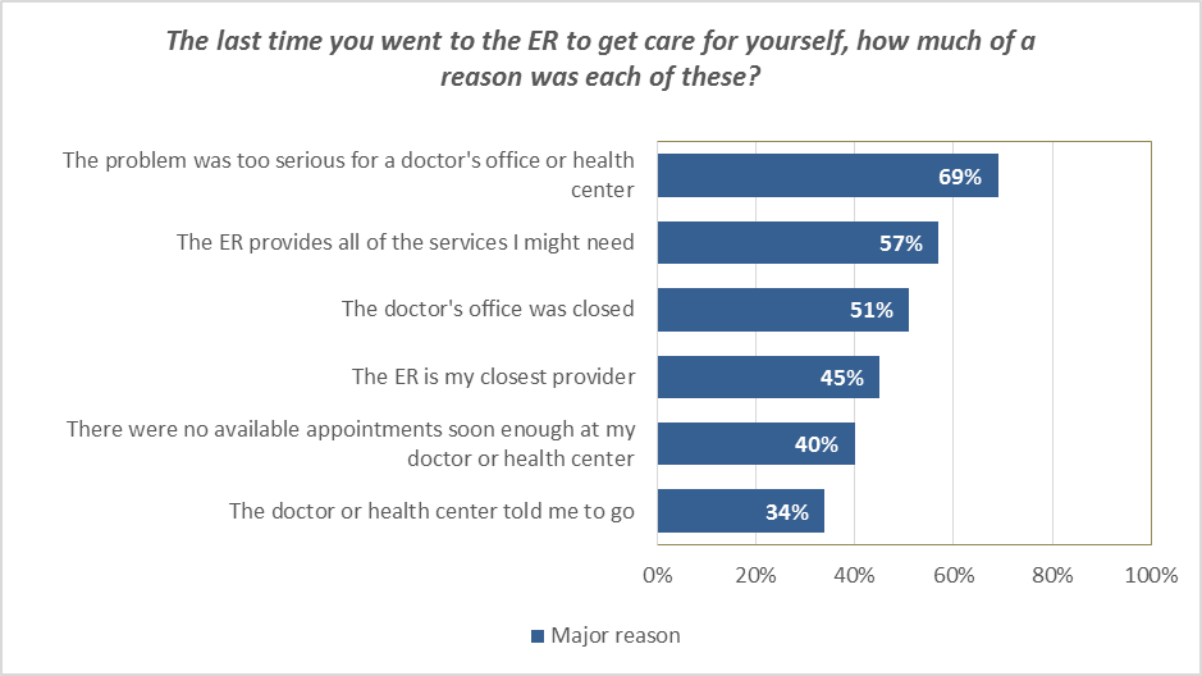
VI. Emergency Room Visits

Overall, 60% of survey respondents report no emergency room visits since enrolling in the Gateway program, and another 19% report just one ER visit. Roughly one in ten (12%) respondents have visited an ER three or more times during their Gateway enrollment. Subgroups particularly likely to have visited an emergency room since enrolling in Gateway include those who rate their physical health as fair or poor, those with a chronic health condition, and those needing prescription medicine.



Reasons for Visiting the Emergency Room

Survey respondents who have visited an emergency room since enrolling in Gateway were asked if each of six different reasons was a major reason for their most recent visit, a minor reason, or not a reason at all. The most often cited "major reason" for visiting the ER is that "the problem was too serious for a doctor's office or health center," which 69% say was a major reason for their most recent visit. In contrast, just 34% say "the doctor or health center told you to go" was a major reason for their last ER visit.



How often is the Health Center a Viable Alternative to the Emergency Room?

Gateway enrollees who have visited an emergency room since entering the program tend to feel that none of their ER visits could have been treated by their health center. Roughly half (48%) of all respondents who have visited an ER give this response, while just 20% say that *all* of their ER visits could have been treated at their health center and 28% say that *some* or a *few* ER visits could have been handled there.

Gateway participants with chronic health conditions are more likely than others (51% v. 39%) to say that "none" of their ER visits could have been treated at their health center. Male ER patients are also more likely than female ER patients (55% v. 43%) to feel "none" of their visits could have been treated at their health center.

Many Report fewer Emergency Room Visits since Enrolling in Gateway

About half of all survey respondents (52%) report visiting the emergency room less often since enrolling in Gateway, and just 4% say they go to the ER more often. African-American program participants are significantly more likely than white program participants (56% v. 37%) to say there has been a decline in

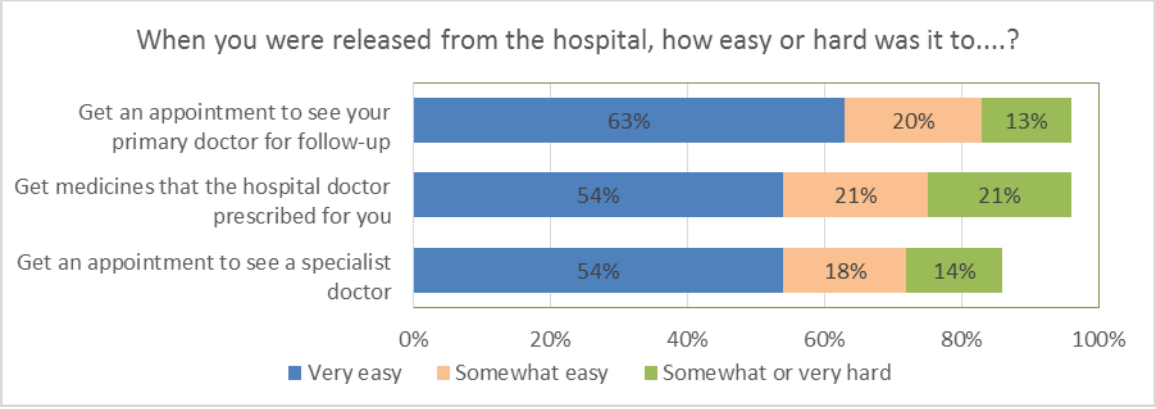
their emergency room visits since entering the program, as are participants who were uninsured prior to enrolling in Gateway when compared with those who had insurance (54% v. 44%). Enrollees suffering from chronic illness also report more impact than others in this area; 55% of this group say they are visiting the ER less often since enrolling in Gateway, which is higher than the 46% of those without chronic illness who report less need for the ER.

VII. Section VI: Hospital Visits

Since enrolling in Gateway, just 16% of survey respondents have been a patient in a hospital overnight or longer. Of those who have been hospitalized since enrolling in the program, almost eight in ten (79%) say that at least one of their stays in the hospital began with a visit to the emergency room. Asked where they spent their *most recent* hospitalization, the most common response is Barnes-Jewish Hospital (41%), followed by St. Louis University Hospital (16%) and St. Mary's Health Center (15%).

As would be expected, the incidence of hospitalization among Gateway enrollees is slightly higher for 50-64 year-olds (20%), those who have been referred to a specialist (22%), those who rate their physical health as fair or poor (25%), those with a chronic health condition (20%) and those requiring prescription medicine for a medical issue (20%).

Respondents who have been hospitalized since enrolling in Gateway were asked how easy or hard it was for them to coordinate various aspects of their care after their release. As the table below indicates, most respondents report that coordinating aspects of their care such as medication and follow-up appointments was "very easy" or "somewhat easy."



VIII. Appendix: Methodology

Sample Design

Sample for the survey was proportionately stratified and selected from the pool of approximately 21,000 Gateway program participants. Independent simple random samples were drawn within each of the five health centers. A second batch of sample was selected later in the field period which was disproportionately stratified to account for lower participation rates among men and the Myrtle Hilliard Davis Health Center.

Questionnaire Design and Testing

The questionnaire was developed by PSRAI and RHC. The survey consists of primarily closed-ended questions. A few open-ended questions are included. These open ended questions were coded by PSRAI.

In order to improve the quality of the data, the questionnaire was pretested with a small number of respondents (n=21) using a sample of Gateway program participants. Pretest interviews were monitored by the research staff. Pre-test interviews were conducted using experienced interviewers who could best judge the quality of the answers given and the degree to which respondents understood the questions. Some final changes were made to the questionnaire based on the monitored pretest interviews. The final questionnaire was translated into Spanish. Interviews were conducted using a fully-programmed CATI instrument. A copy of the English questionnaire can be found in the Appendix.

Data Collection Procedures

Interviewer Training

Upon initial hiring, each interviewer completes a course on general interviewing skills and training in the use of CATI system. This training includes lectures, role playing, and conducting practice studies on the CATI system. The training introduces interviewers to telephone survey research, shows them examples of the types of survey questions and recording conventions, teaches basic ways to obtain accurate data through active listening and probing, and stresses methods for gaining respondent cooperation. Training also includes both landline and cell phone training – each of which have different introduction and different issues associated with gaining respondent cooperation. Supervisors monitor the role playing and practice studies to determine if an interviewer is ready to go live on the phones. Spanish language interviewers are trained in the same way, with additional tests to determine their fluency in Spanish.

Interviewers are given specific training on utilizing the CATI system. This training reviews the procedures for conducting interviews using CATI. The session instructs interviewers on the uses of the PCs, all the CATI recording functions, and any special CATI commands. Interviewers review this information in a group setting while various CATI screens/questions are displayed on a screen for all to see. After this training, interviewers are able to review what they have learned by directly accessing a PC and doing test interviews using the CATI system.

Interviewers assigned to this study complete formal project-specific training. After a thorough review of the project's objectives and review of the questionnaire, interviewers practice by doing mock interviews on one another prior to making live calls. Supervisors monitor these practice interviews prior to placing an interviewer on the project.

Data collector performance is evaluated through examination of cooperation rate reports and monitoring of live interviewing for the skills needed for effective interviewing. Team leaders monitor interviewers on a rotating basis. Each monitoring session was conducted using a system offering the remote, silent listening of a data collector and respondent while viewing the interviewers CATI screen. Interviewers who did not meet requirements were retrained as needed.

Contact Procedures

Survey interviews were conducted from September 22 through October 11, 2014. Gateway program participants were first sent an advance letter (see Appendix for content) alerting them that they have been selected to participate in the survey.

As many as seven call attempts were made to contact every telephone number. Sample was released for interviewing in replicates, which are representative subsamples of the larger sample. Using replicates to control the release of sample ensures that complete call procedures are followed for the entire sample. Calls were staggered over times of day and days of the week to maximize the chance of making contact with potential respondents. Each telephone number was called at least one time during the day in an attempt to complete an interview.

Interviewers asked to speak with the contact person named in the sample. If this person is not available to complete the interview, interviewers attempted to schedule a callback time.

If a Spanish speaking household is reached and a bilingual interviewer is not immediately available to complete the interview, the number is placed into a priority disposition to be redialed by a bilingual interviewer.

Bilingual Interviewing

The survey instrument was translated into Spanish. Bilingual interviewers complete the interviewer training in English, and conduct interviews in English until they became familiar enough with the questionnaire. After evaluation by project staff, they are then able to conduct Spanish language interviews for the project. An additional project specific training is provided to the bilingual interviewers reviewing the Spanish language version of the questionnaire. The Spanish language questionnaire was reviewed in detail and any interviewer questions were answered.

Cases initial assigned a code of 'language barrier' by an interviewer who spoke English only were assigned to a bilingual interviewer when they were available. An attempt will be made by the bilingual interviewer to complete the survey in Spanish. If the household spoke another language other than Spanish or English, the final disposition of 'language barrier' is assigned.

Incentives

Each respondent who qualified for and completed the survey was offered a $10 Subway gift card as an incentive. This incentive is mailed to all qualified respondents after completion of the survey.

Data Preparation and Weighting

Throughout data collection, the data was examined by Princeton Survey Research Associates International data staff to be sure that the CATI programs are functioning properly. This task was accomplished by creating syntax in SPSS that checks that the skip patterns are being followed and that the respondents are being asked the correct questions depending on answers to the root question.

A post-stratification weighting adjustment was made to match the final sample distribution of sex by health center to the sample frame distribution.

Response Rates

The response rate estimates the fraction of all eligible respondents in the sample that are ultimately interviewed. At PSRAI it is calculated by taking the product of three component rates:[3] The response rate for this project is 32%.

- Contact rate – the proportion of working numbers where a request for interview was made[4]
- Cooperation rate – the proportion of contacted numbers where a consent for interview was at least initially obtained, versus those refused

[3] PSRAI's disposition codes and reporting are consistent with the American Association for Public Opinion Research standards.

[4] PSRAI assumes that 75 percent of cases that result in a constant disposition of "No answer" or "Busy" are actually not working numbers.

- Completion rate – the proportion of initially cooperating and eligible interviews that were completed

	Sample Disposition
708	OF = Out of Frame
98	Bad working number (Office)
610	No such person
2,050	NWC = Not working/computer
1,998	Not working
52	Computer/fax/modem
428	$UHUO_{NC}$ = Non-contact, unknown if household/unknown other (NA/busy all attempts)
1,756	UO_{NC} = Non-contact, unknown eligibility
1,534	Voice mail
222	Not dialed
639	UO_R = Refusal, unknown if eligible
226	Refusals
413	Callbacks (INCLUDE Spanish CBs)
0	O = Other (language)
55	SO = Screen out
55	Language ineligible
7	R = Refusal, known eligible (breakoffs and qualified CBs)
1,202	I = Completed interviews
6,845	T = Total numbers dialed
57.0%	e1 = $(I+R+SO+O+UO_R+UO_{NC})/(I+R+SO+O+UO_R+UO_{NC}+OF+NWC)$ - Est. frame eligibility of non-contacts
95.6%	e2 = $(I+R)/(I+R+SO)$ - Est. screening eligibility of unscreened contacts
48.8%	CON = $[I + R + (e2*[O + UO_R])]/[I + R + (e2*[O + UO_R + UO_{NC}]) + (e1*e2*UHUO_{NC})]$
66.0%	COOP = $I/[I + R + (e2*[O + UO_R])]$
	AAPOR RR3=$I/[I+R+[e2*(UO_R+UO_{NC}+O)]+[e1*e2*UHUO_{NC}]]$ = CON*COOP
32.2%	

IX. Appendix - Letters

Advance Letter
DATE

First Last Name
Address
City, State Zip

Dear [PARTICIPANT NAME],

We need your help. We are writing to ask you to take part in a survey about the Gateway to Better Health Program. By taking part in the survey, you will help us learn more about how Gateway to Better Health impacts the health and well-being of people enrolled in the program. This is your chance to help your health program serve you better.

You have been chosen as part of a sample of program members. To get accurate results, we need to get answers from you and other people we ask to take part in this survey. Within the next week or so, you will get a phone call from Princeton Survey Research asking you to take part in a phone survey. Most people find it takes about 20 minutes to answer the questions.

If the call comes at a time when you cannot talk, Princeton Survey Research can set an appointment to call back at a better time.

You may also call in to take part in the survey at this toll free number: 1-**877-274-1600.**
When you call in, provide your survey ID number: **{PSRAIID}.**

Of course, what you have to say is private. Your answers will be part of a pool of information from others like you. Your answers will be used only for this study. **You may choose to participate in the survey or not. If you choose not to, this will not affect the benefits you receive from the Gateway to Better Health program.**

If you have questions about this letter or the phone survey, call the Gateway to Better Health Call Center at 1-888-513-1417 and someone will be able to assist you. All calls to this number are free. Thank you in advance for your help!

Sincerely,
Gateway to Better Health

P.S. For those that take part in the survey, we will send a $10 Subway gift card in thanks for your participation.

Incentive Letter

DATE

Thank you!

Enclosed please find a $10 Subway restaurants gift card for your recent participation in a survey about the Gateway to Better Health Program.

By taking part in the survey, you are helping us learn more about how Gateway impacts the health and well-being of people enrolled in the program.

If you have questions about your Gateway benefits, call the Gateway to Better Health Call Center at 1-888-513-1417 and someone will be able to assist you. All calls to this number are free.

Sincerely,

Gateway to Better Health

X. Appendix: Topline Results

Gateway Demonstration Project Survey

Patient Survey

Final Topline Results
October 30, 2014

N=1,202 participants in Gateway to Better Health Program
Margin of Error: plus or minus 3 percentage points
Field Dates: September 22 –October 11, 2014
Interviewing: English and Spanish

NOTES: An asterisk indicates a percentage less than 1%
Totals may not add to 100% due to rounding

CONTACT1 Hello, my name is [INSERT NAME]. I'm calling on behalf of the Gateway to Better Health Program. May I please speak with {INSERT FNAME LNAME}?"
[IF R SAYS DRIVING/UNABLE TO TAKE CALL: Thank you. We will try to call another time…]

[IF RESPONDENT DID NOT ANSWER PHONE, REPEAT: Hello, my name is _____, and I am calling on behalf of the Gateway to Better Health Program.

ONCE TARGET RESPONDENT IS ON THE PHONE:
We are conducting a survey of Gateway Program Patients and we would like to include your opinions. Your participation is voluntary, and your individual responses are confidential. Your responses have no impact on your enrollment in the Gateway Program. To begin...
[READ IF NECESSARY: The interview will only take about 20 minutes to complete.**]**
[READ IF NECESSARY: For those who complete the survey we will be offering a $10 gift card to Subway restaurants**]**

CONTACT2 I'd be happy to call back whenever is most convenient for you. When would be a good time?

CONTACT3. Do you know when would be a good time for us to call back?

BACKGROUND

Q1 In general, how would you rate your overall physical health? Would you say it is excellent, very good, good, fair, or poor?

11	Excellent
24	Very good
35	Good
22	Fair
7	Poor
*	(DO NOT READ) Don't know
*	(DO NOT READ) Refused

Q2 In general, how would you rate your overall mental or emotional health? Would you say it is excellent, very good, good, fair, or poor?

26	Excellent
25	Very good
27	Good
16	Fair
5	Poor
*	(DO NOT READ) Don't know
*	(DO NOT READ) Refused

GATEWAY SPECIFIC

READ TO ALL: Now we are going to focus on the Gateway to Better Health program. As you may know, the Gateway program provides access to certain health care services at a low cost.

THERE IS NO QUESTION 3

Q4 Overall, how would you rate the quality of health care you have received in the Gateway program? Would you say it is excellent, very good, good, fair or poor?

41 Excellent
28 Very good
20 Good
8 Fair
2 Poor
1 (VOL.) Have not received any care
* (VOL.) Neither good nor poor/Mixed/Depends on type of care
* (DO NOT READ) Don't know
* (DO NOT READ) Refused

Q5 SINCE you have been enrolled in the Gateway program, do you think your overall physical health is better, worse, or has it stayed about the same?

56 Better
3 Worse
41 Stayed the same
* (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q6 What about your mental or emotional health? Is it better, worse, or about the same?

36 Better
5 Worse
59 Stayed the same
* (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q7a What about the Gateway program has been the MOST HELPFUL to you? **RECORD OPEN END. PROBE ONLY TO CLARIFY RESPONSE. DO NOT ASK FOR MULTIPLE RESPONSES**

33 Access to health care/Able to see doctor
31 Affordable medical costs
26 Help with getting/cost of prescription medicines
11 Specialist medical services
11 Didn't have insurance coverage previously
11 Helpful customer service
8 Dental services
6 Quality of care
6 Don't have to wait too long for appointment
5 All of it/program is great
3 Convenience/Location
3 Other
7 No answer

Answers may add to more than 100% due to multiple responses

Q7b What about the Gateway program do you think needs to be IMPROVED? **RECORD OPEN END. PROBE ONLY TO CLARIFY RESPONSE. DO NOT ASK FOR MULTIPLE RESPONSES**

12 Appointment/scheduling
10 Cover more services
9 Nothing/I like everything
6 More facilities/locations
5 More providers
4 Customer service issues
4 Prescription drug/supplies issues
4 ER/Urgent care visits
3 Enrollment issues
3 Specialist/Referrals issues
3 Hospitals Stays
3 Quality of Care
2 Lower patient costs
1 Choice of doctor
2 Other
38 No answer

Answers may add to more than 100% due to multiple responses

Q8 If the Gateway program ended, how confident are you that…? (First/Next), **(INSERT. ASK ITEM A FIRST, THEN READ AND RANDOMIZE)**

READ FOR FIRST ITEM, THEN AS NECESSARY: Are you very confident, somewhat confident, not too confident, or not at all confident about this?

		Very	Somewhat	Not too	Not at all	DK/ Ref.
a.	Your overall health would stay the same	13	22	24	40	2
b.	You could find quality medical care	8	15	22	52	3
c.	You could afford to see a doctor	5	11	21	62	1
d.	You could afford prescription medicines	5	10	20	64	1

Outcomes

Q10 Next, please tell me how strongly you agree or disagree with each. (First/Next), the Gateway Program … **(INSERT. READ AND RANDOMIZE).**

READ FOR FIRST ITEM, THEN AS NECESSARY: Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that the Gateway program has helped with this aspect of your health and health care?

		Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	DK/ Ref.
a.	Helps you lead a healthier life	74	22	2	1	1
b.	Helps you to make better decisions about your health and wellness	74	20	3	1	1
c.	Makes it easier to coordinate all of your health care	74	19	3	2	1
d.	Helps you feel more in charge of your health	73	21	2	2	1
e.	Helps you to follow the treatments your health provider recommends	74	21	2	1	1

Q9 BEFORE you were enrolled in the Gateway program, how long had it been since you went to a doctor, health care center, or other health care provider for a check-up or other routine care

29 Six months or less,
13 Seven months to less than one year,
20 One year to less than two years,
10 Two years to less than three years
27 Three years or more
1 (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q11 Thinking about BEFORE you were enrolled in the Gateway Program….
Was there EVER a time when you **(INSERT ITEM A. THEN READ AND RANDOMIZE)** because of cost?

		Yes	No	DK/Ref.
a.	Did not go see a doctor when you were sick	74	25	1
b.	Did not fill a prescription for medicine	74	26	*
c.	SKIPPED a medical test, treatment or follow-up recommended by a doctor	72	28	*
f.	Did not get routine dental care	79	21	*

Q12 SINCE you have been enrolled in the Gateway Program…
Has there EVER been a time when you (**INSERT IN SAME ORDER AS PREVIOUS)** because of cost.

		Yes	No	DK/Ref.
a.	Did not go see a doctor when you were sick	16	84	*
b.	Did not fill a prescription for medicine	17	83	1
c.	SKIPPED a medical test, treatment or follow-up recommended by a doctor	15	84	1
f.	Did not get routine dental care	24	74	2

Q13 BEFORE you were enrolled in the Gateway program, how big of a problem was it that you did not get the health care, tests, or treatments you needed? Was it **….(READ)**.

Based on those who delayed or did not get care prior to Gateway enrollment (n=1078)

73 Big problem
17 Small problem, or
9 Not a problem
* (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Health Center

Q14 Is **(INSERT HEALTH CENTER NAME FROM SAMPLE)** the health center you use MOST OFTEN for primary care – that is for routine care that keeps you healthy or where you go first when sick?

Q15 Which health center do you use MOST OFTEN for routine care or where you go first when sick? Is it**….(READ NAME NOT ASKED ABOUT IN Q14).**

15 Betty Jean Kerr People's Health Centers
7 Family Care Health Centers
45 Grace Hill Health Centers
17 Myrtle Hilliard Davis Comprehensive Health Centers
14 Saint Louis County Department of Health
* Barnes Jewish Hospital Medicine Clinic
0 Casa de Salud
0 JFK Mercy Clinic
1 (VOL.) Other (Specify)
1 (DO NOT READ) Don't know
* (DO NOT READ) Refused

Q16 What is the MAIN REASON you use this facility MOST OFTEN for routine care that keeps you healthy or where you go first when sick? **(RECORD OPEN END)**

Sample size too small to report

Q17 Overall, how satisfied are you with the care you receive at **{INSERT NAME OF HEALTH CENTER MOST FREQUENTLY USED FROM Q14 OR Q15}**? Would you say you are …..**(INSERT)**

Based on those who use one of the five health centers (n=1176)

68 Very satisfied
24 Somewhat satisfied
4 Not too satisfied, OR
2 Not at all satisfied
* (VOL.) Have never visited
2 (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q18 How likely are you to recommend **(INSERT HEALTH CENTER NAME)** to a friend or family member? Are you **(READ 1-4)**

Based on those who use one of the five health centers (n=1176)

76 Very likely
18 Somewhat likely
3 Not too likely, OR
2 Not at all likely
* (VOL.) Have never visited
2 (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q19 SINCE you have been enrolled in Gateway**,** when was your most recent visit to **(INSERT HEALTH CENTER NAME)?** Was it in ….**(READ 1-4)**

Based on those who use one of the five health centers (n=1176)

72 The last 3 months,
18 4 to 6 months ago,
4 7 to 11 months ago,
4 A year ago or more
1 (VOL.) Never needed care/Have never visited
2 (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q20 Now, please tell me how well each of the following describes the medical staff at **{INSERT HEALTH CENTER NAME}**? (First/Next)…**(INSERT. READ AND RANDOMIZE).**

READ FOR FIRST ITEM, THEN AS NECESSARY: Would you say this describes the medical staff at the health center very well, somewhat well, not too well, or not at all?

Based on those who use one of the five health centers (n=1176)

	Very	Somewhat	Not too	Not at all	NA/DK/ Ref.
a. They spend enough time with you	75	17	3	2	3
b. They listen carefully to you	80	14	2	1	3
c. They explain things in a way that is easy to understand	82	12	2	1	3
d. They show respect for what you have to say	81	13	2	2	3
e. They involve you in decisions made about your medical treatments	78	14	3	2	3

Q21 In general, how easy or hard is it to get an appointment at **{INSERT HEALTH CENTER NAME}** when you need one? Is it…**(READ 1-4)**

Based on those who use one of the five health centers (n=1176)

37 Very easy
33 Somewhat easy
18 Somewhat hard, OR
8 Very hard
1 (VOL.) Never needed care/Never visited
1 (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Specialist Visits

Q22 SINCE you have been enrolled in the Gateway program, has your doctor EVER referred you to a specialist doctor?
(READ IF NECESSARY: By specialist we mean doctors like surgeons, heart doctors, skin doctors, and other doctors that specialize in one area of health care.)

55 Yes
45 No
* (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q23 How easy or hard was it…. **(INSERT. READ ITEMS IN ORDER) READ:** Was this very easy, somewhat easy, somewhat hard, or very hard?

Based on those who have been referred to a specialist (n=666)

	Very Easy	Somewhat Easy	Somewhat Hard	Very Hard	NA/DK/ Ref
a. To get a referral to a specialist doctor	60	26	10	4	*
b. To get an appointment scheduled with the specialist	55	25	13	6	1

Q23.1 Since you have been enrolled in Gateway, when was your most recent visit to a specialist doctor? Was it in**…(READ)**

Based on those who have been referred to a specialist (n=666)

44 The last 3 months,
16 4 to 6 months ago,
7 7 to 11 months ago,
20 A year ago or more, OR
10 You have not had this visit YET?
2 (VOL.) Did not go to specialist
* (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q24 Do you plan to go to the specialist doctor appointment?

Based on those who have not had appointment yet (n=63)

93 Yes
6 No
1 (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q25 What {was/is} the MAIN reason { you did NOT go/ you do not PLAN to go} to the specialist you were referred to? {Was/Is} it because **(READ AND RANDOMIZE)**

Sample size too small to report

Q26 Thinking about your most recent visit to a specialist doctor, where was this doctor located? **(PRE-CODED OPEN END?)**

Based on those who went to a specialist (n=585)

29	Barnes-Jewish Hospital Resident Clinic
19	SLU Care (St. Louis University)
10	St. Louis ConnectCare
9	Washington University School of Medicine Center for Advanced Medicine
4	BJC Medical Group
3	SSM/St. Mary's Hospital
2	Eye Associates
1	St. Alexius Hospital
*	Mercy Clinic
13	(VOL.) Other (SPECIFY)
9	(DO NOT READ) Don' t know
*	(DO NOT READ) Refused

Q27 Now, please tell me how well each of the following describes the medical staff at this most recent visit to the specialist doctor. (First/Next)…**(INSERT. READ AND RANDOMIZE).**

READ FOR FIRST ITEM, THEN AS NECESSARY: Would you say this describes the visit to the specialist very well, somewhat well, not too well, or not at all?

Based on those who went to a specialist (n=585)

	Very	Somewhat	Not too	Not at all	NA/DK/ Ref.
a. They spend enough time with you	82	12	2	2	1
b. They listen carefully to you	84	11	1	3	1
c. They explain things in a way that is easy to understand	86	9	3	2	1
d. They show respect for what you have to say	86	10	1	2	1
e. They involve you in decisions made about your medical treatments	81	12	3	2	1

Q28 Has anyone from {**INSERT NAME OF HEALTH CENTER}** helped coordinate your care among specialists or other health providers?

INTERVIEWER READ IF ASKED: Coordination could include helping you get appointments, following-up with you to make sure you get recommended care, and making sure other doctors have important information.

51 Yes
47 No
2 (DO NOT READ) Don't know
* (DO NOT READ) Refused

Q29 Overall, how satisfied are you with the help you received to coordinate your health care? Are you**…(READ)**

Based on those who received help coordinating care (n=598)

79 Very satisfied
18 Somewhat satisfied
2 Not too satisfied, OR
* Not at all satisfied
* (DO NOT READ) Don't know
0 (DO NOT READ) Refused

ED visits

Q30 SINCE you have been enrolled in the Gateway program, how many times have you gone to an emergency room to get care for yourself?

60 0/None
28 1-2 times
12 3 or more times
1 (DO NOT READ) Don't know
* (DO NOT READ) Refused

Q31 Do you think ALL of these visits to the emergency room, could have been treated at your Gateway health center, SOME of them, just a FEW of them, or NONE of them could have been treated at your Gateway health center?

Based on those who went to ER after Gateway enrollment (n=475)

20 All of them
20 Some of them
8 A few of them, OR
48 None of them
4 (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q32 Thinking about the last time you went to the emergency room to get care for yourself. Please tell me how much of a reason each was in your decision to go to the emergency room. (First/Next), ….(INSERT. READ AND RANDOMIZE).

READ FOR FIRST ITEM, THEN AS NECESSARY: Was this a major reason, minor reason, or not a reason you went to hospital emergency room?

Based on those who went to ER after Gateway enrollment (n=475)

	Major	Minor	Not a reason	DK/ Ref.
a. The doctor or health center told you to go	34	9	57	*
b. The problem was too serious for a doctor's office or health center	69	9	21	1
c. The doctor's office was closed	51	7	41	1
e. There were no available appointments soon enough at the doctor's office or health center	40	10	48	1
f. The emergency room is your closest provider	45	11	43	1
g. The emergency room can provide all the services I might need such as blood tests, x-rays and consultation with a specialist doctor	57	16	26	2

Q33 Thinking about how often you use the emergency room – do you think you use it more often, less often or about the same as you did BEFORE you were enrolled in the Gateway program?

4 More often
52 Less often
41 About the same
2 (DO NOT READ) Don't know
* (DO NOT READ) Refused

Hospitalization

Q34 SINCE you have been enrolled in Gateway, have you been a patient in a hospital overnight or longer?

16 Yes
84 No
* (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q34.1 In this most recent hospital visit, which hospital did you visit? (**PRE CODED OPEN END)**

Based on those who have been hospitalized since Gateway enrollment (n=200)

41 Barnes-Jewish Hospital
16 St. Louis University Hospital
15 St. Mary's Health Center
8 DePaul Health Center
7 Christian Hospital NE
4 St. Anthony's Medical Center
3 St. John's Mercy Medical Center
1 Northwest Healthcare
1 St. Clare Health Center
0 Cardinal Glennon Children's Medical Center
0 Missouri Baptist Medical Center
0 St. Alexius Hospital
0 St. Louis Children's Hospital
* St. Luke's Hospital
4 Other (SPECIFY)
2 Don't know
0 Refused

Q35 Did any of these stays in the hospital begin with a visit to the emergency room?

Based on those who have been hospitalized since Gateway enrollment (n=200)

79 Yes
21 No
0 (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q36 When you were released from the hospital, how easy or hard were each of the following? (First/Next), **(INSERT. READ AND RANDOMIZE).**

READ FOR FIRST ITEM, THEN AS NECESSARY: Was this very easy, somewhat easy, somewhat hard, or very hard after you were released from the hospital?

Based on those who have been hospitalized since Gateway enrollment (n=200)

	Very Easy	Somewhat Easy	Somewhat Hard	Very Hard	DK/ Ref
a. Getting the medicines that the hospital doctor had prescribed for you	54	21	14	7	3
b. Getting an appointment to see your primary doctor for a follow-up	63	20	8	5	4
c. Getting an appointment to see a specialist doctor	54	18	7	7	14

Prior Insurance Coverage

READ TO ALL: Now thinking about your health insurance coverage BEFORE you were enrolled in the Gateway program…

Q37 Were you covered by health insurance, including Medicaid or Medicare, or were you uninsured?

18 Covered/Had health insurance, including Medicaid/Medicare
82 Uninsured
* (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q38 What was your MAIN source of health insurance? Was it a plan through your employer, a plan through your spouse's employer, a plan you purchased yourself either from an insurance company or a state or federal marketplace, were you covered by Medicare or Medicaid, also known as M-O HealthNet or did you get your health insurance from somewhere else?

Based on those previously insured (n=225)

34 Plan through your employer
1 Plan through your spouse's employer
2 Plan you purchased yourself
3 Medicare
52 Medicaid/M-O HealthNet]
1 Somewhere else (**SPECIFY**) _____
4 Plan through your parents/mother/father (**VOL.**)
1 (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q39 BEFORE you were enrolled in the Gateway program, what was the MAIN reason for not having health insurance? **(PRE CODED OPEN END)**

Based on those previously uninsured (n=973)

72 You could not afford private insurance
17 You lost your job/Exhaustion of COBRA benefits
6 Your employer did not offer insurance
1 No longer able to be on parent's insurance
1 You didn't think you needed it/You are not sick
1 You didn't know what you needed to do to apply
2 (VOL.) Other (SPECIFY)
1 (DO NOT READ) Don't know
* (DO NOT READ) Refused

Q40 Before you were in the Gateway program, how long were you uninsured? **(READ)**

Based on those previously uninsured (n=973)

6 Six months or less,
5 Seven months to less than one year,
15 One year to less than two years,
13 Two to less than three years, OR
60 Three years or more
1 (DO NOT READ) Don't know
0 (DO NOT READ) Refused

Q41 What was the MOST important reason that you choose to enroll in the Gateway program? Was it**…(READ AND ROTATE)**

47 It made health care affordable,
20 You lost your health insurance
18 You got sick and needed coverage,
11 My doctor told you to,
3 (VOL.) Other (Specify)
* (DO NOT READ) Don't know
* (DO NOT READ) Refused

GENERAL HEALTH

Q42 Next, please tell me if you, yourself, are currently being treated or under a doctor's care for each health condition? (First/Next,) what about … **(INSERT; READ RANDOMIZE)**?

READ FOR FIRST ITEM, THEN AS NECESSARY: Are you currently being treated or under a doctor's care for this condition?

	Yes	No	DK/Ref.
a. High blood pressure or hypertension	43	56	*
b. Diabetes	16	83	1
c. Heart Disease	5	94	*
d. Arthritis	21	79	1
e. Asthma, C-O-P-D, emphysema, or other lung diseases	16	84	*
f. Any other chronic condition?	7	92	*

Q43 Do you currently need or take medicine prescribed by a doctor to manage any long term or chronic conditions?

59 Yes
41 No
* (DO NOT READ) Don't know
* (DO NOT READ) Refused

Q44 Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

37 Yes
62 No
1 (DO NOT READ) Don't know
* (DO NOT READ) Refused

DEMOGRAPHICS

READ TO ALL: Now, I have just a few more questions for you. Please keep in mind that your responses have no impact on your enrollment in the Gateway program.

D1. RECORD RESPONDENT'S SEX:

45 Male
55 Female

AGE. What is your age? **(RECORD EXACT AGE AS TWO-DIGIT CODE.)**

17 18-29
16 30-39
23 40-49
43 50 and older
1 (DO NOT READ) Don't know/Refused

PAR. Are you the parent or guardian of any children under 18 years of age?

32 Yes
67 No
* (DO NOT READ) Don't know
0 (DO NOT READ) Refused

MARITAL. Are you currently married, living with a partner, widowed, divorced, separated, or have you never been married?

9 Married
5 Living with a partner
4 Widowed
17 Divorced
10 Separated
54 Never been married
1 (**DO NOT READ**) Don't know/Refused

EMPLOY. What best describes your employment situation today? **(READ IN ORDER)**

11 Employed full-time
26 Employed part-time
36 Unemployed and currently seeking employment
13 Unemployed and not seeking employment
4 A student
1 Retired
6 On disability and can't work
2 Or, a homemaker or stay at home parent?
1 **(DO NOT READ)** Don't know/Refused

EMPLOY2. What best describes your employment situation BEFORE you were enrolled in the Gateway Program? **(READ IN ORDER)**

24 Employed full-time
25 Employed part-time
34 Unemployed and currently seeking employment
8 Unemployed and not seeking employment
4 A student
* Retired
2 On disability and can't work
2 Or, a homemaker or stay at home parent?
1 **(DO NOT READ)** Don't know/Refused

WORK Would you say that the Gateway Program has a big impact, a small impact, or no impact on your ability to find or keep a job?

30 Big impact
9 Small impact
58 No impact
3 (DO NOT READ) Don't know
1 (DO NOT READ) Refused

EDUC. What is the highest level of school you have completed or the highest degree you have received? (**DO NOT READ**) **[INTERVIEWER NOTE:** Enter code 3-HS grad if R completed training that did NOT count toward a degree**]**

3 Less than high school (Grades 1-8 or no formal schooling/Never attended high school)
13 High school incomplete (Grades 9-11 or Grade 12 with no diploma)
40 High school graduate (Grade 12 with diploma or GED certificate)
33 Some college but no degree (incl. 2 year occupational or vocational programs)
8 College graduate (e.g. BA, AB, BS)
2 Postgraduate (e.g. MA, MS, MEng, Med, MSW, MBA, MD, DDs, PhD, JD, LLB, DVM)
* Don't know
1 Refused

HISP. Are you, yourself, of Hispanic or Latino background, such as Mexican, Puerto Rican, Cuban, or some other Spanish background?

2 Yes
98 No
* (DO NOT READ) Don't know/Refused

RACE. What is your race? Are you white, black, Asian or some other race? **(IF RESPONDENT SAYS HISPANIC ASK:** Do you consider yourself a white Hispanic or a black Hispanic? **CODE AS WHITE (1) OR BLACK (2). IF RESPONDENTS REFUSED TO PICK WHITE OR BLACK HISPANIC, RECORD HISPANIC AS "OTHER," CODE 4**)

19 White
76 Black of African-American
1 Asian
2 Other or mixed race
2 (DO NOT READ) Refused

Language What language do you mainly speak at home? (**DO NOT READ)**

97 English
* Spanish
* Chinese
* Russian
* Vietnamese
* Bosnian
1 (VOL.) Other (SPECIFY)
* Don't know
* Refused

END OF INTERVIEW: That's all the questions I have. Thanks for your time. If you have any questions, regarding your Gateway Benefits, please feel free to contact the Gateway to Better Health call center at 1-888-513-1417.

Appendix VI
Provider Satisfaction Report

St. Louis Regional Health Commission Gateway to Better Health Demonstration Project Providers and Staff Report

A Summary of Key Findings

November 11, 2014

Prepared for:

St. Louis Regional Health Commission

Prepared by:

Princeton Survey Research Associates International

Contents

Executive Summary

The St. Louis Regional Health Commission (STLRHC) sponsored the Gateway to Better Health Demonstration Project – Providers and Staff Survey. In partnership with the State of Missouri, STLRHC operates the Gateway to Better Health Demonstration, which is an 1115 waiver granted by the Centers for Medicare and Medicaid Services (CMS) that authorizes a pilot coverage model. Enrollees select a primary care home from five community health centers that coordinate additional outpatient care with covered specialists. For the survey, a representative sample of providers and staff (93) at the community health centers, representing a 22% response rate, completed online surveys.

Providers and staff are extremely positive about the impact the Gateway to Better Health Program has on the health of their patients. They believe the Gateway program is of tremendous benefit to its enrollees but suggest that greater benefit could be achieved by an expansion of services offered. In addition, many respondents say their own job satisfaction has been increased since the implementation of Gateway.

A few key highlights from the survey:

- A majority of providers and staff (62%) say that the quality of medical care uninsured patients receive has improved since the implementation of Gateway.
- Nearly nine in ten say the overall health of their patients would worsen if Gateway were to close or not be available.
- Three-quarters of providers and staff say the Gateway program is having a big impact on helping enrollees lead healthier lives. An additional 18% say it is having a small impact.
- Majorities say the Gateway program does an excellent or very good job at addressing current health needs and helping prevent future illnesses of patients.
- Large majorities of providers and staff are not confident that Gateway enrollees could maintain their overall health or get necessary health care services if the program ended.
- About one-half of the providers and staff say their job satisfaction has increased since the implementation of Gateway, while 33% report it has stayed the same.

- If Gateway were to close, 68% say their job satisfaction would decrease, while 27% say it would stay about the same.
- Large majorities of providers and staff see many positive aspects of the Gateway program, such as helping them deal effectively with patients' problems, improving patient care coordination, and decreasing the stress of dealing with uninsured patients.

The survey is based on online interviews with a total sample of 93 Gateway Health Center medical providers (n=37) and support staff (n=56). The survey was conducted by Princeton Survey Research Associates International (PSRAI). The interviews were administered online from October 7 – October 20, 2014. Details on the design, execution and analysis of the survey are discussed in the Methodology.

Section I: Characteristics of Providers and Staff

There is a wide range of provider and staff experience. Roughly three in ten (29%) have worked 2 years or less in a community health center, 35% three to nine years, and 33% ten years or more. Roughly 40% of those who answered were medical providers. About one-half of providers are MD's, and one in five are nurse practitioners.

Awareness of Gateway Services

Providers and staff exhibit high levels of familiarity with most of the Gateway provided services that were asked about in the survey (see Table 1). Eight in ten are very familiar with primary care services, and about six in ten are very familiar with generic prescription and gynecological care. In contrast, just 20% report they are very familiar with physical therapy (after orthopedic surgery only).

With the exception of generic prescriptions and gynecologic care, a larger share of support staff reports they are very familiar with all other services asked about in the survey, compared with providers who report this high level of familiarity.

Table 1: Percent 'Very Familiar' with Gateway Program Services	
Primary Care	81%
Generic Prescription	65%
Gynecologic Care (excluding OB)	61%
Urgent Care Visits	56%
Specialist Visits	54%
Dental Care	54%
Laboratory Services	52%
Radiology and other Diagnostic Testing	52%
Podiatry	49%
Eye Care	47%
Transportation	39%
Physical Therapy (after Orthopedic Surgery only)	20%

Respondents were asked what other services Gateway should offer. An array of services were suggested, including expanded dental and optometry services, as well as weight loss counseling or nutrition programs. The most frequently suggested medical services were:

- Mental and Behavior Health Services (20%)
- Physical therapy (13%)

Section II: Gateway's Impact on Patients

Quality of Care and Health of Patients

Health center providers and staff are overwhelmingly positive about the impact Gateway is having on its enrollees' lives. Three in five respondents (62%) believe the quality of medical care that uninsured patients receive has improved since Gateway implementation. Twenty percent say it has stayed about the same, while just 5% say the quality of care has worsened.

Providers and staff were asked to put into their own words the impact that the Gateway program makes in their patients' lives. Here's just a sampling of the responses:

> *"I am so thankful that Gateway was implemented. Prior to having Gateway, we struggled with finding medication funds for our patients. Patient compliance has increased among those patients that didn't have medical coverage. I look forward to Gateway staying around until our community has better access to employment opportunities and families can afford to pay for health care coverage. I believe this will decrease the number of communicable diseases and improve untreated mental health cases in MO."*

> *"I would need to write a book for the impact on so many lives of this make-shift program. It is not insurance so cannot provide everything but it is better than nothing and many patients have had huge boost in their quality of living by addressing their health issues."*

> *"We provide them a place to go to be served. The people that I have called have been very gratefully for having a person in charge of making them aware of the steps they need to do according to their specific cases. That is an incentive for me to call the next person and do the same or more! This is a great program."*

> *"In general I feel that GBH has been an answer to many people's prayers. There are not enough programs offered to adults with little or no income. Many people work but can't afford the employer offered insurance. I feel whole-heartedly that these people need coverage more than anyone. I just cannot tell you how many patients we see for the first time that say, "I haven't seen a doctor since I was a kid!" As a nurse I am so glad to see them seeking care and using this wonderful resource."*

Three-quarters of respondents (77%) believe the Gateway program is having a big impact on helping enrollees lead healthier lives. Eighteen percent say it is having a small impact, and just 4% say it is having no impact.

Nearly nine in ten respondents (88%) who believe the quality of care for the uninsured has improved since Gateway implementation say the program is having a big impact, compared with 60% of their

counterparts. In addition, those who report their job satisfaction has increased since the implementation of the Gateway program are more likely to say the program is having a big impact on enrollees (87% v. 68%).

When asked what the biggest change they have seen in Gateway enrollees' overall health, respondents cited an array of benefits that included overall improvement in health, patients' ability to receive health care, including specialist care, and patient empowerment.

"They are getting their preventive care and many are taking meds for their chronic condition thereby having stability in their disease course, less visits to urgent care and emergency rooms, more regular visits – they are healthier overall"

"Health maintenance improved & preventative appointments kept"

"People are taking charge of their health"

"Persons are coming to the doctor's office to take care of their physical health. Before enrolling in Gateway, many did not have any means for an office visit and many are ill and need a doctor's care and/or medication"

In addition, several other providers cited adherence to medication protocols and the patients' ability to get their prescription medication as a benefits of the program.

"Access to meds and specialist"

"Increased Medication Adherence"

Majorities say that Gateway does an excellent or very good job at addressing enrollees' current health care needs (64%) and at helping enrollees prevent future illnesses (57%). Those who believe the Gateway program has a big impact and those who say the program has improved the quality of care for the uninsured are more likely to give Gateway positive marks in addressing current health issues and preventing future ones (see Table 2).

Table 2: Percent who Rate 'Excellent of Very Good Job' on Each

		Quality of Care has…		Gateway has…	
	Total	Improved	Other	Big Impact	Other
Addressing the current health care needs of its enrollees	64%	76%*	43%	78%*	14%
Helping enrollees prevent future illness and disease	57%	69%*	37%	69%*	14%

*Throughout the report, the asterisk identifies groups that represent a statistically significant difference in response at the 95% level of confidence.

Most say the Gateway program has made several aspects of addressing health care needs easier for enrollees, such as seeing a primary care doctor and getting prescription medicines (See Table 3).

Table 3: Percent 'Easier' for Current Gateway Enrollees to…	
Fill a prescription for medicine	86%
Get recommended medical tests, treatments, or follow-ups	86%
See a primary care provider	82%
See a specialist	76%
Get routine dental care	71%

Once again, those who say the quality of care has improved for the uninsured since Gateway began and those who say the program is having a big impact on patients' health are more likely than others to say it is easier for Gateway enrollees to get these services.

Many believe without Gateway, patients' health would be negatively impacted if Gateway were no longer available. Nearly nine in ten (86%) say patients' overall health would "worsen" if Gateway were to close or not be available. One in ten respondents say it would "stay the same".

Those who believe Gateway is having a big impact on the health of patients are more likely than those who say it is having a small or no impact to report patients' health would worsen if Gateway were no longer available (93% v. 62%).

What if the Gateway Program Ended?

When asked what would happen to enrollees health and healthcare if the Gateway program were to end, respondents are not optimistic about the outcomes. Large majorities of respondents believe Gateway members would have a difficult time keeping up with regular doctor visits and other necessary health services. Strong majorities say they are not confident that members would be able to maintain their overall health, or see a doctor (see Table 4).

Table 4: Percent 'Not Confident' Current Gateway Enrollees ….	
Could afford a specialist doctor	91%
Could afford prescription medicines	86%
Could keep their overall health the same	85%
Could find quality medical care	76%
Could afford to see a primary care provider	76%

Cost of medical services is on the minds of Gateway enrollees. A majority of provider and staff report that Gateway enrollees always or sometimes ask about the cost of recommended treatments or tests (63%). In addition, 59% say that they at least sometimes tell Gateway enrollees about the low cost for services. A majority of providers and staff believe the low cost of services increases the likelihood that a patient will follow through on treatments or a specialist visit. Six in ten respondents believe that the low cost of services increases the likelihood a lot that the patient will follow through, with an additional 28% say it contributes some.

Section III: Gateway's Impact on Providers

Along with examining health center providers and staff assessments of the impact Gateway is having on its' enrollees, a secondary purpose of the survey is to gauge the effect it is having on the providers and staff themselves. Providers and staff were positive about the personal outcomes of the Gateway program.

> *"It definitely makes me feel more effective as I have treatment options to care for my patients. As I stated earlier, I worked in other states with no such program and became very frustrated as there was nothing I could do for patients with serious conditions. These patients could not afford care and thus the emergency rooms were overly burdened. Thus, this program can prevent provider burnout and improve retaining good providers."*

About one-half of respondents (49%) say the implementation of Gateway has increased their overall job satisfaction, while about one-third say their job satisfaction has stayed about the same. Two-thirds of those who say the quality of care has improved for the uninsured since Gateway implementation report their job satisfaction has increased, compared to 23% of those who think care has not improved or has stayed the same. Those who report the Gateway program is having a big impact on the health of enrollees are more likely than their counterparts to report their job satisfaction has risen.

Respondents were asked to describe what it is about the Gateway program that has led to an increase in their job satisfaction. Many respondents cited the ability to offer services to those who had previously been underserved, and the decreased stress of having to deal with uninsured patients.

> *"We are better able to provide health services to the patients that did not have medical, medications and specialty coverage. Job satisfaction increases when you can help improve the quality of a patient's life."*

> *"Being able to have a resource to offer patients instead of feeling hands are tied."*

"Gateway has increased my overall job satisfaction by allowing me to dispense life-saving medications to patients who previously were unable to afford them."

"Knowing that a patient that have no access to affordable healthcare can enroll in gateway to receive those prevention services and other needed services. Which will allow more healthy community."

"My satisfaction is seeing patients take responsibility of their own health because of the fact that they have health coverage."

"Less stress about getting patients access to care and testing especially specialty care."

Two-thirds (68%) say that if Gateway were no longer available their job satisfaction would decrease, while about 27% say it would stay about the same.

Majorities of respondents state that the Gateway program has several positive outcomes for providers and staff. Two items were asked exclusively of medical providers – improves the patient-provider relationship (89% agree) and allows me to deliver quality care to patients (89% agree). Four other items were asked of all providers and staff with equally positive results (see Table 5).

Table 5: Percent ''Agree" with each Statement	
Helps me deal effectively with patient's problems	90%
Has improved patient care coordination among providers	88%
Has decreased the stress of providing care for uninsured patients	86%
Provides me with adequate resources for the patients	85%

Compared with their counterparts, a larger share of those who believe that the quality of care for the uninsured has improved since Gateway implementation agree with each of the statements, as are those who state the program is having a big impact.

When asked about specific administrative aspects of Gateway, the referral process, providers and staff gave high ratings to the ease of using the online referral system. Large majorities report they are very or somewhat satisfied with the system. Four in five (81%) say they are very or somewhat satisfied with the ease of obtaining a referral. Seventy-two percent give the same high rating for ease of obtaining a prior authorization.

Providers and staff were asked what aspect(s) of the Gateway program has been most helpful to them personally. Many cited the ability to provide routine care, refer patients to specialists, and prescribe medications.

"Coverage for primary preventative labs/tests/studies."

"Being able to access specialists, low cost medications and dental services for the patients has been very helpful."

"I'm glad that I can offer insurance to the uninsured patients, offer them transportation as well, being able to have access to prescription coverage, dental, radiology eye & specialist coverage like most private insurances."

"Knowing that the public have medical care available to be provide to them and educate them on preventative care makes my world personally more gratifying. Being able to refer patients to entities that's in the Gateway network makes my job easier because I don't feel like I'm dropping the ball on the patients or letting their health care needs fall through the cracks. The men have coverage now that would neglect their health care needs due to lack of insurance due to no coverage."

"Making sure that money is not the barrier to patients keeping appointments, getting the tests they need and getting their medications. Also value the ability to refer for specialty care."

"Personally, my own satisfaction of feeling that I am changing the life of a person in a good way is the better payment I can ever have. I can imagine me in that situation. I hope at some point in our lives that everyone have the same rights to be seen when needed."

Respondents were also given the opportunity to share what aspect(s) of the Gateway program needed improvement. Most respondents focused on two areas: the process for determining eligibility and applying, and the need for expanding services that are covered. A sampling of comments from those who focused on administrative aspects of the program:

"The biggest problem that I have is that there are patients who previously could be seen at Connectcare who are not eligible for Gateway - particularly immigrants. The decreased income requirements have also been an issue. Another problem is that patients very frequently don't apply until after they already have a problem. This creates a long delay in care during which time many patients are lost to follow-up."

"An explanation of the program and its benefits, especially to social workers/counselors."

"Application and enrollment procedures."

"Qualification criteria, time frame for approval is too long."

"The length of time it takes to be approved or denied."

While other providers and staff focused on expanding, not only what medical services are covered, but also increasing the number of facilities and providers that accept Gateway coverage.

"More coverage by more specialists, especially coverage at the emergency room or admission level, because even though they can see us, patients when they are really sick and need

emergency room /in hospital care are avoiding these services as they are not covered and their overall health then suffers."

"Contraception coverage"

"Dental services, i hear a lot of the enrollees talk about this. Mental health services."

"Insulin needs to be covered under gateway. The majority of our patients are diabetic."

"Needs to cover psychiatry, psychiatric medications and social work interventions/counseling."

Finally, providers and staff were asked what they would say to policy makers and government leaders about the Gateway to Better Health program. Their comments reflected their belief that Gateway is essential to ensuring the health of enrollees and that those enrolled could benefit further if more services were available. In addition, some suggested that the program should provide a larger number of St. Louis residents health coverage.

"Gateway to better health is an essential health care safety net program for local uninsured patients living below poverty which allows them affordable medicines, low cost specialist care, dental care and low cost labs and radiology testing. Loss of this program would lead to more health care problems for poor people and further economic and social stratification of our region."

"It is the best program ever offered in the state of Missouri. It offers quality care to the uninsured who otherwise probably would not see a provider for medical care without the gateway program (most of the patient do not have the co pay required which start at $20.00)."

"Keep this program going, because it improves patient health and decreases cost to health care system in the future. Could do much more good if mental health services were offered."

"Please give a few more services."

"Please work on extending the Gateway program for all uninsured medical & mental health patients or expand the Medicaid program to include the patient that are covered by GBH. Our overall health care in MO would improve tremendously!"

"The Gateway to Better Health program has helped to improve the health of the underserved. Failing to address the health care needs of the underserved creates a substantial burden on the state."

"Keep the program going, it only strengthens our ability to provide needed care for the uninsured; and losing this program would not only burden the patients, the providers--it has not only given low cost options to the patients, but has enabled a system that allows for multidisciplinary interactive care, which in the end reduces the cost of care for everyone."

"First off all, I want to thank them for providing this option for the people who are under 100% of f.p.l. Second of all, we have so many health schools in the U.S. where everyone (meaning the students at the last year of career) can collaborate to help the government to implement a health system where each state could have at least one or two hospitals to serve the most needed families. Even, retired doctors and teachers can help as well. Foreign health professionals (like me) will be happy to participate."

"It has been great to bridge the gap between Medicaid expansion but that Medicaid expansion needs to happen."

"Pass Medicaid expansion or Gateway needs to never leave!"

Appendix A: Methodology

Summary

The St. Louis Regional Health Commission (STLRHC) sponsored the Gateway to Better Health Demonstration Project – Providers and Staff Survey. Medical providers and referral staff were selected from the five operating Gateway health centers in St. Louis, Missouri. The survey obtained interviews with respondents from lists of each of these five health centers. Staff and providers lists were supplied from:

- Betty Jean Kerr People's Health Centers
- Family Care Health Centers
- Grace Hill Health Centers
- Myrtle Hilliard Davis Comprehensive Health Centers
- Saint Louis County Department of Health

Princeton Survey Research Associates International (PSRAI) conducted the survey. The interviews were administered online from October 7 – October 20, 2014. Details on the design, execution and analysis of the survey are discussed below.

Table 1: Sample Sizes

	Total n's
Medical Providers	37
Support Staff	56
TOTAL	93

Sample Design and Contact Procedures

PSRAI was provided a list of medical providers and referral staff by STLRHC. Lists were culled for duplicate email addresses and duplicates were removed. Data collection involved multiple prompts in an effort to get completed interviews.

The first e-mail was sent to all selected participants (n=459) on Tuesday, October 7, 2014. The second e-mail sent on Tuesday, October 14, 2014 was sent only to those who had not yet responded or explicitly refused. The survey was shut down on Monday, October 20, 2014.

Response Rate

Table A1 reports the sample disposition. The response rate estimates the fraction of all eligible sample units that were ultimately interviewed. The response rate is computed according to American Association of Public Opinion Research standards.[5]

The overall response rate for this project was 21.7%.

Table A1: Sample Disposition	
93	I=Completes
5	R=Refusal and breakoff
7	OF=Out of Frame – wrong person/not a Gateway provider
354	NC=Non-contact
93%	e= (I+R)/(I+R+OF)
21.7%	**AAPOR RR#3 = I/[I+R+(e*NC)]**

[5]http://www.aapor.org/Content/NavigationMenu/ResourcesforResearchers/StandardDefinitions/StandardDefinitions2009new.pdf

Appendix B: E-mails

EMAIL #1

From: mengle@psrai.com

Subject: Gateway Provider Survey

Dear {NAME}:

We are writing to ask for your participation in a study of Gateway to Better Health providers. The study is being sponsored by The St. Louis Regional Health Commission to further evaluate the Gateway to Better Health Program. Your insights into the program offer a valuable perspective. We would greatly appreciate your participation in the survey.

Your answers are completely confidential and will be released only as summaries in which no individual's answers can be identified.

The survey takes only about 10 minutes and can be completed online.

To take the survey: **INDIVIDUAL LINK**

If you have any questions about the survey or the use of the data, feel free to contact Angela Brown at the St. Louis Regional Health Commission at Abrown@stlrhc.org or 314-446-6454, ext. 1011. If you have any questions for the survey firm, please contact Margie Engle-Bauer at 609-751-5511 or mengle@psrai.com.

Thank you for your help in this important study.

Sincerely,

Gateway to Better Health

If the survey link above does not work, paste this link http://survey.confirmit.com/wix/p3070993961.aspx into a web browser. And enter your USER ID: _____

To opt out of future emails for this survey, send Opt-out email here.

EMAIL #2

From: mengle@psrai.com

Subject: Gateway Provider Survey

Dear {NAME}:

Hopefully you received an email asking for your participation in a study of Gateway to Better Health providers. To the best of our knowledge, the survey has not yet been completed. We would greatly appreciate your participation in the survey.

The survey will be closing on Tuesday, October 20th at noon Eastern, so it's vital that we hear from you so that the results may accurately reflect the opinions of providers.

The survey takes only about 10 minutes and can be completed online.

To take the survey: **INDIVIDUAL LINK**

The comments of other providers who have already responded have offered insight into the provider experience of the Gateway program. We think the results are going to be very useful to CMS, State representatives, and local stakeholders.

Your answers are completely confidential and will be released only as summaries in which no individual's answers can be identified.

If you have any questions about the survey or the use of the data, feel free to contact Angela Brown at the St. Louis Regional Health Commission at Abrown@stlrhc.org or 314-446-6454, ext. 1011. If you have any questions for the survey firm, please contact Margie Engle-Bauer at mengle@psrai.com or 609-751-5511.

Thank you for your help in this important study.

Sincerely,

Gateway to Better Health

If the survey link above does not work, paste this link http://survey.confirmit.com/wix/p3070993961.aspx into a web browser. And enter your USER ID: _____

To opt out of future emails for this survey, send Opt-out email here.

Appendix C: Topline Results

Gateway Demonstration Project Survey

Providers Survey

Final Topline Results
October 29, 2014

N= 93 Medical Providers and Support Staff at Gateway Health Centers
Field Dates: October 8-20, 2014
Interviewing: Online survey in English only

RESPONDENT INTRODUCTION:

We are asking for your participation in a survey of Gateway to Better Health Program medical providers and support staff. The survey is being conducted by the St. Louis Regional Health Commission. The information you provide in this survey will be used to highlight the importance of programs like Gateway (i.e. Medicaid Expansion) in our region.

This interview is voluntary and confidential. We hope that you will answer each question, because your responses are important. If there is any question you don't feel comfortable answering, simply move on to the next question.

You may go back in the questionnaire using the '<<Back' button. Do not use the back button on your browser.

You may pause the survey and finish it at a later time. Simply re-login to the survey, and you will automatically be taken to the page where you left off.

If you have any questions about the study, you may contact the Regional Health Commission or Margie Engle-Bauer at our research partner Princeton Survey Research Associated International - mengle@psrai.com.

If you are experiencing any technical trouble with this survey, please contact PSRAI by emailing Techsupport@psrai.com.

Thank you for participating in our study.

MAIN SURVEY

Background

Q1 Which of the following community health centers do you currently work at? (PLEASE CHECK ALL THAT APPLY)

18 Betty Jean Kerr People's Health Centers
13 Family Care Health Centers
42 Grace Hill Health Centers
5 Myrtle Hilliard Davis Comprehensive Health Centers
22 Saint Louis County Department of Health
1 No answer

Q2 How many years have you worked in community health centers?

16 Less than 1 year
13 1-2 years
17 3-4 years
18 5-9 years
12 10-14 years
10 15-19 years
11 20 years or more
3 No answer

General Opinion of Gateway

Thinking specifically about the Gateway to Better Health Program

Q3 Since the implementation of Gateway, do you think the quality of medical care your uninsured patients receive throughout the health care system has improved, has become worse, or has it stayed about the same?

62 Improved
5 Worse
20 Stayed about the same
12 Cannot rate/Was not working prior to Gateway
0 No answer

Q4 Do you think the overall health of your patients would improve, worsen or stay the same if Gateway were to close or not be available?

4	Improve
86	Worsen
10	Stay about the same
0	No answer

Q5 Has your overall job satisfaction increased, decreased, or has it stayed about the same due to the implementation of Gateway?

49	Increased
5	Decreased
33	Stayed about the same
12	Cannot rate/Was not working prior to Gateway
0	No answer

Q6a What is it about the Gateway program that has increased your overall job satisfaction? (OPEN END)

Based on those whose job satisfaction increased (n=46)

46	Patients have access to health care
28	Able to provide care
28	Affordability/Can provide care regardless of ability to pay
28	More people are applying/enrolling
24	Patients able to see specialists
17	Healthier patients/Community/Better quality of life
13	Able to provide medications to those who previously couldn't afford them
7	Other
7	No answer

Notes: Only percentage 5% and above reported. Answers may add to more than 100% due to multiple responses

Q6b What is it about the Gateway program that has decreased your overall job satisfaction? (OPEN END)

Sample Size too Small to Report

Q7 If the Gateway program was no longer available to patients, do you think your job satisfaction increase, decrease, or stay about the same ?

5 Increase
68 Decrease
27 Stay about the same
0 Cannot rate/Was not working prior to Gateway
0 No answer

Now, thinking about the impact the Gateway program has on the enrollees…

Q8 Overall, do you think the Gateway to Better Health program does an excellent job, a very good job, good job, fair job, or poor job in each of the following?

	Excellent	Very Good	Good	Fair	Poor	No Answer
a. Addressing the current health care needs of its enrollees	26	38	27	9	1	0
b. Helping enrollees prevent future illness and disease	31	26	32	6	1	3

Q9 How much of an impact do you think the Gateway program has on helping its' enrollees lead healthier lives?

77 Big impact
18 Small impact
4 No impact
0 No answer

Provider Awareness of Gateway Services

Q10 Please indicate how familiar you are with each of the following services that the Gateway program offers?

		Very	Somewhat	Not too	Not at all	No answer
a.	Primary care	81	13	3	2	1
b.	Gynecologic care (excluding OB)	61	28	6	2	2
c.	Transportation	39	22	25	14	1
d.	Generic Prescription	65	20	10	3	2
e.	Urgent Care Visits	56	19	18	4	2
f.	Specialist Visits	54	30	12	3	1
g.	Laboratory services	52	23	22	3	1
h.	Radiology and other diagnostic testing	52	30	14	3	1
i.	Dental Care	54	19	17	9	1
j.	Eye Care	47	27	17	8	1
k.	Podiatry	49	23	18	10	0
l.	Physical Therapy after orthopedic surgery only	20	22	35	22	1

Q11 What other low cost medical services do you think would most help the people Gateway serves? (OPEN END)

20 Mental/Behavior Health/Counseling
13 Physical therapy
6 Dental care, crowns and dentures
6 Covers all
5 Vision, optometry services
5 Weight loss/Counseling
17 Other
28 No answer

Notes: Only percentage 5% and above reported. Answers may add to more than 100% due to multiple responses

Patient Outcomes
Thinking about the Gateway program patients…

Q12 In your opinion, since the Gateway program started, what has been the biggest change you've seen in Gateway enrollees overall health? (OPEN END)

Based on Medical Providers (n=37)

35 Preventative care/Patients taking care of their health
24 Medication adherence/Access to medication
22 Able to access testing and specialists
14 Overall healthier/Improvement in chronic conditions
11 Too early for me to determine
8 Other
22 No answer

Notes: Only percentage 5% and above reported. Answers may add to more than 100% due to multiple responses

Q13 If the Gateway program ended, how confident are you that current Gateway enrollees…? (RANDOMIZE)

	Very	Somewhat	Not too	Not at all	No answer
a. Could keep their overall health the same	6	9	33	52	0
b. Could find quality medical care	5	17	35	41	1
c. Could afford to see a primary care provider	6	17	20	56	0
d. Could afford prescription medicines	5	8	27	59	1
e. Could afford to see a specialist doctor	5	3	18	73	0

Q14 From what you've seen has the Gateway program made it easier, harder, or had no difference on patients' ability to get each of the following? (RANDOMIZE)

	Easier	Harder	No difference	No answer
a. Seeing a primary care provider for care	82	2	12	4
b. Filling a prescription for medicine	86	1	12	1
c. Getting recommended medical tests, treatments or follow-ups	86	2	11	1
d. Seeing a specialist when a primary care provider requests the referral	76	3	17	3
e Getting routine dental care	71	1	19	9

Q15 How often do Gateway enrollees ask about the cost of recommended treatments or tests?

24 Always
39 Sometimes
29 Rarely
9 Never
0 No answer

Q16 How often do you tell Gateway enrollees that some medical services, such as specialist visits and diagnostic testing are low cost?

34 Always
25 Sometimes
20 Rarely
20 Never
0 No answer

Q17 How much, if at all, do you think the low cost of services for Gateway enrollees increases the likelihood that the patient will follow through on a recommended treatment, or specialist visit?

61 A lot
28 Some
10 Not too much
1 Not at all
0 No answer

Provider Outcomes

Thinking about impact the Gateway program has made on your work experience…

Q18 What aspect(s) of the Gateway program do you think has been MOST HELPFUL to you personally? (OPEN END)

27 Increasing patient access to care
23 Low costs/'Coverage' for the uninsured
22 Able to see specialists
16 Prescription drug coverage
9 Diagnostic coverage
6 Communication/Relationship with patients, their families and community
5 Communication with program administrators
10 Other
25 No answer

Notes: Only percentage 5% and above reported. Answers may add to more than 100% due to multiple responses

Q19 What aspect(s) of the Gateway program do you think need(s) to be IMPROVED? (OPEN END)

26 More coverage
23 Application and enrollment process
11 Referral process
10 Information/Explanation of what's covered and what is not
8 Qualification criteria/Income guidelines
3 Outreach/Education
6 None
11 Other
28 No answer

Notes: Only percentage 5% and above reported. Answers may add to more than 100% due to multiple responses

Q20 Please indicate how strongly you agree or disagree with each of the following statements about the Gateway program. (RANDOMIZE C-F)

	Agree		Disagree		
	Strongly	Somewhat	Strongly	Somewhat	No answer
Items A and B asked only of Medical Providers (n=37)					
a. Improves the patient-provider relationship	27	62	11	0	0
b. Allows me to deliver quality care to patients	59	30	11	0	0
c. Provides me with adequate resources for the patients	41	44	8	3	4
d. Helps me deal effectively with patient's problems	39	51	4	2	4
e. Has decreased the stress of providing care for uninsured patients	58	28	9	1	4
f. Has improved patient care coordination among providers	42	46	5	2	4

Q21 Please indicate how satisfied are you with the following aspects of the Gateway online referral system?

	Very	Somewhat	Not too	Not at all	No answer
a. Ease of obtaining referral	37	44	5	4	10
b. Ease of obtaining prior authorization	30	42	11	3	14

DEMOGRAPHICS

Now, we have just a few final questions so that we may describe those who participated in the survey.

D1 How long have you worked in the healthcare field?

Based on Medical Providers (n=37)

3 Less than 1 year
0 1-2 years
16 3-4 years
11 5-9 years
16 10-14 years
5 15-19 years
11 20 years or more
35 No answer

D2 What is your primary specialty?

Based on Medical Providers (n=37)

8 Dentistry
27 Family Practice
0 General Practice
14 General Internal Medicine
22 Obstetrics and Gynecology
0 Pediatrics
11 Other (SPECIFY)
0 No answer

D3 Please indicate the credentials that you hold. (CHECK ALL THAT APPLY)

Based on Medical Providers (n=37)

14 LCSW
3 MA
19 NP/WHNP/FNP/PNP
5 RN
3 PA
49 MD
8 DDS/DMD
3 DO
3 OD
14 Other (SPECIFY)
0 No answer

D4 Have you, yourself, ever been enrolled in the Gateway program?

1 Yes
99 No
0 No answer

SEX. Are you…?

16 Male
84 Female
0 No answer

AGE. What is your age?

8 18-29
27 30-39
24 40-49
24 50-59
12 60 and older
6 No answer

D5 Which of the following would be the MOST effective way to update you on Gateway services available to your patients?

65 E-mail
13 Paper brochures or newsletters
1 Conference call
5 In person meetings
3 A webinar
12 Announcements at your regularly scheduled staff or provider meetings
1 Other (SPECIFY)
0 No answer

COMMENT1 What would you say to policy makers and government leaders about the Gateway to Better Health program? (OPEN END)

30 Essential health care safety net for the uninsured
20 Thanks/Great program
19 Need to continue this program
14 Extend the program/More coverage/Cover more people
12 If Missouri isn't going to expand Medicaid, we need Gateway
13 Other
24 No answer

Notes: Only percentage 5% and above reported. Answers may add to more than 100% due to multiple responses

COMMENT2 Please write any additional comments you may have about the impact the Gateway program makes in patients' lives, or on your own professional experience. (OPEN END)

14 Health care for those who would not otherwise have it
9 Thank you/Great program/Keep up the good work
11 Other
74 No answer

Notes: Only percentage 5% and above reported. Answers may add to more than 100% due to multiple responses

THANK YOU!

Thank you for taking the time to complete this survey. Your responses are very important to our research.

To ensure that your responses are included in this study, please click the "SUBMIT" button to finish the survey.

Appendix VII

Public Notice Concerning Missouri's Gateway to Better Health Section 1115 Demonstration Project Number: 11-W-00250/7

The State of Missouri, Department of Social Services (DSS), hereby notifies the public of its intent to request a one-year extension of the Gateway to Better Health Demonstration, which is scheduled to expire on December 31, 2015. A copy of the demonstration extension application under consideration may be found at http://dss.mo.gov/mhd/. We are providing this notice pursuant to Centers for Medicare & Medicaid Services (CMS) requirements in 42 C.F.R. 431.408. In providing this timely notice in accordance with federal regulation, the State of Missouri reserves the option to not file a notice of extension by December 31, 2014.

The Gateway to Better Health Demonstration is designed to provide coverage to low-income adults residing in St. Louis City and St. Louis County who do not qualify for Medicaid. At this time the State is requesting the authority to continue funding expenditures for primary and specialty care services provided to uninsured individuals, ages 19 through 64, with family incomes between 0 and 100 percent of the Federal poverty level (FPL); any future changes to the program submitted as amendments to CMS will be evaluated through the St. Louis Regional Health Commission's (SLRHC) community planning process. The benefit package is detailed in the full public notice document (link provided below). Should the State opt to expand Medicaid during the extension period, the Demonstration will terminate.

Public Comments and Hearings

The public is invited to review and comment on the State's proposed waiver extension request. The full public notice document for the Gateway to Better Health Waiver extension request can be found at http://dss.mo.gov/mhd/ under Alerts and Notifications. Appointments may be made to view a hard copy of the full public notice document, as well as a draft of the extension application, by calling 314-446-6454, ext. 1011. Appointments may be made during regular business hours, 8:00 a.m. - 4:30 p.m., Monday through Friday. Appointments to view the documents will take place at 1113 Mississippi Avenue, St. Louis, MO 63104.

Comments will be accepted 30 days from the publication of this notice. The comment period ends December 31, 2014. Comments may be sent to:

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

Public hearings are scheduled for:

Tuesday, December 2, 2014, 7:30-8:30AM
Ethical Society of St. Louis
9001 Clayton Road
St Louis, MO 63117

This meeting is part of the regularly scheduled Provider Services Advisory Board meeting of the St. Louis Regional Health Commission. Individuals wanting to participate in the December 3 public hearing via conference call may dial 888-808-6929, access code: 9158702.

Wednesday, December 3, 2014, 10 a.m. – 11 a.m.
Missouri History Museum
5700 Lindell Boulevard
St. Louis, MO 63112

Appendix VIII

Public Notice of
Missouri's Application to Extend the
Gateway to Better Health Demonstration Project
Section 1115 Demonstration (Number: 11-W-00250/7)

November 28, 2014

The State of Missouri, Department of Social Services (DSS), hereby notifies the public of its intent to request a one-year extension of the Gateway to Better Health Demonstration, which is scheduled to expire on December 31, 2015. A copy of the demonstration extension application under consideration may be found at http://dss.mo.gov/mhd/. We are providing this notice pursuant to Centers for Medicare & Medicaid Services (CMS) requirements in 42 C.F.R. 431.408. In providing this timely notice in accordance with federal regulation, the State of Missouri reserves the option to not file a notice of extension by December 31, 2014.

The Gateway to Better Health Demonstration is designed to provide coverage to low-income adults residing in St. Louis City and St. Louis County who do not qualify for Medicaid. At this time the State is requesting the authority to continue funding expenditures for primary and specialty care services provided to uninsured individuals, ages 19 through 64, with family incomes between 0 and 100 percent of the Federal poverty level (FPL); any future changes to the program submitted as amendments to CMS will be evaluated through the St. Louis Regional Health Commission's (SLRHC) community planning process. The benefit package is detailed in the full public notice document (link provided below). Should the State opt to expand Medicaid during the extension period, the Demonstration will terminate.

I. Program Description and Goals

On July 28, 2010, CMS approved the State of Missouri's "Gateway to Better Health" Demonstration, which includes the following main objectives:

I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act;
II. Transition the "St. Louis model" to a coverage model as opposed to a direct payment model by July 1, 2012;
III. Connect the uninsured and Medicaid populations to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement;
IV. Maintain and enhance quality service delivery strategies to reduce health disparities; and
V. For the first two years of the Demonstration, ensure that there is a 2 percent increase in the number of uninsured persons receiving services at St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers.

For the first two years of the Demonstration, certain providers were paid directly for uncompensated care. These providers included St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers. As of July 1, 2012, the program transitioned to a coverage model.

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 through a coverage model.

The Pilot Program is designed to provide primary, urgent, and specialty care coverage to uninsured[6] adults in St. Louis City and St. Louis County, aged 19-64, who are below 100 percent of the FPL through a coverage model known as Gateway to Better Health. The Demonstration also includes a performance and incentive structure for the primary care providers and tracks health outcomes.

Under the Demonstration, the State has authority to claim as administrative costs limited amounts incurred for the functions related to the design and implementation of the Demonstration pursuant to a Memorandum of Understanding with the St. Louis Regional Health Commission (SLRHC), which is a non-profit, non-governmental organization whose mission is to 1) increase access to health care for people who are medically uninsured and underinsured; 2) reduce health disparities among populations in St. Louis City and County; and 3) improve health outcomes among populations in St. Louis City and County, especially among those most at risk.

This Demonstration Project and the funding mechanisms that preceded it have been critical to maintaining and improving access to health care for uninsured individuals in St. Louis City and County since the closure of the city's last remaining public hospital in the 1997.

CMS offers additional information about Section 1115 waivers generally and the Gateway waiver specifically at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html.

During the extension period, the State proposes to continue the Demonstration, until such time as Missouri's Medicaid eligibility is expanded to include the waiver population, or up to one year, whichever is first.

During this extension of the Demonstration, the State, SLRHC and providers will continue to demonstrate how coverage and access to preventative care cost-effectively improves the health of a low-income population.

The objectives for the extension period of the Demonstration continue to be:

I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available in Missouri under the Affordable Care Act;
II. Connect the uninsured and Medicaid populations 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.

[6] To be considered to be "uninsured" applicants must not be eligible for coverage through the Medicaid State Plan. Screening for Medicaid eligibility is the first step of the Gateway to Better Health eligibility determination.

II. Beneficiaries and Eligibility Criteria

Gateway to Better Health will continue to provide access to primary care, specialty care and urgent care and will continue to be available to individuals who meet the following requirements:

- A citizen of the United States; legal immigrant who has met the requirements for the five-year waiting period for Medicaid benefits; refugee or asylee under same immigrant eligibility requirements that apply to the Medicaid program
- A resident of St. Louis City or St. Louis County
- Ages 19 through 64
- Uninsured
- At or below the federal poverty level of 100%
- Not eligible for coverage under the federal Medicare program or Missouri Medicaid
- Patients with a primary care home at one of the in network primary care sites.

III. Delivery System

Gateway to Better Health services are provided through a limited provider network. Beneficiaries will continue to choose a primary care home in which to enroll. Primary care homes in the network include:

- BJK People's Health Centers
- Family Care Health Centers
- Grace Hill Health Centers
- Myrtle Hilliard Davis Comprehensive Health Centers
- St. Louis County Department of Health

Primary care provider organizations will continue to be paid under an alternative payment methodology.

For specialty care, beneficiaries may be referred by their primary care physician for specialty care at a participating specialty care provider, including for physician inpatient services or outpatient hospital care. Specialty care providers will continue to be paid for on a fee-for-service basis for care provided to all Gateway beneficiaries.

IV. Benefits

Beneficiaries enrolled in Gateway to Better Health will continue to receive the following benefits:

Preventative; wellcare; dental (diagnostic, preventive); internal and family practice medicine (up to 5 five urgent care visits); gynecology; podiatry, generic prescriptions dispensed at primary care clinics; cardiology; DME (on a limited basis); endocrinology; ENT; gastroenterology; neurology; oncology, radiation therapy, rheumatology, laboratory/pathology services; ophthalmology; orthopedics; outpatient surgery; physical, occupational or speech therapy (on a limited basis); pulmonology; radiology (x-ray, MRI, PET/CT scans); renal; urology; non-emergency medical transportation.

The State seeks to continue to provide all benefits currently approved for the Gateway to Better Health Demonstration, including those additional pharmaceutical benefits (insulin and inhalers not available in a generic alternative) that are outlined in an amendment request anticipated to be submitted by the State in December 2014 for approval by May 1, 2015. The final actuarial rates for the extension period will be established in 2015.

Amendment Description

The amendment proposes to add certain brand name pharmaceuticals that do not have generic alternatives to the Demonstration's benefits package. Specifically, the drugs added under this amendment would be insulin and inhalers that are not available in a generic alternative. The objective of this amendment would be to improve the health outcomes of those patients living with chronic conditions as measured by the metrics outlined in the Demonstration's Evaluation Design.

With the additional cost of the amendment, the enrollment cap for the program will be lowered to 21,432 from 22,600, effective May 1, 2015. As of November 18, 2014, program enrollment was 21,044 – below the proposed enrollment cap after the implementation of the new benefits. The program will remain budget neutral with the implementation of this amendment.

V. Cost Sharing

There is no premium for Gateway to Better Health. Beneficiary co-pays are the same as those for patients of Missouri Medicaid, MO HealthNet.

VI. Aggregate and Historical Budgetary and Expenditure Data

Under the current Demonstration, the State is authorized to spend up to $30 million (total computable) annually in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). The extension application seeks authority for a total computable budget of $30 million (total computable) annually.

VII. Anticipated Changes in Enrollment

It is anticipated that approximately 21,432 individuals would be enrolled in Gateway to Better Health during the extension period, a decrease from 22,600 in 2014. These projections are subject to change when additional actuarial analysis is conducted in the third quarter of 2015.

VIII. Waiver and Expenditure Authorities

It is anticipated the Waiver and Expenditure Authorities would include:

- **Demonstration Population 1:** Effective January 1, 2014, expenditures for uninsured individuals, not eligible for Medicaid, who are living in St. Louis City or St. Louis County, and are between the ages of 19-64 years of age with income up to 100 percent of the FPL to pay for primary care

provided by a designated primary care provider or specialty care provider when referred by a designated primary care provider.

- **Expenditure for Managing the Coverage Model:** Effective January 1, 2014, expenditures pursuant to a memorandum of understanding and not to exceed $4,500,000 for costs incurred by the SLRHC to activities related to the continued administration of the coverage model during the extension period.

The state also seeks continued waivers of the following Medicaid requirements:

Statewideness **Section 1902(a)(1)**

To the extent necessary, to allow the State to limit enrollment in the Demonstration to persons residing in St. Louis City and St. Louis County.

Reasonable Promptness **Section 1902(a)(8)**

To the extent necessary, to enable the State to establish an enrollment target and maintain waiting lists for the Demonstration population.

Amount, Duration, and Scope **Section 1902(a)(10)(B)**

To the extent necessary, to permit the State to offer benefits that differ among the Demonstration population and that differ from the benefits offered under the Medicaid state plan.

Standards and Methods **Section 1902(a)(17)**

To the extent necessary, to permit the State to extend eligibility for the Demonstration population for a period of up to eighteen months without redetermining eligibility.

Freedom of Choice **Section 1902(a)(23)(A)**

To the extent necessary, to enable the State to mandatorily enroll Demonstration population's into a delivery system that restricts free choice of provider.

Retroactive Eligibility **Section 1902(a)(34)**

To the extent necessary, to enable the State to not provide medical assistance to the Demonstration population prior to the date of application for the Demonstration benefits.

Payment for Services by Federally Qualified Health Centers (FQHCs) **Section 1902(a)(15)**

To the extent necessary, to enable the State to make payments to participating FQHCs for services provided to Demonstration Population using reimbursement methodologies other than those required by section 1902(bb) of the Act to the limited nature of the benefits.

IX. Evaluation of the Gateway to Better Health Demonstration

The State intends to measure progress against the Demonstration objectives throughout the Demonstration and during the extension period. Interim evaluation activities to date indicate that all Demonstration objectives have been met or significant progress can be demonstrated. Additional activities will evaluate whether or not the coverage model proves out the following hypothesis:

I. By preserving health care services at the legacy clinics, services will be maintained in the urban core where the greatest health disparities exist, enabling low-income patients to receive preventive, specialty and primary care under the coverage model.

II. Uninsured patients who receive coverage under the pilot program will use community emergency departments for non-emergent visits at a lower rate than other uninsured patients.

III. The prevalence of preventable hospitalizations, hospital re-admissions and ED utilization will be reduced among patients with chronic medical conditions.

IV. For those patients aging out of Medicaid who need a coverage option, the pilot project provides a transition to coverage available under the Affordable Care Act, providing an effective bridge for these patients.

X. Public Notice and Input Process

The public is invited to review and comment on the State's proposed waiver extension request.

A draft of the Gateway to Better Health Waiver extension request can be found at http://dss.mo.gov/mhd/. Appointments may be made to view a hard copy of the draft of the extension application by calling 314-446-6454, ext. 1011. Appointments may be made during regular business hours, 8:00 a.m. - 4:30 p.m., Monday through Friday. Appointments to view the documents will take place at 1113 Mississippi Avenue, St. Louis, MO 63104.

Comments will be accepted until December 31, 2014, and may be sent to 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

Public hearings are scheduled for:

Tuesday, December 2, 2014, 7:30-8:30AM
Ethical Society of St. Louis
9001 Clayton Road
St Louis, MO 63117

This meeting is part of the regularly scheduled Provider Services Advisory Board meeting of the St. Louis Regional Health Commission. Individuals wanting to participate in the December 3 public hearing via conference call may dial 888-808-6929, access code: 9158702.

Wednesday, December 3, 2014, 10 a.m. – 11 a.m.
Missouri History Museum
5700 Lindell Boulevard
St. Louis, MO 63112
The State and the St. Louis Regional Health Commission will take verbal and written comments at the public hearings. The outcome of this process and the input provided will be summarized for CMS upon submission of the notification of request for Demonstration extension.

In addition, on March 18, 2014, the community was invited to a "Post-Award Public Input Forum" in order to learn about and provide input into the Demonstration and its progress, in compliance with 42 C.F.R. § 431.420(c). Notice of the forum, including its date and time, was posted on the State's web site more than 30 days before the event. *See* Appendix IX. The event was held as part of the monthly Community Advisory Board meeting of the St. Louis Regional Health Commission.

Approximately 25 people attended the forum. After hearing a summary of the program's progress and the changes implemented effective January 1, 2014, participants were encouraged to submit written or verbal comments. No written comments were submitted. Participants expressed strong support for the program in the absence of Medicaid expansion in Missouri. Some participants discussed individuals they know who are members of the program who have had a positive experience with the program and report receiving health care services that had been delayed prior to receiving the coverage.

Appendix IX

Post-Award Public Input Forum Notice
Public Hearing Concerning Missouri's Gateway to Better Health Section 1115 Demonstration Project Number: 11-W-00250/7

On September 27, 2013, The State of Missouri, Department of Social Services (DSS), received a one-year extension of its Gateway to Better Health Demonstration from the Centers for Medicare and Medicaid Services (CMS). The Gateway to Better Health Demonstration provides coverage for certain outpatient care to low-income, uninsured adults residing in St. Louis City and St. Louis County who do not qualify for Medicaid. This program is designed to provide a bridge for safety net providers and approximately 20,000 uninsured patients to Medicaid coverage available through the Affordable Care Act.

Under the terms of the extension, Gateway to Better Health provides primary and specialty care services to uninsured individuals, ages 19 through 64, with family incomes below 100 percent of the Federal poverty level (FPL). The program was originally approved in July 2010 and currently is scheduled to expire on December 31, 2014.

Hearing
The public is invited to comment on the progress of the demonstration at a public hearing scheduled for

Tuesday, March 18, 2014
8:30 – 10:00 AM
Employment Connection
2838 Market Street
St. Louis, MO 63103

This meeting is part of the regularly scheduled Community Advisory Board meeting of the St. Louis Regional Health Commission (SLRHC).

The State and the SLRHC will take verbal and written comments at the public hearing. The community input provided will be summarized for CMS.