Missouri Gateway to Better Health Demonstration
Number 11-W-00250/7
Section 1115 Draft Annual Report

Demonstration Year: 10 (10/01/2018- 09/30/2019)

Table of Contents

I. Introduction 3

Extension of the Gateway Demonstration 4

II. Operational Updates 5

Engagement of SLRHC Advisory Boards and Teams 5

Community Meetings and Patient/Provider Communications 5

III. Performance Metrics 7

Coverage for Beneficiaries and the Uninsured Population: Enrollment 7

Coverage for Beneficiaries and the Uninsured Population: Utilization 9

Outcomes of Care 12

Quality and Cost of Care 13

Access to Care Outcomes 14

Results of Beneficiary Satisfaction Survey 16

IV. Budget Neutrality and Financial Reporting 17

Budget Neutrality 17

Annual Gateway Program Expenses 17

Cost of Specialty Care Services 18

Provider Incentive Payments 18

V. Evaluation Activities and Interim Findings 20

APPENDIX I: Quarter IV Results 23

APPENDIX II: Gateway Team Rosters 35

APPENDIX III: Incentive Payment Protocol 41

APPENDIX IV: Pay-for-Performance Results 48

I. Introduction

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 and specialty care. CMS approved a one-year extension of the Demonstration on September 27, 2013, July 16, 2014, December 11, 2015, June 16, 2016, and again on September 1, 2017 for a five-year extension. In August 2018, the State of Missouri requested authority to amend the Demonstration to include a substance use treatment benefit. The amendment request was approved with an implementation date of February 1, 2019 to cover outpatient substance use services in the primary care home, including pharmacotherapy, for Substance Use Disorder (SUD) treatment of Gateway enrollees. The State has been authorized to spend up to $30 million (total computable) annually to preserve and improve primary and specialty care in St. Louis in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). The Demonstration includes the following main objectives:

I. Preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured;
II. Connect the uninsured to a primary care home, which will enhance coordination, quality, and efficiency of health care through patient and provider involvement; and
III. Maintain and enhance quality service delivery strategies to reduce health disparities.

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

The program transitioned to a coverage model pilot on July 1, 2012. From July 1, 2012, to December 31, 2013, the Pilot Program provided primary, urgent, and specialty care coverage to uninsured[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 on December 31, 2013.

The State also had authority through December 31, 2013, to claim as administrative costs limited amounts incurred by the Saint Louis Regional Health Commission (SLRHC) pursuant to an MOU for functions related to emergency room diversion efforts through the Community Referral Coordinator program.

The Missouri legislature did not expand Medicaid eligibility during its 2013-2017 legislative sessions. Therefore, on September 27, 2013, July 16, 2014, December 11, 2015, and again on June 16, 2016, CMS approved one-year extensions of the Gateway Demonstration program for patients up to 100% FPL. On September 1, 2017, CMS approved a five-year extension of the demonstration program for patients up to 100% FPL.

In August 2018, the State of Missouri Department of Social Services requested authority to further amend the Gateway program to include a substance use treatment benefit. This request was approved

[1] To be considered "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.

with a February 1, 2019 implementation date. This additional benefit covers outpatient substance use services, including pharmacotherapy, for Substance Use Disorder (SUD) treatment of Gateway enrollees with a primary or secondary diagnosis of ICD-10 Codes F10-F18. All office visits and generic pharmaceuticals are to be provided by the primary care home and are considered a core primary care service.

In October 2019, the State requested authority to amend the Gateway program to include a physical function improvement benefit with an implementation date of March 1, 2020. The proposed benefit would cover office visits for physical therapy, occupational therapy, chiropractic, and acupuncture services for Gateway enrollees with pain related diagnoses. All physical function services are to be provided by the primary care home and are considered a core primary care service.

In order to meet the requirements for the Demonstration project, the State of Missouri Department of Social Services asked the SLRHC to lead planning efforts to determine the Pilot Program design – subject to the review and approval of the Centers for Medicare and Medicaid Services (CMS) – and to incorporate community input into the planning process. Accordingly, on July 21, 2010, the SLRHC approved the creation of a "Pilot Program Planning Team." The MO HealthNet Division of the Missouri Department of Social Services is represented on the Planning Team to ensure the SLRHC and MO HealthNet are working closely to develop the deliverables and to fulfill the milestones of the Demonstration project.

The information provided in this annual report updates Demonstration process outcomes and key developments for Demonstration Year 10 (October 1, 2018 – September 30, 2019).

Extension of the Gateway Demonstration

The demonstration project has been approved for five years, from January 1, 2018 to December 31, 2022. This five-year extension enables the uninsured population to continue to access preventative and other ambulatory health care services. During Demonstration Year 10, Gateway covered 20,250 unique members, which is approximately 70 percent of those uninsured, 19 – 64 years old, and living below the federal poverty level in St. Louis City and County.

II. Operational Updates

Engagement of SLRHC Advisory Boards and Teams

Each month the SLRHC shares information and gathers input about the Demonstration from its 20-member board and its advisory boards. Full rosters of the advisory boards may be found at www.stlrhc.org. The SLRHC shares monthly financial, enrollment, and customer service reports about the Pilot Program with its advisory boards in addition to the Pilot Program Planning Team and the committees that report to this team. These committees include the Operations and Finance workgroups. Members of the community, health center leadership, health center medical staff, and representatives from other medical providers in the St. Louis region are represented on these committees. Full rosters of the Pilot Program Planning Team and the committees that report to this team can be found in Appendix II of this report.

In Demonstration Year 10, the SLRHC held the inaugural meeting of its newly formed Patient Advisory Board. In Demonstration Year 9, the SLRHC began exploring ways to ensure a steady level of patient enrollment for the project, which resulted in a full Gateway Enrollment Enhancement Implementation Plan. The Enrollment Enhancement plan involved a number of outreach and enrollment strategies around the Gateway Project, but also heavily prioritized producing further opportunities to engage patients in the actual oversight of the Gateway to Better Health Demonstration Project. The Patient Advisory Board will be integrated into the SLRHC's current advisory board structure, providing an additional level of key support. Further details are provided in the Quarter IV Report attached in Appendix I.

With continual input from diverse stakeholders, the SLRHC is able to foster inter-agency cooperation and communication. Furthermore, the structure allows for the prevention of operational challenges. All key decisions go through multiple advising committees before any changes are implemented in the Gateway to Better Health Demonstration. For example, the decision to submit an amendment request for a new physical function improvement benefit passed through all advisory teams at multiple stages of the decision-making and planning process. Therefore, if the benefit were to be approved, all stakeholders, including leadership from the health centers and community, already fully understand what the benefit entails. Continued reliance on the advisory board structure allows for open communication that could prevent unforeseen challenges.

Community Meetings and Patient/Provider Communications

The SLRHC hosted public community meetings to inform stakeholders about the Gateway program throughout the Demonstration Year. These meetings provided information on Gateway enrollment, trends in accessing safety net services, and any changes to the Gateway network.

On April 16, 2019 a Post Award Public Notice Input session was held to inform the public on the progress of the Gateway demonstration and to receive feedback about the program thus far. The notice for this meeting was posted on the MO HealthNet web site 30 days in advance. The meeting was held as part of the regularly scheduled Community Advisory Board meeting of the St. Louis Regional Health Commission. Thirty-four individuals attended the hearing.

Attendees received information on the total number of people served throughout the life of the Gateway to Better Health program, as well as a summary of the services and medical visits provided to date. Current membership of the program, including the distribution of chronic conditions and a demographic profile of Gateway members, was presented. An overview of patient and provider satisfaction feedback,

along with results from quality metrics, were also reviewed. The audience was given the opportunity to provide feedback on the program's progress to date. Their feedback and questions raised during this meeting are presented below.

Feedback about Gateway to Better Health:

- *"Job well done!"*
- *"We're very pleased with the program. We are concerned that we have open slots."*
- *"A (preventative) physical health benefit would be smart, especially for cost savings and for preventing opioid use."*
- *"It's good to see a focus on re-enrollment, especially when we are seeing a problem in re-enrollment across the state."*
- *"Re-enrolling every year is not cost effective. We recommend CMS rethink yearly re-enrollment. Automatically re-enroll patients under certain circumstances, and we can use those (saved) dollars to provide more services. It's ridiculous."*
- *Attendees also suggested a connection to a local nonprofit, Better Family Life, as a means of reaching additional potential applicants.*

Questions from Attendees:

- *"Are patients qualified for the program based on their household or individual income? What does the enrollment process look like?"* SLRHC staff detailed the enrollment process and eligibility requirements for Gateway to Better Health patients.
- *"Could we get clarity on how we developed the Pay-for-Performance metrics and how we set thresholds?"* SLRHC Staff provided the protocol for how these metrics were established.
- *"When you enhance the program (by providing additional covered medical services), how do you balance reach?"* SLRHC staff explained that actuarial analysis of the program allows us to determine the scope of service we are fiscally able to provide and for how many patients.

III. Performance Metrics

Coverage for Beneficiaries and the Uninsured Population: Enrollment

During Demonstration Year 10, Gateway served 20,250 unique individuals. The SLRHC provided training to community health centers and other community organizations to assist patients with the Gateway enrollment application process. Gateway primary care providers work with all of their uninsured patients, including young adult patients aging out of Medicaid, to assess their eligibility for Gateway and other programs, and enroll them in the Pilot Program, as applicable. In Demonstration Year 10, more than 4,897 new patients were enrolled in the Gateway program. As of October 1, 2019, 17.4% of Gateway enrollees were between the ages of 19 and 29; 21.5% between the ages of 30 and 39; 24.3% between the ages of 40 and 49; 27% between the ages of 50 and 59; and 9.8% between the ages of 60 and 64.

The SLRHC launched a Gateway Enrollment Enhancement Implementation Plan that began in Demonstration Year 9 and continued into Demonstration Year 10, designed to ensure the program maintained a stable level of enrollment. The plan included strategies around outreach and awareness, application completion, member engagement, and the annual review and retention process. The plan has been fully implemented, including drafting new infographics and outreach materials for prospective enrollees, the creation of new orientation materials for community health center and hospital staff, and additional integrations to streamline the application process. From December 2018 to July 2019, the Gateway to Better Health program saw continuous increases in enrollment month over month due to these incorporated changes. The SLRHC is confident that the collective cooperation around the current enrollment protocol is continuing to connect uninsured patients to the program.

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. As of October 1, 2019, 13,455 unique individuals, with 171,385 member months, were enrolled in the Gateway to Better Health. Pilot Program enrollment by health center in Demonstration Year 10 is provided below:

Pilot Program Enrollment by Population*

Demonstration Populations	**Unique Individuals Enrolled as of October 1, 2019**	**Member Months October 2018 – September 2019**
Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	13,455	171,385
Population 2. Uninsured individuals receiving only Specialty Care through the Demonstration (<133% of FPL)	N/A	N/A
Population 3. Uninsured individuals receiving only Specialty Care through the Demonstration (134-200% of FPL)	N/A	N/A
Total for All Populations	**13,455**	**171,385**

*Enrollment numbers are based on MO HealthNet enrollment data as of October 1, 2019.

Gateway to Better Health Enrollment by Health Center*

Health Center	Unique Individuals Enrolled as of October 1, 2019	Member Months October 2018 - September 2019
BJK People's Health Centers	2,299	28,602
Family Care Health Centers	1,372	16,774
Affinia Healthcare	5,570	71,392
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	2,457	32,080
St. Louis County Dept. of Health	1,757	22,537
Total	**13,455**	**171,385**

*Enrollment numbers are based on MO HealthNet enrollment data as of October 1, 2019.

Wait Lists

There were no waiting lists during Demonstration Year 10 as enrollment did not reach the enrollment cap of 16,000.

Disenrollment

During Demonstration Year 10, a total of 7,534 members were disenrolled from Gateway, averaging 628 members each month. The table below provides Gateway disenrollment by month in Demonstration Year 10:

Gateway Member Disenrollment by Month, October 2018 – September 2019*

Month	Beginning Enrollment	New Enrollment	Disenrollment	Net Change	End of Month Enrollment
October 2018	13,507	850	757	93	13,600
November 2018	13,600	518	853	-335	13,265
December 2018	13,265	672	632	40	13,305
January 2019	13,305	656	611	45	13,350
February 2019	13,350	546	527	19	13,369
March 2019	13,369	638	565	73	13,442
April 2019	13,442	697	629	68	13,510
May 2019	13,510	599	506	93	13,603
June 2019	13,603	820	552	268	13,871
July 2019	13,871	483	642	-159	13,712
August 2019	13,712	525	618	-93	13,619
September 2019	13,619	478	642	-164	13,455
Total	N/A	7,482	7,534	-52	N/A

*Data based on MO HealthNet enrollment data as of October 1, 2019.

Patient enrollment remained steady throughout Demonstration Year 10. Patient disenrollment from the program is primarily attributed to annual patient redetermination, specifically the failure to return the annual review form, and income limitations. While approximately 7,534 total patients disenrolled from Gateway in Demonstration Year 10, more than 4,897 new patients joined the program during this time.

Coverage for Beneficiaries and the Uninsured Population: Utilization

Outlined below are key findings regarding the Gateway program service utilization for Demonstration Year 10 (October 1, 2018 – September 30, 2019). Information presented is based primarily on an initial review of Gateway claims and service referral data.

Primary and Dental Care

Gateway provided over 28,500 total primary care and dental visits during Demonstration Year 10. Gateway primary care physicians saw over 2,000 patients in their offices each month. Gateway dentists at community health centers saw approximately 500 patients in their offices each month. The table below reviews the annual distribution of primary and dental care office visits by provider:

*Primary Care and Dental Office Visits by Rendering Provider, October 1, 2018 – September 30, 2019**

Provider	Primary Care Office Visits	Dental Office Visits	Total Visits
BJK People's Health Centers	3,735	865	4,600
Family Care Health Centers	2,646	710	3,356
Affinia Healthcare (formerly known as Grace Hill)	7,417	2,815	10,232
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	4,193	963	5,156
St. Louis County Dept. of Health	4,393	840	5,233
All Providers	**22,384**	**6,193**	**28,577**

**Reported utilization based on Gateway claims data as of November 13, 2019.*

Substance Use Disorder Treatment

In Demonstration Year 9, the State of Missouri requested authority to amend the Demonstration to include a substance use treatment benefit. The amendment request was approved with an implementation date of February 1, 2019 to cover outpatient substance use services in the primary care home, including pharmacotherapy, for Substance Use Disorder (SUD) treatment of Gateway enrollees. In the eight months this benefit has been available to Gateway patients, more than 500 patients have received treatment. Service to these patients included over 1,200 substance use treatment services and more than 500 prescriptions to manage these conditions.

The implementation timeframe of the SUD treatment benefit restricts available data to eight months. The measures used in the program evaluation to monitor and evaluate the efficacy of this benefit specify twelve complete months (obtained with a six-month run out). Because current data does not comply with measure specifications, the results cannot be compared with other time periods and are not reported in the DY10 annual report. However, measures will be reported in the DY11 Annual Report.

Chronic Conditions

Approximately 38% of all Gateway patients live with at least one chronic condition[2].

*Percentage of Patients with Chronic Conditions**

Medical Condition	Percentage of Patients
Hypertension	29.2%
Diabetes (Type 1 & 2)	10.6%
Asthma/COPD	8.8%
CVD, CHF, Heart Disease	5.4%
Total Unduplicated	37.8%

Medications

Gateway provided more than 162,200[3] medications to manage chronic conditions and other diseases in Demonstration Year 10, including more than 12,000[3] prescriptions for brand name insulin and inhalers. Additionally, with the addition of Substance Use Disorder treatment services as of February of 2019, the program was able to provide 529[3] prescription medications for the treatment of substance use disorders during Demonstration Year 10.

Specialty Care

Providers made nearly 1,800 referrals for specialty care services each month. Of the more than 21,300 referrals made in Demonstration Year 10, more than 9,600 were for diagnostic services and more than 2,500 were for surgical procedures. Gateway provided more than 6,700 specialty office visits in Demonstration Year 10. The table below reviews the annual distribution of specialty care office visits by provider.

*Specialty Care Office Visits by Rendering Provider, October 1, 2018 – September 30, 2019**

Provider	Specialty Care Visits
SLUCare	2,464
Washington University School of Medicine	3,727
All Other Providers**	564
Total	**6,755**

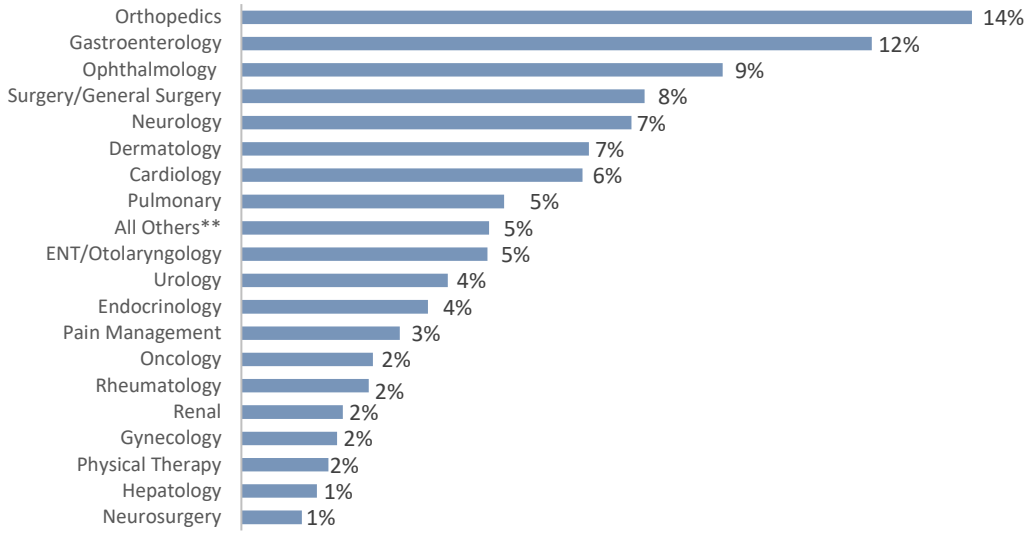
**Reported utilization based on Gateway claims data as of November 13, 2019.*
*** Other providers include the following: BJC Medical Group, Eye Associates Limited, Mercy Clinic Gastroenterology LLC, Mercy Clinic Heart & Vascular LLC, SSM Medical Group.*

In Demonstration Year 10, orthopedics, gastroenterology and ophthalmology were the leading specialty care services to which Gateway patients were referred. The percent of specialty care referrals by service for Demonstration Year 10 is further detailed below:

[2] Chronic conditions include hypertension, diabetes type I and type II, asthma/chronic obstructive pulmonary disease, cardiovascular disease, congestive heart failure, and heart disease.
[3] BJK People's Health Center was a victim of ransomware the first week of September 2019. As a result of this virus, the August 2019 pharmacy report from the health center is unavailable and cannot be re-produced.

Specialty Care Referrals by Service, October 1, 2018 – September 30, 2019

Figure 1. Specialty Care Referrals by Service, October 1, 2018 - September 30, 2019*



**Reported specialty care referrals are based on Automated Health Systems data as of October 4,2019.*

***Other services include: allergy, endoscopy, infectious disease, hematology, wound management and pathology.*

Urgent Care

Gateway provided more than 3,200 urgent care visits in Demonstration Year 10. Between October 1, 2018 and September 30, 2019, there were approximately 274 urgent care visits each month.

Table 5. Urgent Care Office Visits by Rendering Provider, October 1, 2018 – September 30, 2019*

Provider	Urgent Care Visits
Affinia Healthcare**	2,623
SSM Urgent Care***	662
All Providers	**3,285**

**Reported utilization based on Gateway claims data as of November 13, 2019.*

*** As of January 1, 2017, CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers) began contracting with Affinia Healthcare to provide urgent care services to their patients at Affinia's urgent care location.*

****SSM Urgent Care provides urgent care services for BJK People's Health Centers, Family Care Health Centers and St. Louis County Department of Health Gateway members.*

Outcomes of Care

A series of health indicators have been selected to evaluate the system of care outcomes. The following table provides results for each of the selected health indicators for the first six months of 2019.

Health Indicator	Percent of Gateway Enrollees that Met Indicator
Tobacco Use Assessment & Cessation Intervention Percentage of patients age 18 and older assessed for tobacco use and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy	69%
Cervical Cancer Screening Percentage of women 24 to 64 years of age who received one or more Pap tests to screen for cervical cancer	54%
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	52%
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.	65%
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	82%
Flu Shot for Patients 6 Months of Age and Older Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	27%
Use of Appropriate Medications for Asthma Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period	95%

Data included in this chart is sourced from Missouri Primary Care Association for Gateway to Better Health patients as of June 30, 2019.

Quality and Cost of Care

The Gateway program has operationalized its commitment to quality with a provider incentive program. The State withholds 7% from payments made to the primary care health centers. These funds are used to pay provider incentives based upon provider performance on two sets of quality measures, tier 1 and tier 2. Tier 1 measures are:

- All Newly Enrolled Patients- Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)
- 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)
- Patients with Diabetes - Have one HbA1c test within 6 months of reporting period start date
- Patients with Diabetes – Have a HbA1c less than or equal to 9% on most recent HbA1c test within the reporting period
- 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.

The following table outlines the results of each quality measure for reporting period January – June 2019 and is compared with the threshold for provider incentive payment.

	Threshold	*Actual Outcomes Achieved*					
Pay-for-Performance Criteria for Tier 1		**AH**	**CSH**	**FC**	**BJKP**	**County**	**Total**
1 - All Patients (1 visit)	80%	64%	70%	81%	79%	82%	71%
2 - Patients with Chronic Disease (2 visits)	80%	84%	97%	86%	95%	96%	90%
3 - Patients with Diabetes HgbA1c Tested	85%	96%	96%	92%	97%	97%	96%
4 - Patients with Diabetes HgbA1c < 9%	60%	82%	67%	71%	64%	84%	76%
5 - Hospitalized Patients	50%	71%	59%	57%	80%	59%	68%

According to the Payment Protocol, each health center is eligible for the remaining funds based on their percentage of patients enrolled provided that the specialist referral rate criteria is met. This measure is the Tier 2 metric. 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 for Tier 2	Threshold	*Actual Outcomes Achieved*					
		AH	**CSH**	**FC**	**BJKP**	**County**	**Total**
Referral Rate to Specialists	680/1000	372	307	590	456	644	431

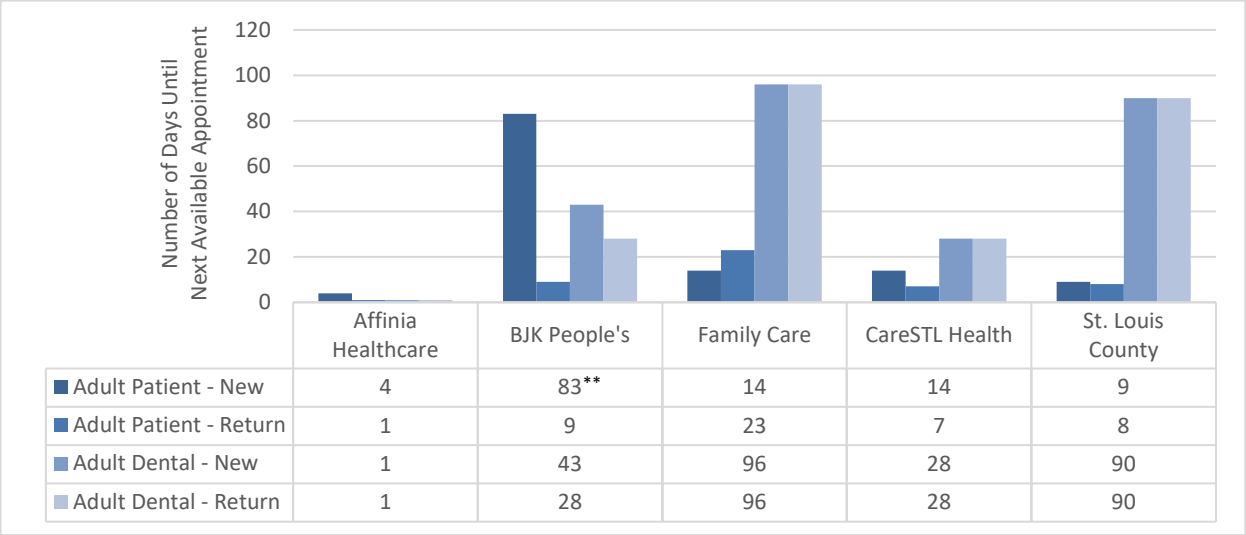
Access to Care Outcomes

During Demonstration Year 10, the call center answered 13,429 calls, averaging approximately 54 calls per business day. Of calls answered during this time, 64 (less than one percent) resulted in a consumer complaint. All consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this Demonstration Year were related to "Transportation" and "Access to Care". Access to Care encompasses a range of issues including the patients' ability to get a timely appointment, get a prescription filled, get a referral to see a specialist, as well as coordinating specialty care with primary care homes.

Primary and specialty care wait times are monitored to measure access to care. In Demonstration Year 10, on average, new patients were able to access primary care services within five weeks, and returning patients, within one week. To access dental services, both new and returning patients had to wait approximately seven weeks.

The following table displays the primary care wait times as of the end of DY10 (September 30, 2019).

Primary Care Wait Times (Non-Urgent Appointments in Days), as of September 30, 2019*



	Affinia Healthcare	BJK People's	Family Care	CareSTL Health	St. Louis County
Adult Patient - New	4	83**	14	14	9
Adult Patient - Return	1	9	23	7	8
Adult Dental - New	1	43	96	28	90
Adult Dental - Return	1	28	96	28	90

**Wait times self-reported by individual health center as of September 30, 2019 and are calculated for Gateway patients only.*

*** People's Health Center sites are able to schedule a new female patient for Women's Health Services within 35 days.*

Specialty care appointment wait times at specialty care providers as of June 2019 are provided below. Wait times varied greatly by specialty, but on average, new patients were able to schedule an appointment within five weeks and returning patients within four weeks.

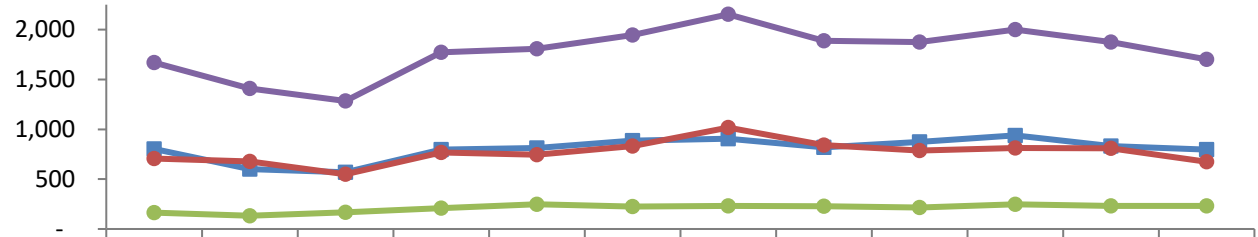
Adult Wait Times by Specialty*

	# of Days Until the Next Available Appointment	
Appointment Type	**New Patient**	**Return Patient**
Cardiology	31	25
Dermatology	29	17
Endocrinology	52	80
ENT/Otolaryngology	23	18
Gastroenterology (GI)	46	27
Gynecology	25	27
Hematology	18	16
Hepatology	70	27
Infectious Disease	41	34
Mental/Behavioral Health	34	27
Nephrology	38	-
Neurology	43	33
Neurosurgery	35	28
Obstetrics/Prenatal Care	6	1
Oncology	17	16
Ophthalmology/Eye Care	39	33
Orthopedics	31	18
Pain Management	44	-
Physical Therapy	10	-
Podiatry	35	7
Pulmonology	36	25
Rheumatology	72	92
Surgery -- General	16	10
Urology	34	22
Average	**35**	**24**

* 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).

In order to monitor access to specialty care, referrals to these services are tracked and trended. Demonstration Year 10 results are presented in the table below.

Medical Referrals by Type and Pilot Program Month, October 2018 – September 2019*



	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19
Diagnostic	802	601	569	796	813	887	905	818	873	939	833	797
Specialty	705	677	549	767	746	831	1,017	842	786	814	810	673
Surgical	164	133	166	209	248	226	231	227	217	246	231	231
Total	1,671	1,411	1,284	1,772	1,807	1,944	2,153	1,887	1,876	1,999	1,874	1,701

**Reported medical referrals are based on Automated Health Systems data as of October 4, 2019.*

Results of Beneficiary Satisfaction Survey

The State and SLRHC are continually monitoring the performance of the Pilot Program to ensure it is providing access to quality health care for the populations it serves. The SLRHC conducts satisfaction surveys with Gateway to Better Health enrollees and healthcare providers on a regular basis.

Patient and Provider Satisfaction Surveys

Patient satisfaction has been assessed eleven times from 2012 – 2019 with Gateway to Better Health patients. The most recent evaluation of patient satisfaction utilized surveys completed by patients at the end of their appointments. This assessment was conducted between May and August 2019, with a total of 597 patients participating. Results from this most recent evaluation found that Gateway patients are highly satisfied with their providers and the quality of the primary care services they received. Ninety-four percent of respondents indicated that they would recommend their health center to others.

Patient Satisfaction Survey Results for Primary Care Services, May - August 2019

Survey Item	Average Ratings*
Doctor and staff listened and explained things well	4.4
Overall quality of service	4.4

**5-point rating scale (poor = 1, fair = 2, okay = 3, good = 4, very good = 5).*

IV. Budget Neutrality and Financial Reporting

Budget Neutrality

The State continues to monitor budget neutrality for this quarter as claims are processed. The program remained budget neutral for Demonstration Year 10 as well as for the fourth quarter of the federal fiscal year. The budget neutrality worksheet will be provided in addition to, but separately, from this monitoring report.

Annual Gateway Program Expenses

The table below documents Gateway Pilot Program expenses in Demonstration Year 10 as compared to the operating budget. An explanation of key variances by provider type is also provided.

Gateway Actual to Operating Budget, October 1, 2018 - September 30, 2019*

Provider Type	Actual	Operating Budget	Percent Variance
Primary Care Providers	$11,061,010	$12,618,934	88%
Specialty Care Providers	$7,860,517	$9,704,138	81%
Transportation	$222,282	$ 247,401	90%
Gateway Administration	$3,198,123	$3,983,025	80%
Total Allowable Gateway Program Expenses	**$22,341,932**	**$26,553,498**	**84%**

*Reported information based on data as of September 30, 2019. Additional allowable expenses may be incurred for the federal fiscal year.

Gateway primary care providers were paid nearly $11.1 million from October 1, 2018 to September 30, 2019 (FFY19), or 12% less than the operating budget for the fiscal year. As referenced page 9 of this report, redeterminations, income limitations, and new eligibility for Medicaid contributed to the decline in Gateway membership with a concomitant decline in revenue for the primary care providers, which are paid on a per-member-per-month basis.

Specialty Care:

Specialty care providers were paid nearly $7.9 million, or 19% less than the operating budget for the fiscal year as of September 30, 2019. This variance is primarily due to claims lag and members qualifying for Medicaid or no longer qualifying for the program due to income limitations or redeterminations.

Other Program Expenses:

Gateway transportation and administrative expenses to date have been 11% and 9%, respectfully, less than the operating budget for FFY1. This variance is attributed to the decline in membership.

Cost of Specialty Care Services

The table below reviews specialty care costs in Demonstration Year 10 for Gateway providers based on claims data. Claims are still being submitted for the fourth quarter of Demonstration Year 10. It is anticipated that claims amount for the period may increase as additional claims are filed.

Cost of Specialty Care Services, October 1, 2018 – September 30, 2019*

Provider Name	**Provider Payments**
BJC Healthcare	$2,402,162
Mercy & Affiliates	$26,084
SLUCare	$1,228,453
SSM Managed Care	$1,551,775
Washington University School of Medicine	$2,534,933
All Other	$117,110
TOTAL	**$7,860,517**

*Reported information based on data as of September 30, 2019. Additional allowable expenses may be incurred for the federal fiscal year.

Provider Incentive Payments

The Incentive Payment Protocol (provided in Appendix III) requires seven percent of provider funding to be withheld from Gateway primary care providers. The seven percent withhold is tracked and managed on a monthly basis. The SLRHC is responsible for monitoring the health centers' performance against the pay-for-performance metrics in the Incentive Payment Protocol. Withholds for Gateway providers during Demonstration Year 10 are outlined below:

Summary of Provider Payments and Withholds, October 1, 2018 - September 30, 2019*

Providers	Provider Payments**	Provider Payments Withheld
Affinia Healthcare (formerly known as Grace Hill)	$4,602,016	$143,703
BJK People's Health Centers	$1,844,081	$128,426
Family Care Health Centers	$1,087,693	$75,246
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	$2,065,135	$320,378
St. Louis County Department of Public Health	$1,462,086	$101,078
Total	**$11,061,010**	**$768,830**

Payments in the table above are subject to change as patient enrollment/eligibility changes.
*Reported provider payments and withholds are based on data as of September 30, 2019.
**Amount represents actual payments including incentive payments.

Annual pay-for-performance incentive payments are paid out at six-month intervals of the Pilot Program based on performance during the following reporting periods:

1) January 1, 2019 – June 30, 2019
2) July 1, 2019 – December 31, 2019

The first pay-for-performance reporting period ended on June 30, 2019. The complete results are provided in Appendix IV. In general, the providers continued to build off gains from previous reporting periods and have improved in attaining the clinical quality measures.

All primary care providers achieved at least five of the six clinical quality measures. Family Care Health Centers and St. Louis County Department of Public health achieved all quality metrics. Across all primary care providers, 71% of patients enrolled for six months had a primary care visit during that time, with a threshold of 80%. Ninety percent of patients with chronic conditions enrolled six months had two primary care visits during that time, with a threshold of 80%. In addition, 76% of the patients with diabetes had HbA1c measures <9%, with a threshold of 60%. Of all diabetic patients, 96% had their HbA1c drawn within six months, with a threshold of 85%. And finally, 68% of hospitalized patients received follow-up within 7 days of discharge, with a threshold of 50%.

All primary care providers successfully attained the measure related to rate of referrals to specialists (threshold of 680/1000).

Pay-for-performance incentive outcomes for the time period of July 1, 2019– December 31, 2019, are not yet available but will be shared in future reports.

V. Evaluation Activities and Interim Findings

The Gateway to Better Health Demonstration accomplished several important milestones in Demonstration Year 10. During the prior Demonstration Year (DY9), the State requested the authority to extend Gateway to Better Health benefits to include office visits and certain generic prescriptions for substance use treatment. This request was approved January 31, 2019 and benefits were made available to patients at the beginning of February in Demonstration Year 10. The rollout of the Substance Use Disorder treatment benefit involved the cooperation of the entire primary care provider network for Gateway to Better Health patients.

Additionally, in October 2019 the State requested authority to extend the current benefits for the population covered by the Demonstration to include preventative physical function improvement services for patients with pain-related diagnoses. Physical function services would include office visits for physical therapy, occupational therapy, chiropractic, and acupuncture services provided at the primary care health home. The amendment request was made after significant consultation with the program's health providers, advisory boards, patients and other community stakeholders, who indicated that offering physical function services should be a top priority for the Gateway patient population.

With assistance from the Demonstration's independent evaluator, Mercer Government Human Services, the Gateway to Better Health Demonstration program evaluation was updated to include the development of measures and analytic approach for the SUD treatment benefit (approved with a February 1, 2019 implementation date). Additionally, in anticipation of the physical function benefit amendment application being approved by CMS, additional metrics were also included in the evaluation design around these services.

In order to evaluate the program hypotheses, the proposed data analytic approach requires multiple data points. Developing interim findings is not yet possible given the abbreviated study period and an inadequate number of data points. However, the first set of select measures associated with each of the hypotheses has been calculated as described in the following table.

HYPOTHESES AND ASSOCIATED RESEARCH QUESTION	MEASURE	10/01/2018 – 9/30/2019 RESULTS
Hypothesis 1: The St. Louis Regional Health Commission Gateway project supports the availability of primary and specialty health care services to uninsured adults in St. Louis City and St. Louis County.		
Does the coverage approach to provider reimbursement and incentive payments provide a stable revenue stream?	Gateway provider revenue	**$11,061,010**[1]
What variance, if any, exists in primary care provider availability and primary care service array across the evaluation period?	Primary care clinic business hours/week	**44 hours per week**

[1] Reported information based on data as of September 30, 2019. Additional allowable expenses may be incurred for the federal fiscal year.

HYPOTHESES AND ASSOCIATED RESEARCH QUESTION	MEASURE	10/01/2018 – 9/30/2019 RESULTS
	Primary care clinic non-business hours/week	**6 hours per week**
	Total primary care clinic hours/week	**47 hours per week**
What variance, if any, exists in access to primary and specialty care across the evaluation period?	Primary care non-urgent wait times for new and established patients	Established Patients: **15 days** New Patients: **22 days**
	Primary care urgent wait times for new and established patients	Established Patients: **2 days** New Patients: **7 days**
	Specialty care referrals	**9,217**[2]
Hypothesis 2: Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.		
Have uninsured adults in St. Louis City and St. Louis County connected to a primary care home?	Uninsured adults newly enrolled in Gateway	**4,897**
	Percent uninsured unique users	**38%**
	Percent of uninsured adults enrolled in Gateway	**70%**
Has Gateway enrollment reduced the perception of barriers to primary and specialty care for enrollees and providers?	Barrier to healthcare self report	**55%**
	Barrier to healthcare provider report	**98%**
Have Gateway members been engaged by their primary care with member education, outreach and follow-up?	Engagement self report	**75%**
	Newly Enrolled Office Visit	**72%**

[2] Reported rates of medical referrals are based on Automated Health Systems data as of October 4, 2019.

Do Gateway enrollees connected to a primary care home demonstrate sustained or increased utilization of outpatient medical services year to year?	Medical service line average utilization	**6.77**
	Medical service line unique users penetration rate	**55%**
Hypothesis 3: Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.		
Does using value-based purchasing for provider reimbursement correspond with providers meeting incentive criteria on health and quality of care indicators?	Primary care provider incentive payments	**$796,309.42**
Do uninsured Gateway members have perceived improved health outcomes?	Wellness self-report	**71%**
	Wellness provider report	**93%**
Do uninsured Gateway members have improved health outcomes year over year?	Diabetes: HbA1c control[3]	**65%**
	Adult weight screening and follow-up[3]	**82%**
	Use of appropriate medications for asthma[3]	**95%**
Do health indicators, when calculated separately for African American, Caucasian and Hispanic Gateway enrollees, exhibit statistically significant differences?	Selected health indicators described in Attachment B of the Gateway to Better Health Amended Evaluation Design	NA

[3] Data included in this chart is sourced from Missouri Primary Care Association for Gateway to Better Health patients as of June 30, 2019.

APPENDIX I: Quarter IV Results

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

Demonstration Year: 10 (October 1, 2018 – September 30, 2019)
Federal Fiscal Quarter: 4/2019 (July 1, 2019 – September 30, 2019)

Introduction:

The current funding provided by this demonstration project builds on and maintains the success of the "St. Louis Model," which was first implemented through the "Health Care for the Indigent of St. Louis" amendment to the Medicaid Section 1115 Demonstration Project. This amendment authorized the diversion of 6.27 percent of the Statewide DSH cash distributions, previously allocated to St. Louis Regional Hospital, to a "St. Louis Safety Net Funding Pool," which funded primary and specialty care for the uninsured. The downsizing and ultimate closure of St. Louis Regional Hospital in 1997 led to the "St. Louis Model."

On July 28, 2010, CMS approved the State of Missouri's "Gateway to Better Health" Demonstration, which built upon "the St. Louis Model" to preserve access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net population maintained access to primary and specialty care. CMS approved one-year extensions of the Demonstration on September 27, 2013, July 16, 2014, December 11, 2015, June 16, 2016, and again on September 1, 2017, for a five-year extension. In August 2018, the State of Missouri requested authority to amend the Demonstration to include a substance use treatment benefit. The amendment request was approved with an implementation date of February 1, 2019 to cover outpatient substance use services in the primary care home, including pharmacotherapy, for Substance Use Disorder (SUD) treatment of Gateway enrollees. The State has been authorized to spend up to $30 million (total computable) annually to preserve and improve primary and specialty care in St. Louis, in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). This Demonstration includes the following main objectives:

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

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

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

For the first two years of the Demonstration, through June 30, 2012, certain providers referred to as Affiliation Partners were paid directly for uncompensated care. These providers included St. Louis ConnectCare, Affinia Healthcare, and CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers). The program transitioned to a coverage model pilot on July 1, 2012.

From July 1 2012 to December 31, 2013, the Pilot Program provided primary, urgent, and specialty care coverage to uninsured adults in St. Louis City and St. Louis County, aged 19-64, who were below 133% of the Federal Poverty Level (FPL). The Demonstration was scheduled to expire December 31, 2013. On September 27, 2013, July 16, 2014, December 11, 2015, and June 16, 2016, CMS approved one-year extensions of the Gateway Demonstration program for patients up to 100% FPL. On September 1, 2017, CMS approved a five-year extension of the demonstration program.

Under the Demonstration, the State has authority to claim as administrative costs limited amounts incurred for the functions related to the design and implementation of the Demonstration pursuant to a Memorandum of Understanding (MOU) with the St. Louis Regional Health Commission (SLRHC). The SLRHC, formed in 2001, is a non-profit, non-governmental organization whose mission is to increase access to health care for people who are medically uninsured and underinsured; reduce health disparities among populations in St. Louis City and County; and improve health outcomes among populations in St. Louis City and County, especially among those most at risk.

In order to meet the requirements for the Demonstration project, the Missouri Department of Social Services asked the SLRHC to lead planning efforts to determine the Pilot Program design, subject to CMS review and approval, and to incorporate community input into the planning process. Accordingly, on July 21, 2010, the SLRHC approved the creation of a "Pilot Program Planning Team." (A full roster of the Pilot Program Planning Team can be found in Appendix II). The MO HealthNet Division of the Missouri Department of Social Services is represented on the Planning Team to ensure the SLRHC and MO HealthNet are working closely to fulfill the milestones of the Demonstration project and develop deliverables.

The information provided below details Pilot Program process outcomes and key developments for the fourth quarter of Demonstration Year 10 (July 1, 2019 – September 30, 2019).

Enrollment Information:

As of October 1, 2019, 13,455 unique individuals were enrolled in Gateway to Better Health. The Gateway enrollment cap is set at 16,000, which leaves room for approximately 2,545 new members under 100% FPL. There were no program wait lists during this quarter of the Pilot Program.

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

Health Center	Unique Individuals Enrolled as of September 30, 2019	Enrollment Months July – September 2019
BJK People's Health Centers	2,299	7,217
Family Care Health Centers	1,372	4,303
Affinia Healthcare	5,570	17,688
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	2,457	7,769
St. Louis County Dept. of Health	1,757	5,596
Total	**13,455**	**42,573**

**Enrollment numbers are based on MO HealthNet enrollment data as of October 1, 2019.*

Outreach/Innovation Activities:

Each month the SLRHC shares information and gathers input about the Demonstration from its 20-member board, and its 30-member Community and Provider Services Advisory boards. Full rosters of these boards may be found at www.stlrhc.org.

The SLRHC shares monthly financial, enrollment, and customer service reports about the Pilot Program with these advisory boards in addition to the Pilot Program Planning Team and the committees that report to this team; these committees include the Operations and Finance subcommittees. Members of the community, health center leadership, health center medical staff, and representatives from other medical providers in the St. Louis region are represented on these committees. (Full rosters can be found in Appendix II of this report).

The SLRHC conducts orientation sessions for members of the Pilot Program on a regular basis. The sessions are open to all members but targeted toward those members newly enrolled in the program during the last six months. To date, more than 1,561 members have attended orientation sessions since its implementation in March 2015. Member orientations provide an avenue for the SLRHC to explain the program to new Gateway members and to gather feedback from patients. As of January 2017, member orientations are held twice a year at each site.

Sessions held during the fourth quarter (July 1, 2019 – September 30, 2019) are listed below:

Organization	Session Date
BJK People's Health Centers	July 11, 2019
CareSTL Health	August 15, 2019
Family Care Health Centers	September 20, 2019

Three member orientations were held during the fourth quarter (July -September 2019), one at BJK People's Health Centers, one at CareSTL Health, and one at Family Care Health Centers. Participants from those sessions were asked to evaluate the effectiveness of the orientation session at its conclusion. As a result of the member orientation, 100% of respondents felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 91% of respondents felt very confident or somewhat confident that they can navigate receiving health care services at their health center, and 100% of respondents felt the orientation session overall was very helpful or somewhat helpful.

In addition, the SLRHC regularly uses the infrastructure of its public Advisory Boards and Gateway Team meetings to gather input about the Demonstration. Public meetings held during the fourth quarter are listed below:

Team	Meeting Date
Gateway Operations Team Meeting	July 12, 2019
Joint Advisory Board Meeting	July 16, 2019
SLRHC Commission Meeting	July 17, 2019
Provider Services Advisory Board	August 6, 2019
Community Advisory Board Meeting	August 20, 2019
Provider Services Advisory Board	September 3, 2019
Gateway Pilot Team Meeting	September 5, 2019
Community Advisory Board Meeting	September 17, 2019
SLRHC Commission Meeting	September 18, 2019

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted 801 applications on average each month during the quarter. The program experienced an average loss of 139 members across this quarter.

Operational/Policy Development/Issues:

As mentioned in other areas of this report, the SLRHC continued work around the Gateway Enrollment Enhancement Implementation Plan this demonstration year. The plan included strategies around outreach and awareness, application completion, and member retention. An additional strategy identified as a key component of this proposal was to identify further opportunities to engage patients in the oversight of the Gateway to Better Health Demonstration Project. As part of this effort, in September 2019 the SLRHC held the inaugural meeting of its newly developed Patient Advisory Board. The Patient Advisory Board members will meet monthly to provide direct input to the SLRHC's work, including the Gateway to Better Health program. The Patient Advisory Board will identify and provide feedback regarding important regional health issues, act as a sounding board for SLRHC initiatives, and serve as a vehicle for dissemination of information around important health issues to the broader St. Louis community. Members were recruited throughout Demonstration Year 10 and at the time of recruitment were either Gateway to Better Health members, uninsured, or underinsured.

Additionally, two updates exist this quarter around urgent care services. As was noted in previous reports, CareSTL Health has been contracting urgent care services for their patients through Affinia Healthcare since January of 2017. This model allowed patients accessing primary care services through CareSTL Health to visit Affinia Healthcare's urgent care location as necessary. Beginning September 1, 2019, CareSTL Health will reintegrate urgent care hours into their own service model. In addition, Affinia Healthcare's urgent care services hours will only be offered Monday through Friday. These changes to urgent care services will be reflected in future reports as claims data becomes available.

Financial/Budget Neutrality Development/Issues:

The State continues to monitor budget neutrality for this quarter as claims are processed. The program remained budget neutral for the fourth quarter of the federal fiscal year.

Consumer Issues:

Individuals enrolled in the Gateway to Better Health Pilot Program have access to a call center, available Monday through Friday, 8:00AM to 5:00PM central standard time. When the call center is not open, callers may leave messages that are returned the next business day.

From July – September 2019, the call center answered 3,280 calls, averaging approximately 51 calls per business day. Of calls answered during this time, 15 (<1%) resulted in a consumer complaint. The 15 consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter were related to access to care. The type and number of complaints received during this period are outlined below:

Table 2. Summary of Consumer Complaints, July 1, 2019 – September 30, 2019*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	8	Patient (1) reported not being able to get through to the health center to reschedule a dental appointment. The health center was closed due to technical difficulties. The patient was rescheduled and will not be charged with a missed appointment. Patient (1) reported difficulty obtaining OB/GYN services through the health center. The health center addressed the issue with a face to face interaction with the patient. Services will be rendered. Patients (2) reported difficulty obtaining referrals from the health center. In both cases, the health center entered a referral on behalf of the patient. Patient (1) reported difficulty getting a prescription refilled. The health center arranged for a supply of the medication. Patient (1) reported difficulty scheduling an appointment. The patient was scheduled for a timely appointment. Patient (1) reported difficulty getting prescriptions refilled. The prescription was issued and a follow-up appointment was scheduled. Patient (1) reported difficulty getting a prescription refill. The patient was given the option to be seen as a walk-in or go to a scheduled appointment to get the refill.

Transportation	7	Patient (1) reported transportation showed up late for a scheduled pick-up causing them to miss an appointment. The SLRHC scheduled transportation through Logisticare for the next day appointment. Patient (1) requires a companion for trips and the transportation provider repeatedly does not have record of that need. Logisticare was notified of the patient's need to travel with a companion during all future rides. Patient (1) reported not being picked-up for scheduled transportation to a specialist appointment. The patient's appointment was rescheduled and the SLRHC rescheduled transportation. Patient (1) reported difficulty scheduling transportation through the health center. An outreach worker from the health center assisted the patient with scheduling transportation. Patient (1) reported difficulty getting a return ride from an appointment. LogistiCare sent a ride. The SLRHC confirmed the patient made it home. Patient (1) reported difficulty getting a return ride from an appointment. LogistiCare identified CSR error in scheduling the return ride. Training will be provided. LogistiCare left a message for the patient. Provider (1) reported patient missing multiple appointments because transportation did not show for scheduled pick-ups. LogistiCare identified that the transportation provider did not reroute the trips with ample notice. The transportation provider was removed from the auto-assignment function.

**Reported consumer complaints are based on Automated Health Systems data as of October 4, 2019.*

Action Plans for Addressing Any Policy, Administration, or Budget Issues Identified:

There are no policy, administrative or budget issues to report this quarter.

Quality Assurance/Monitoring Activity:

The State and SLRHC are continually monitoring the performance of the program to ensure it is providing access to quality health care for the population it serves. Representatives from the provider organizations meet regularly to evaluate clinical, consumer, and financial issues related to the program.

The SLRHC conducts satisfaction surveys with referring physicians (including support staff) and

Gateway to Better Health enrollees on a regular basis. Patient and provider satisfaction evaluations were conducted in the spring and summer of 2019. Results are provided in additional sections of this Annual Report.

In addition, the State and SLRHC continually monitor call center performance, access to medical referrals (including referrals for diagnostic care, specialty care, and surgical procedures) and wait times for medical appointments. Recent available outcomes for these measures are detailed in the sections below:

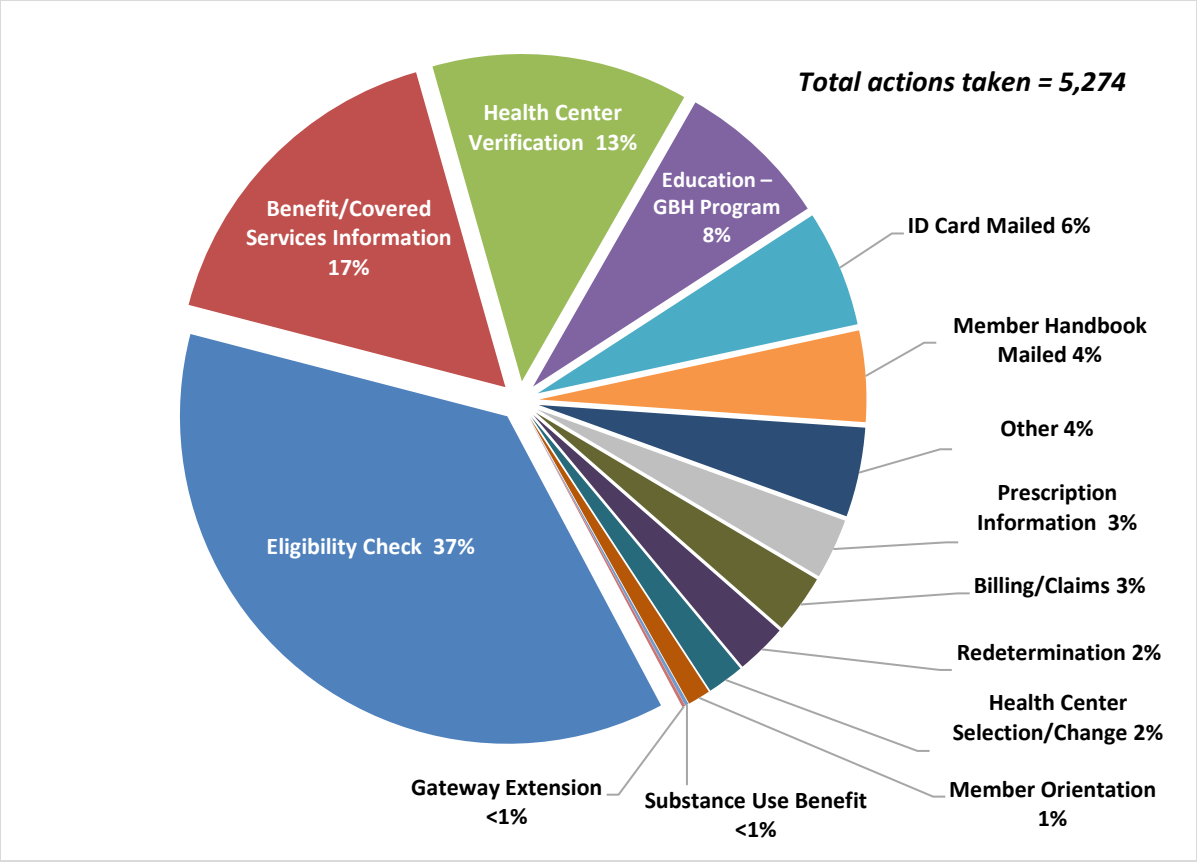
Call Center Performance

Table 3. Call Center Performance, July – September 2019

Performance Measure	**Outcome**
Calls received	3,371
Calls answered	3,280
Average abandonment rate	2.66%
Average answer speed (*seconds*)	16
Average length of time per call (*minutes: seconds*)	3:42

**Call center performance metrics are based on Automated Health Systems data as of October 4, 2019.*

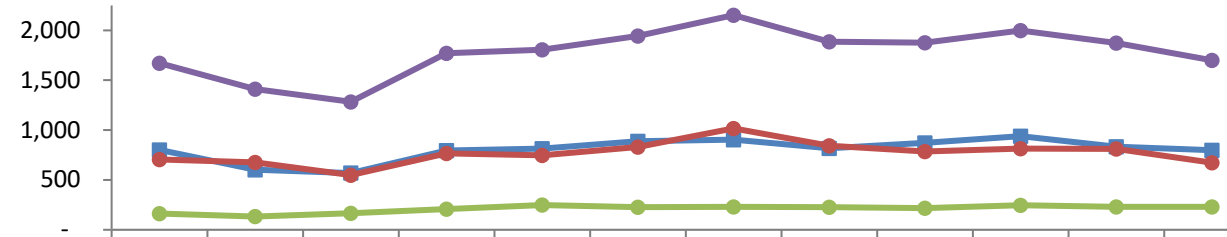
Figure 1. Call Center Actions, July – September 2019



**Reported call center actions are based on Automated Health Systems data as of October 4, 2019.*

Access to Medical Referrals

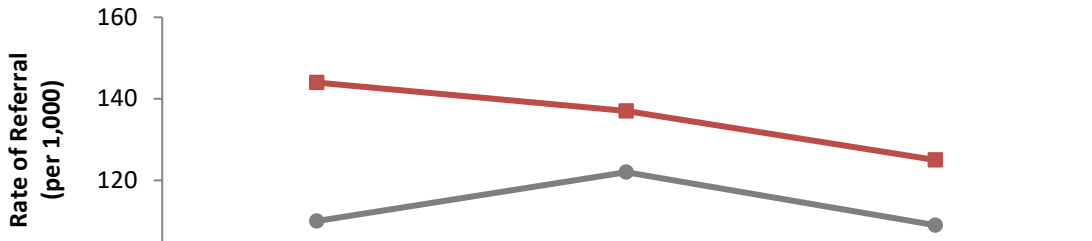
Figure 2. Medical Referrals by Type and Pilot Program Month, October 2018 – September 2019*



	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19
Diagnostic	802	601	569	796	813	887	905	818	873	939	833	797
Specialty	705	677	549	767	746	831	1,017	842	786	814	810	673
Surgical	164	133	166	209	248	226	231	227	217	246	231	231
Total	1,671	1,411	1,284	1,772	1,807	1,944	2,153	1,887	1,876	1,999	1,874	1,701

**Reported call center actions are based on Automated Health Systems data as of October 4, 2019.*

Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), July – September 2018 vs. July – September 2019*

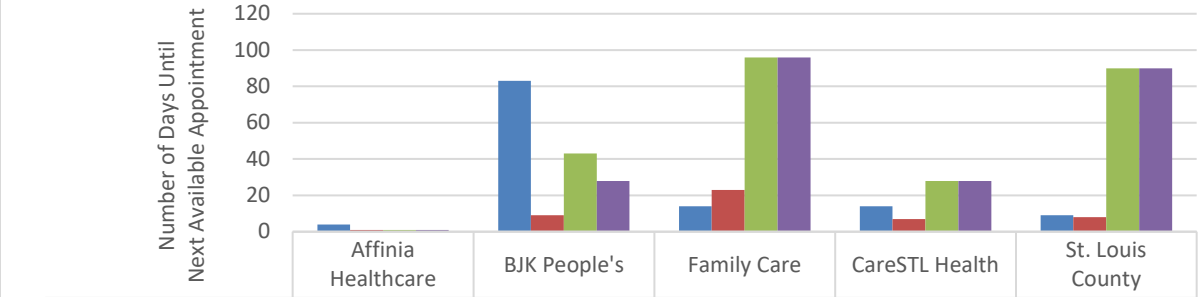


	July	August	September
Jul - Sep '18	110	122	109
Jul - Sep '19	144	137	125

**Reported rates of medical referrals are based on Automated Health Systems data as of October 4, 2019. Referral types include diagnostic, specialty and surgical procedures. Rate of referral is determined by using the total referrals divided by the average monthly enrollment.*

Primary Care Appointment Wait Times

Figure 4. Primary Care Wait Times (Non-Urgent Appointments in Days), as of September 30, 2019*



	Affinia Healthcare	BJK People's	Family Care	CareSTL Health	St. Louis County
Adult Patient - New	4	83**	14	14	9
Adult Patient - Return	1	9	23	7	8
Adult Dental - New	1	43	96	28	90
Adult Dental - Return	1	28	96	28	90

**Wait times self-reported by individual health center as of September 30, 2019 and are calculated for Gateway patients only.*
*** People's Health Center sites are able to schedule a new female patient for Women's Health Services within 35 days.*

Updates on Provider Incentive Payments:

*Table 4. Summary of Provider Payments and Withholds, July – September 2019**

Providers	Provider Payments Withheld	Provider Payments Earned**
Affinia Health Centers	$81,021.91	$1,257,103.08
BJK People's Health Centers	$33,056.93	$511,691.39
Family Care Health Centers	$19,777.00	$312,743.53
CareSTL Health	$35,400.14	$550,854.09
St. Louis County Department of Public Health	$25,462.13	$405,148.21
Voucher Providers	N/A	$2,227,630.14
Total for All Providers	**$194,718.11**	**$5,265,170.44**

** Payments in the table above are subject to change as additional claims are submitted by providers. Reported provider payments and withholds are based on data as of October 11, 2019 for reporting period July – September 2019.*

***Amount represents payments made during the quarter, inclusive of payouts from previous quarters.*

As documented in previous quarterly reports, the Incentive Payment Protocol requires 7% of provider funding to be withheld from Gateway providers. The 7% withhold is tracked and managed on a monthly basis. The SLRHC is responsible for monitoring the health centers' performance against the pay-for- performance metrics in the Incentive Payment Protocol.

Pay-for-performance incentive payments are paid out at six-month intervals of the Pilot Program based on performance during the following reporting periods:

- July 1, 2012 – December 31, 2012
- January 1, 2013 – June 30, 2013
- July 1, 2013 – December 31, 2013
- January 1, 2014 – June 30, 2014
- July 1, 2014 – December 31, 2014
- January 1, 2015 – June 30, 2015
- July 1, 2015 – December 31, 2015
- January 1, 2016 – June 30, 2016
- July 1, 2016 – December 31, 2016
- January 1, 2017 – June 30, 2017
- July 1, 2017 – December 31, 2017
- January 1, 2018 – June 30, 2018
- July 1, 2018 – December 31, 2018
- January 1, 2019 – June 30, 2019
- July 1, 2019 – December 31, 2019
- January 1, 2020 – June 30, 2020
- July 1, 2020 – December 31, 2020
- January 1, 2021 – June 30, 2021
- July 1, 2021 – December 31, 2021
- January 1, 2022 – June 30, 2022
- July 1, 2022 – December 31, 2022

Community health centers continue to perform well across pay-for-performance criteria measures. During the January 1, 2019 – June 30, 2019 reporting period, each community health center met at least of five of the six clinical quality measures. Two health centers, Family Care Health Centers and St. Louis County Department of Public Health, achieved all six measures.

For this reporting period, the community health centers collectively exceeded the thresholds in five of the six measures (same as prior period): 90% of patients with chronic disease had two primary care visits (threshold 80%); 96% of patients with diabetes had their HgbA1C drawn within 6 months (threshold 85%); 76% of patients with diabetes had a HgbA1c measure <9% (threshold 60%); 68% of hospitalized patients received follow-up within 7 days of discharge (threshold 50%); and the referral rate for specialists was 431/1000 (threshold 680/1000). And finally, 71% of patients had a primary care visit during this period, with a threshold of 80%.

Pay-for-performance results either increased or remained comparatively similar to those reported in the previous period (July 2018 – December 2018). The largest increase was seen in the percentage of patients with diabetes who having an HgbA1c measure <9%, this metric improved by 7% over the prior quarter. The only metric with a decrease of more than five percentage points was the percentage of hospitalized patients who received follow-up within 7 days of discharge. While this metric decreased by fourteen percentage points (82% from the prior period to 68% this period), all health centers still exceeded the threshold for this measure.

See Appendix IV for a comprehensive review of pay-for-performance results for the January 2019 –June 2019 reporting period.

Updates on Budget Neutrality Worksheets:

The budget neutrality worksheet for the fourth quarter of the federal fiscal year will be provided in addition to, but separately, from this monitoring report.

Evaluation Activities and Interim Findings:

In August of 2018, the SLRHC submitted a revised evaluation design to CMS in anticipation of the approval of a new substance use disorder benefit for Gateway to Better Health members. This amendment was approved by CMS and services became accessible to Gateway patients as of February 1, 2019. Metrics evaluating this initiative are outlined in additional sections of this annual report.

Updates on the State's Success in Meeting the Milestones Outlined in Section XI:

Date – Specific	Milestone	STC Reference	Date Submitted
12/1/2017	Procure external vendor for evaluation services	Section XI (#39)	Ongoing
12/30/2017	Submit Amended Evaluation Design	Section XI (#40)	12/30/2017
12/30/2017	Submit Draft Annual Report for DY8 (October 2016-September 2017)		12/30/2017
5/31/2018	Finalize Evaluation Design	Section XI, (#41)	8/31/2018
Ongoing – due 60 days at the end of each quarter	Submit Quarterly Reports	Section IX (#34)	Ongoing
12/30/2018	Submit Draft Annual Report for DY9 (October 2017 – September 2018)	Section IX (#34/#35)	12/30/2018
12/30/2019	Submit Draft Annual Report for DY10 (October 2018 – September 2019)	Section IX (#34/#35)	12/30/2019
12/31/2021	Submit Interim Evaluation	Section XI (#47)	
12/30/2020	Submit Draft Annual Report for DY11 (October 2019 – September 2020)	Section IX (#34/#35)	
12/30/2021	Submit Draft Annual Report for DY12 (October 2020 – September 2021)	Section IX (#34/#35)	
12/30/2022	Submit Draft Annual Report for DY13 (October 2021 – September 2022)	Section IX (#34/#35)	
6/30/2024	Submit Summative Evaluation Report	Section XI (#48)	
9/1/2022	Submit Draft Final Operational Report	Section IX (#34/#35)	

Enclosures/Attachments:

Appendix II: Gateway Team Roster
Appendix IV: Pay for Performance Results

State Contact(s):

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Submitted to CMS by December 30, 2019

APPENDIX II: Gateway Team Rosters

Pilot Program Planning Team

James Crane, MD (Chair)
Associate Vice Chancellor for Clinical Affairs
Washington University School of Medicine

Dwayne Butler
President and Chief Executive Officer
BJK People's Health Centers

Angela Clabon
Chief Executive Officer
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)

Caroline Day, MD, MPH
Chief Medical Officer
Family Care Health Centers

Ken Griffin
Clinical Operations Director
St. Louis County Department of Health

Alan Freeman, PhD
President and Chief Executive Officer
Affinia Healthcare (formerly known as Grace Hill)

Todd Richardson
Director
MO HealthNet Division, Department of Social Services, State of Missouri

Joe Yancey
Executive Director
Places for People

Angela Brown (ex officio)
Acting Chief Executive Officer
St. Louis Regional Health Commission

Operations Subcommittee

Gretchen Leiterman (Chair)
Chief Operating Officer
SSM Health Saint Louis University Hospital

Tony Amato
Assistant Director, Managed Care
SLUCare

Yvonne Buhlinger
Vice President, Development and Community Relations
Affinia Healthcare (formerly known as Grace Hill)

Bernard Ceasor
GBH Section Supervisor
Family Support Division

Peggy Clemens
Practice Manager
Mercy Clinic Digestive Diseases

Felecia Cooper
Nursing Supervisor
North Central Community Health Center

Kitty Famous
Manager, CH Orthopedic & Spine Surgeons
BJC Medical Group

Cindy Fears
Director, Patient Financial Services
Affinia Healthcare (formerly known as Grace Hill)

Linda Hickey
Practice Manager
Mercy Clinic Heart & Vascular

Gina Ivanovic
Manager, Referral Programs
Washington University School of Medicine

Andrew Johnson
Senior Director, A/R Management
Washington University School of Medicine

Lynn Kersting
Chief Operating Officer
Family Care Health Centers

Danielle Landers
Community Referral Coordinator
St. Louis Integrated Health Network

Antonie Mitrev
Director of Operations
Family Care Health Centers

Dr. James Paine
Chief Operating Officer
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)

Jacqueline Randolph
Director, Ambulatory Services
BJH Center for Outpatient Health

Renee Riley
Managed Care Operations Manager
MO HealthNet Division (MHD)

Vickie Wade
Vice President of Clinical Services
Betty Jean Kerr People's Health Centers

Jody Wilkins
Nursing Supervisor
South County Health Center

Finance Subcommittee

Mark Barry/Denise Lewis-Wilson
Fiscal Director/Patient Accounts Manager
St. Louis County Department of Health

Andrew Johnson
Senior Director of A/R Management
Washington University School of Medicine

Dennis Kruse
Chief Financial Officer
Family Care Health Centers

Thomas Vu
Chief Financial Officer
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)

Connie Sutter
Fiscal and Administrative Manager
MO HealthNet Division, Missouri Department of Social Services

Hewart Tillett
Chief Financial Officer
Betty Jean Kerr People's Health Centers

Janet Voss
Vice President and Chief Financial Officer
Affinia Healthcare (formerly known as Grace Hill)

Transition Planning Team

Cheryl Walker (Chair)
Attorney
Riley Safer Holmes & Cancila LLP

James Buford
Civic Leader

Alan Freeman, PhD
Chief Executive Officer
Affinia Healthcare (formerly known as Grace Hill)

Ken Griffin
Clinical Operations Director
St. Louis County Department of Health

Robert Hughes, PhD
President and Chief Executive Officer
Missouri Foundation for Health

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

Richard Liekweg
President and Chief Executive Officer
BJC HealthCare

Robert K. Massie, D.D.S.
Chief Executive Officer
Family Care Health Centers

Will Ross, M.D
Associate Dean and Director of the Office of Diversity
Washington University School of Medicine

Jeanine Arrighi
Interim Director
St. Louis City Department of Health

Appendix III: Incentive Payment Protocol

Incentive Payments

The state will withhold 7% from payments made to the primary care health centers (PCHC) through December 31, 2022, and the amount withheld will be tracked on a monthly basis. The St. SLRHC will be responsible for monitoring the PCHC performance against the pay-for-performance metrics outlined below.

Pay-for-performance incentive payments will be paid out at six-month intervals (January – June and July – December) of the Pilot Program based on performance during the reporting period.

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. The PCHC are required to provide self-reported data within thirty (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 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 within 6 months of 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:

TABLE 2

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

The primary care providers will be eligible for the remaining funds based on the percentage of Demonstration Population 1 individuals enrolled at their health centers. For example, if Affinia 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 specialty referral performance metric, then:

IPW = 100% (effective 1/1/14 – 12/31/22)

- 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.

STEP 3

	7% Withheld	Earned	Remaining (Unearned)
Affinia	$ 200,000	$ 200,000	$ -
CareSTL	$ 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 ***STEP 5***

	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
Affinia	$ 2,857,143	54,966	48%	$ 19,200
CareSTL	$ 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 metric for specialty referrals is met (Table 2).

Step 6

	PCHC Proportionate Share	IPW	RPCIFP
Affinia	$ 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**

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

	7% Withheld	Earned	RPCIFP	Total Paid
Affinia	$ 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 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)
Affinia	$ 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
Affinia	$ 2,857,143	54,966	48%	$ 19,200
CareSTL	$ 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 metric for specialty referrals.

Step 6

	PCHC Proportionate Share	IPW**	RPCIFP	Remaining Unused Funds
Affinia	$ 19,200	100%	$ 19,200	$ -
CareSTL	$ 9,600	0%	$ -	$ 9,600
Family Care	$ 1,600	100%	$ 1,600	$ -
BJK People's	$ 4,800	100%	$ 4,800	$ -
St. Louis County	$ 4,800	0%	$ -	$ 4,800
Total	**$ 40,000**		**$ 25,600**	**$ 14,400**

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

	7% Withheld	Earned	RPCIFP	Total Paid
Affinia	$ 200,000	$ 200,000	$ 19,200	$ 219,200
CareSTL	$ 100,000	$ 75,000	$ -	$ 75,000
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	$ -	$ 45,000
Total	$ 420,000	$ 380,000	**$ 25,600**	**$ 405,600**

Remaining funds would be available to pay for medical services for enrollees as need arises during the federal fiscal year. As the state monitors the Demonstration budget and enrollment, the state would take these remaining funds into consideration in determining recommendations about enrollment and payments to providers accepting vouchers.

APPENDIX IV: Pay-for-Performance Results

GATEWAY TO BETTER HEALTH

Pay-for-Performance Incentive Payment Results
Reporting Period: January – June 2019

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 sixth reporting period, January – June 2019, are summarized below.

Primary Care Health Center Pay-for-Performance Results

The potential incentive payment amount totaled $383,493.27 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		*Actual Outcomes Achieved*					
Pay-for-Performance Criteria	**Threshold**	**AH**	**CSH**	**FC**	**BJKP**	**County**	**Total**
1 - All Patients (1 visit)	80%	64%	70%	81%	79%	82%	71%
2 - Patients with Chronic Disease (2 visits)	80%	84%	97%	86%	95%	96%	90%
3 - Patients with Diabetes HgbA1c Tested	85%	96%	96%	92%	97%	97%	96%
4 - Patients with Diabetes HgbA1c < 9%	60%	82%	67%	71%	64%	84%	76%
5 - Hospitalized Patients	50%	71%	59%	57%	80%	59%	68%

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 $324,369.82 of the initial incentive pool leaving a remaining balance of $59,123.45.

According to the Protocol, each health center is eligible for the remaining funds based on their percentage of 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	Threshold	*Actual Outcomes Achieved*					
		AH	CSH	FC	BJKP	County	Total
Referral Rate to Specialists	680/1000	372	307	590	456	644	431

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
AH	$ 160,085.01	$ 128,068.01	$ 24,680.54	$ 152,748.55
CSH	$ 71,550.61	$ 57,240.49	$ 11,031.95	$ 68,272.44
FC	$ 37,398.25	$ 37,398.25	$ 5,764.62	$ 43,162.87
BJKP	$ 63,981.63	$ 51,185.30	$ 9,863.09	$ 61,048.39
County	$ 50,477.77	$ 50,477.77	$ 7,783.25	$ 58,261.02
Total	**$ 383,493.27**	**$ 324,369.82**	**$ 59,123.45**	**$ 383,493.27**

APPENDIX A: 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 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%**	

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 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 pool.

APPENDIX B:
PRIMARY CARE TRENDING REPORT

Pay-for-Performance Criteria	Threshold	Affinia											CareSTL										
		Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19
TIER 1 OUTCOMES																							
1 - New patients (1 visit)	80%	67%	65%	74%	70%	72%	72%	75%	77%	74%	71%	64%	71%	75%	83%	80%	66%	53%	70%	62%	58%	62%	70%
2 - Patients with chronic diseases (2 visits)	80%	83%	80%	86%	84%	87%	86%	87%	87%	90%	84%	84%	87%	92%	94%	96%	93%	83%	86%	87%	93%	98%	97%
3 - Patients with diabetes HgbA1c tested	85%	87%	91%	92%	95%	90%	97%	89%	98%	97%	96%	96%	48%	91%	86%	100%	92%	93%	85%	96%	94%	100%	96%
4 - Patients with diabetes HgbA1c <9%	60%	60%	61%	60%	70%	73%	68%	65%	65%	55%	63%	82%	58%	77%	47%	63%	63%	57%	65%	50%	61%	79%	67%
5 - Hospitalized Patients	50%	87%	83%	85%	96%	95%	75%	91%	91%	88%	100%	71%	73%	88%	64%	83%	93%	44%	44%	50%	54%	78%	59%
TIER 2 OUTCOME																							
Referral Rate to Specialists	680/1000	277	272	280	281	308	316	394	321	333	343	372	345	287	322	272	277	233	250	265	289	208	307

Pay-for-Performance Criteria	Threshold	Family Care											BJK People's										
		Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19
TIER 1 OUTCOMES																							
1 - New patients (1 visit)	80%	80%	81%	78%	80%	89%	85%	88%	82%	84%	79%	81%	72%	80%	58%	60%	66%	62%	72%	75%	81%	79%	79%
2 - Patients with chronic diseases (2 visits)	80%	89%	96%	85%	95%	93%	96%	94%	94%	96%	92%	86%	92%	82%	90%	96%	84%	86%	91%	88%	99%	90%	95%
3 - Patients with diabetes HgbA1c tested	85%	100%	100%	89%	100%	94%	90%	85%	100%	94%	95%	92%	89%	81%	90%	89%	74%	97%	85%	100%	100%	96%	97%
4 - Patients with diabetes HgbA1c <9%	60%	75%	71%	68%	68%	83%	95%	69%	81%	76%	74%	71%	56%	62%	61%	67%	60%	60%	52%	69%	77%	76%	64%
5 - Hospitalized Patients	50%	64%	50%	67%	75%	75%	100%	80%	100%	88%	60%	57%	67%	62%	60%	87%	77%	70%	50%	57%	52%	80%	80%
TIER 2 OUTCOME																							
Referral Rate to Specialists	680/1000	599	518	528	521	506	497	553	565	595	575	590	425	346	337	348	370	360	375	354	365	341	456

Pay-for-Performance Criteria	Threshold	St. Louis County											Total										
		Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19
TIER 1 OUTCOMES																							
1 - New patients (1 visit)	80%	87%	88%	89%	95%	81%	81%	80%	80%	82%	78%	82%	72%	74%	74%	74%	72%	68%	75%	75%	73%	72%	71%
2 - Patients with chronic diseases (2 visits)	80%	92%	97%	97%	92%	88%	86%	81%	84%	92%	92%	96%	86%	86%	90%	91%	88%	86%	87%	87%	92%	89%	90%
3 - Patients with diabetes HgbA1c tested	85%	89%	92%	89%	77%	85%	87%	67%	88%	86%	97%	97%	80%	90%	90%	91%	87%	94%	85%	97%	94%	97%	96%
4 - Patients with diabetes HgbA1c <9%	60%	68%	80%	65%	61%	73%	40%	42%	71%	61%	68%	84%	63%	68%	60%	66%	69%	65%	60%	66%	63%	69%	76%
5 - Hospitalized Patients	50%	83%	65%	80%	100%	62%	100%	61%	64%	65%	65%	59%	81%	78%	78%	91%	88%	71%	71%	75%	68%	82%	68%
TIER 2 OUTCOME																							
Referral Rate to Specialists	680/1000	484	506	536	559	580	501	538	578	621	597	644	363	338	351	349	366	346	395	370	391	372	431

Note: 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.