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

Demonstration Year: 12 (10/01/2020 - 09/30/2021)

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I. Introduction

On July 28, 2010, Centers for Medicare and Medicaid Services (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. 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 February 2015, the State of Missouri, Department of Social Services (DSS), requested authority to amend the Gateway program to provide coverage for brand name insulin and inhalers where a generic alternative was otherwise unavailable. This request was approved with an implementation date of January 1, 2016.

[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.

In August 2018, the state requested authority to amend the Gateway program to include a substance use treatment benefit. This request was approved with a February 1, 2019 implementation date. This additional benefit covers outpatient substance use services, including pharmacotherapy, for substance use disorder treatment of Gateway enrollees with an SUD-related diagnosis. 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 further amend the Gateway program to include a physical function improvement benefit. The amendment request was approved in November 2020, with an implementation date of January 1, 2021, to 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 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 shares demonstration progress outcomes and key developments for Demonstration Year 12 (October 1, 2020 – September 30, 2021).

Extension of the Gateway Demonstration

The Gateway demonstration aimed to provide a bridge to sustainable health care for safety net providers and their uninsured patients in St. Louis City and St. Louis County until coverage options became available through federal health reform. The demonstration project was approved for five years, from January 1, 2018 to December 31, 2022. This five-year extension enabled the uninsured population to continue to access preventative and other ambulatory health care services.

In August of 2020, Missouri voters passed a ballot measure enabling an expansion of Missouri Medicaid (MO HealthNet) eligibility, allowing members covered under the Gateway to Better Health demonstration to likely qualify for insurance options available under MO HealthNet. The State of Missouri began the review process for these patients in the first quarter of Demonstration Year 13, transitioning members from Gateway's temporary insurance model to longer term coverage via Missouri Medicaid's Adult Expansion Group. The Gateway to Better Health Program will end after MO HealthNet benefits are explored for all current Gateway members (approximately 16,000 individuals), and once the continuous enrollment requirement ends in the state.

II. Operational Updates

Impact of COVID-19

The COVID-19 pandemic severely disrupted health care delivery systems across the St. Louis region, impacting multiple evaluation measures for the Gateway to Better Health demonstration. The State of Missouri and the SLRHC worked closely alongside the Pilot Program Planning Team, health center partners, and Gateway to Better Health members to respond to this crisis as a collective team, ensuring sustained access to health care for patients. As we enter Demonstration Year 13, centers are functioning at nearly full capacity, but remain occupied with appropriate COVID-19 response, including the oversight of community testing and vaccination initiatives that continue to support the region.

The pandemic affected providers and Gateway members in both predictable and unforeseen ways. Irregularities were experienced in Gateway enrollment, finances, and patient access. Any irregularities in expected data collection and outcomes shall be noted throughout the report. Plans for future submission of delayed data is also noted within each section.

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 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 and medical staff, and external medical providers 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 III of this report. With continual input from these diverse stakeholders, the SLRHC is able to foster inter-agency cooperation and communication, as well as proactively prevent operational challenges. All key decisions go through multiple advising committees before any changes are implemented to the Gateway to Better Health demonstration.

Community Meetings and Patient/Provider Communications

The SLRHC hosted virtual public meetings to inform community 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 June 15, 2021, 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 as it advances. The notice for this meeting was posted on the MO HealthNet website 30 days in advance. The meeting was held as part of the regularly scheduled Community Advisory Board meeting of the SLRHC. Twenty-four individuals attended the hearing. Full results of these forums can be found in Appendix II.

Public Input:

- *"I applaud everything that the RHC has been doing with GBH (Gateway to Better Health) and especially want to appreciate that some of the intensive outreach teams that the BHN (Behavioral Health Network of Greater St. Louis) works with have been empowered to also do GBH enrollments and expedite those. It's a non-traditional route instead of the health centers. I appreciate the flexibility to meet vulnerable clients where they are."*

- *"I don't know how long the feedback mechanism has been in place, but it is really impressive data. It speaks to the program itself. Those who utilize it find the program extremely useful."*

- *"One of the most impressive things about the GBH program is its ability to pivot. To pivot with the pandemic, to recognize need not being addressed and move to make those things inclusive. It is not a static program; it is very much a fluid program and that's admirable. The way that Gateway has been able to pivot and be flexible in continuing to meet the needs of the uninsured and under-insured in our area has been incredible, particularly during the pandemic, and throughout its history.*"

- *"The use of data in that report is really good. Could look at one chart and see comparable performance on hypertension and diabetes and see opportunities for improvement. Just the fact you can look at that information and really get an idea about where to focus. I know they're big projects, but that was good data for that reason."*

III. Performance Metrics

Coverage for Beneficiaries and the Uninsured Population: Enrollment

Gateway primary care providers work with 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. As of October 1, 2021, 16% of Gateway enrollees were between the ages of 19 and 29; 22.6% between the ages of 30 and 39; 24.6% between the ages of 40 and 49; 26% between the ages of 50 and 59; and 10.8% between the ages of 60 and 64.

In March 2020, the Missouri Department of Social Services (DSS) suspended disenrollment from the MO HealthNet (Medicaid) program through the end of the Federal Emergency as outlined in the Families First Coronavirus Response Act. This also resulted in a disenrollment suspension for the Gateway to Better Health demonstration, as eligibility and enrollment in the program is determined by DSS. Due to the continued extensions of the Federal Emergency, the pause in disenrollment for Gateway to Better Health continued throughout the end of Demonstration Year 12 and ensured that continuity of care remains stable for Gateway patients throughout this crisis.

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, 2021, 16,394 unique individuals, with 188,739 member months, were enrolled in Gateway to Better Health. Pilot Program enrollment by health center in Demonstration Year 12 is provided below:

Pilot Program Enrollment by Population [2]

Demonstration Populations	**Unique Individuals Enrolled as of October 1, 2021**	**Member Months October 2020 – September 2021**
Population 1: Uninsured individuals receiving both Primary and Specialty Care through the demonstration	16,394	188,739
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	**16,394**	**188,739**

[2] Enrollment numbers are based on MO HealthNet enrollment data as of October 1, 2021

Gateway to Better Health Enrollment by Health Center [2]

Health Center	Unique Individuals Enrolled as of October 1, 2021	Member Months October 2020 - September 2021
BJK People's Health Centers	2,856	32,149
Family Care Health Centers	1,676	19,185
Affinia Healthcare	6,728	78,201
CareSTL Health	2,955	34,080
St. Louis County Dept. of Health	2,179	25,124
Total	**16,394**	**188,739**

Wait Lists

There were no waiting lists during Demonstration Year 12. As the demonstration year closed, the program's average was 15,728 member months, remaining below the established enrollment cap of 16,000.

Disenrollment

During Demonstration Year 12, a total of 1,849 members were disenrolled from Gateway, averaging 154 members each month. The table below provides Gateway disenrollment by month in Demonstration Year 12:

Gateway Member Disenrollment by Month, October 2020 – September 2021 [2]

Month	Beginning Enrollment	New Enrollment	Disenrollment	Net Change	End of Month Enrollment
October 2020	14,746	397	163	234	14,980
November 2020	14,980	263	115	148	15,128
December 2020	15,128	390	172	218	15,346
January 2021	15,346	314	132	182	15,528
February 2021	15,528	286	162	124	15,652
March 2021	15,652	261	173	88	15,740
April 2021	15,740	336	162	174	15,914
May 2021	15,914	229	148	81	15,995
June 2021	15,995	317	141	176	16,171
July 2021	16,171	270	163	107	16,278
August 2021	16,278	213	165	48	16,326
September 2021	16,326	221	153	68	16,394
Total	N/A	3,497	1,849	1,648	N/A

In DY12, there were 3,497 additions to enrollment and 1,849 members disenrolled, for a net increase of 1,648 members during the demonstration year. Beginning in April 2020, the overall movement of members into and out of the program decreased, as a result of operational changes at the health center and State levels with regard to application collection and suspension of closings, both due to the COVID-19 pandemic.

Coverage for Beneficiaries and the Uninsured Population: Utilization

Outlined below are key findings regarding the Gateway program service utilization for Demonstration Year 12 (October 1, 2020 – September 30, 2021). Information presented is based primarily on an initial review of Gateway claims and service referral data.

Primary and Dental Care

Gateway provided over 26,000 primary care and dental visits during Demonstration Year 12. Primary care physicians saw over 1,800 patients in their offices each month, while dentists at community health centers saw approximately 360 patients monthly. 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, 2020 – September 30, 2021 [3]

Provider	Primary Care Office Visits	Dental Office Visits	Total Visits
BJK People's Health Centers	3,058	725	3,783
Family Care Health Centers	3,026	437	3,463
Affinia Healthcare	7,769	2,122	9,891
CareSTL Health	3,650	488	4,138
St. Louis County Dept. of Health	4,275	607	4,882
All Providers	**21,778**	**4,379**	**26,157**

Medications

Gateway provided more than 159,000 medications to manage chronic conditions and other diseases in Demonstration Year 12, including more than 12,100 prescriptions for insulin and inhalers.

Specialty Care

Providers made over 1,900 referrals for specialty care services each month. Of the approximately 23,000 referrals made in Demonstration Year 12, more than 10,000 were for diagnostic services and more than 2,800 were for surgical procedures.

Gateway provided nearly 8,000 specialty office visits in Demonstration Year 12. The table below reviews the annual distribution of specialty care office visits by provider.

Specialty Care Office Visits by Rendering Provider, October 1, 2020 – September 30, 2021 [3]

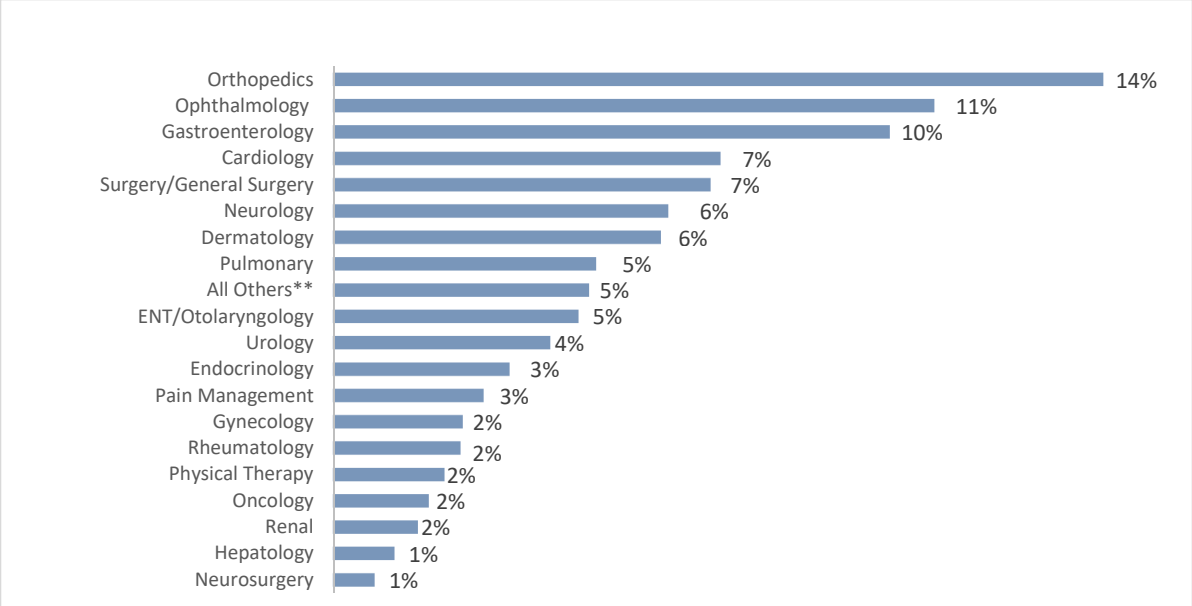
Provider	Specialty Care Visits
SLUCare	2,524
Washington University School of Medicine	4,733
All Other Providers [4]	500
Total	**7,757**

[3] Reported utilization based on Gateway claims data as of November 13, 2021

[4] Other providers include the following: BJC Medical Group, Mercy Clinic Gastroenterology LLC, Mercy Clinic Heart & Vascular LLC, SSM Medical Group.

Orthopedics, ophthalmology, and gastroenterology were the leading specialty care services to which Gateway patients were referred. The percent of specialty care referrals by service for Demonstration Year 12 is further detailed below:

Specialty Care Referrals by Service, October 1, 2020 - September 30, 2021 [5]



**Other services include Allergy, Endoscopy, Hematology, Infectious Disease, Interventional Radiology, Pathology, and Wound Management.

Changes in referral rates to specialists were also impacted by COVID-19. As the pandemic ensued, specialty care treatment moved primarily to emergency response only. However, as the crisis begins to normalize, and patients remain under Gateway to Better Health coverage until the end of the continuous enrollment period for the state, referrals during Demonstration Year 12 increased approximately 22% over Demonstration Year 11.

Urgent Care

Gateway provided over 2,300 urgent care visits in Demonstration Year 12. Between October 1, 2020 and September 30, 2021, there were close to 200 urgent care visits each month.

Urgent Care Office Visits by Rendering Provider, October 1, 2020 – September 30, 2021 [3]

Provider	Urgent Care Visits
Affinia Healthcare	1,605
SSM Urgent Care [6]	761
All Providers	**2,366**

[5] Reported specialty care referrals are based on Automated Health Systems data as of November 3, 2021.
[6] 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.

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.

Impact of COVID-19 Pandemic

The SLRHC recognizes the burden placed on our health care community to respond to our most vulnerable populations during this crisis. The procurement of urgent medical supplies and equipment, the costs of testing patients, transitional staffing, treatment services and basic equipment to expand capacity, and navigation services to meet the needs of the increased demand has been paramount for our community health care organizations. As a result, criteria measures established for provider incentive payments would reflect COVID-related restrictions, rather than provider performance. Consequently, the SLRHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to bolster health center stability and to ensure that Gateway providers are able to provide primary care services to this vulnerable population throughout the pandemic. This suspension has continued to be supported by the Pilot Planning Team throughout 2020 and 2021, and will continue throughout the public health crisis. As such, incentive payment amounts withheld from providers during the January 1, 2021 – June 30, 2021 reporting period were returned in full as outlined below.

Primary Care Health Center Pay-for-Performance Results

During the January – June 2021 performance period, the PCHC Incentive Pool (PIP) was valued at $483,542.37, as summarized below by health center. These incentive amounts for the period were returned in full.

Description		AH	BJKP	CSH	FC	County
Number of Criteria Met	*a*	0	0	0	0	0
Criteria Weight	*b*	20%	20%	20%	20%	20%
Incentive Pool Percentage Earned	*c = a x b*	0%	0%	0%	0%	0%
Incentive Amount Withheld	*d*	$ 200,728.10	$ 82,374.00	$ 87,005.09	$ 49,133.94	$ 64,301.23
Incentive Amount Earned	*e = c x d*	$ -	$ -	$ -	$ -	$ -
Remaining Balance in PCHC Pool	*f = d - e*	$ 200,728.10	$ 82,374.00	$ 87,005.09	$ 49,133.94	$ 64,301.23

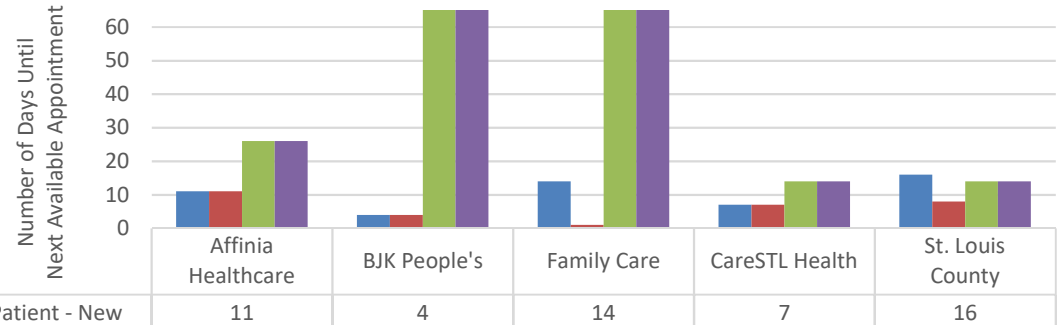
Access to Care Outcomes

During Demonstration Year 12, the call center answered 10,258 calls, averaging approximately 41 calls per business day. Of calls answered during this time, 70 (less than one percent) resulted in a consumer complaint. 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 patient’s 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. Each consumer issue was resolved directly with the patient and associated provider(s).

Primary and specialty care wait times are monitored to measure access to care. At the close of Demonstration Year 12, on average, new patients were able to access primary care services within approximately 10 days and returning patients in under a week. However, as was seen in Demonstration Year 11, the pandemic continues to influence patient access to dental services. Most clinics are reporting 2- 5 week wait times for both new and returning patients, with other partners reporting wait times as high as four months before an appointment was available.

The following table displays the primary care wait times as of the end of DY12 (September 30, 2021).

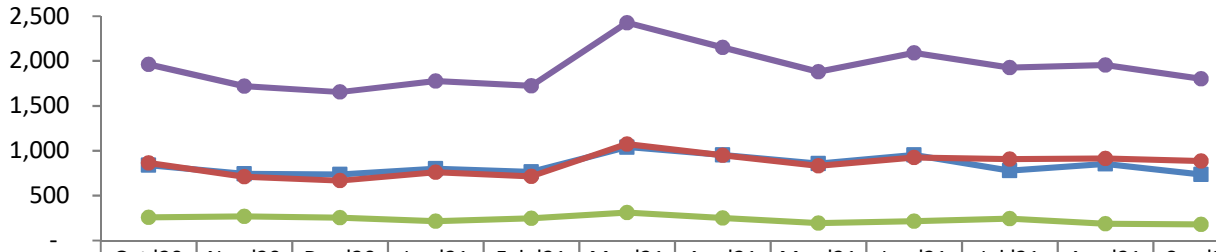
Primary Care Wait Times (Non-Urgent Appointments in Days), as of September 30, 2021 [7]



	Affinia Healthcare	BJK People's	Family Care	CareSTL Health	St. Louis County
Adult Patient - New	11	4	14	7	16
Adult Patient - Return	11	4	1	7	8
Adult Dental - New	26	111	68	14	14
Adult Dental - Return	26	111	68	14	14

Specialty care referrals are also closely monitored to ensure patients receive the additional medical care not available to members within the primary care setting. Specialty care referrals for DY12 are up slightly over the previous fiscal year, as delays in care throughout 2020 that are attributed to the pandemic were addressed. For reference, April 2020 and May 2020 referrals totaled 854 and 866, respectively. This lag in referrals puts the monthly average across the year for DY11 at 1,570 referrals per month (includes diagnostic, specialty, and surgical referrals), in comparison with DY12 that has an average of 1,923 per month. Demonstration Year 12 results are presented in the table below.

Medical Referrals by Type and Pilot Program Month, October 2020 – September 2021 [5]



	Oct '20	Nov '20	Dec '20	Jan '21	Feb '21	Mar '21	Apr '21	May '21	Jun '21	Jul '21	Aug '21	Sep '21
Diagnostic	840	744	735	801	763	1,040	952	858	953	778	852	737
Specialty	864	709	666	762	713	1,075	950	830	926	907	915	885
Surgical	259	267	253	215	247	312	251	192	213	243	188	180
Total	1,963	1,720	1,654	1,778	1,723	2,427	2,153	1,880	2,092	1,928	1,955	1,802

[7] Wait times are self-reported as a point in time metric by individual health centers as of September 30, 2021 and calculated for Gateway patients only.

Beneficiary and Provider 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.

The Patient Satisfaction Survey uses a sample of convenience and is collected over a three-month period from May through July of each year. Gateway enrollees are asked to complete a survey after their clinic visit at each of the five primary care health centers. The Provider Satisfaction Survey uses a convenience sample of Gateway medical providers and support staff involved in the referral process at the five primary care health centers. During the month of May, an email with a link is sent health center staff inviting them to take an online survey.

As the COVID-19 pandemic struck the St. Louis community, the region's healthcare system transitioned into crisis management mode. Clinics consolidated their locations, triaged the most urgent needs first, and prioritized staff and patient safety in reaction to the many unknown factors of this virus. In order to collect patient data, the demonstration relies upon support staff at each clinic location to disperse and collect survey materials during the normal course of patient registration. With uncharacteristic patient volumes, enforcement of additional COVID-19 screening measures, and reduced clinic locations and staff, it was determined that the collection of this data would place an undue burden upon clinic partners. The SLRHC consulted the demonstration's independent evaluator, Mercer Government (Mercer), and determined that the suspension of the survey period for Demonstration Year 11 and 12 would be the most sensible course of action. The data collected annually throughout the demonstration has remained consistent over the course of the evaluation period, assuring that the disruption in data collection will not negatively impact the approved evaluation design.

IV. Budget Neutrality and Financial Reporting

Budget Neutrality

The state continues to monitor budget neutrality for Demonstration Year 12 as claims are processed. The budget neutrality worksheet will be provided separately from this monitoring report.

Annual Gateway Program Expenses

The table below documents Gateway Pilot Program expenses in Demonstration Year 12 as compared to the operating budget. An explanation of key variances by provider type is also provided.

The Public Health Emergency has increased Gateway enrollment, and thereby cost, as patients have not been regularly reviewed for disenrollment during the nation's COVID-19 response. Additionally, claims continued to increase during Demonstration Year 12 as delays in health care sustained in the previous year were addressed.

Gateway Actual to Operating Budget, October 1, 2020 - September 30, 2021 [8]

Provider Type	Actual	Operating Budget
Primary Care Providers	$13,846,539	$13,786,361
Specialty Care Providers	$8,765,512	$9,418,294
Transportation	$245,300	$245,204
Gateway Administration	$3,619,475	$3,620,270
Total Allowable Gateway Program Expenses	**$26,476,827**	**$27,070,129**

Gateway primary care providers were paid $13.8 million from October 1, 2020, to September 30, 2021 (FFY21). Specialty care providers were paid $8.7 million, which was 93% of the total specialty care operating budget for the fiscal year. The budgets for Gateway transportation, $245,000, and administrative expenses, $3.6 million, were fully utilized in FFY21.

Cost of Specialty Care Services

The table below reviews specialty care costs in Demonstration Year 12 for Gateway providers based on claims data. Claims are still being submitted for the fourth quarter of Demonstration Year 12. It is anticipated that claims amount for the period may increase as additional claims are filed.

Cost of Specialty Care Services, October 1, 2020 – September 30, 2021 [8]

Provider Name	**Provider Payments**
BJC Healthcare	$2,694,986
Mercy & Affiliates	$14,299
SLUCare	$1,313,256
SSM Health	$1,716,825
Washington University School of Medicine	$2,992,002
All Other	$34,145
TOTAL	**$8,765,512**

[8] Reported information based on data as of October 8, 2021. Additional allowable expenses may be incurred for the federal fiscal year.

Provider Incentive Payments

The Incentive Payment Protocol (provided in Appendix IV) 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 12 are outlined below:

Summary of Provider Payments and Withholds, October 1, 2020 - September 30, 2021 [8]

Providers	Provider Payments [9]	Provider Payments Withheld
Affinia Healthcare	$5,746,076	$395,030
BJK People's Health Centers	$2,343,424	$161,060
CareSTL Health	$2,503,056	$172,099
Family Care Health Centers	$1,408,442	$96,843
St. Louis County Department of Public Health	$1,845,541	$126,892
Total	**$13,846,539**	**$951,925**

Note: 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 October 8, 2021.

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, 2021 – June 30, 2021
2) July 1, 2021 – December 31, 2021

The first pay-for-performance reporting period ended on June 30, 2021. As stated above, the SLRHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to each health center's successful COVID-19 response. As such, the complete results of the returned incentive payment amounts are provided in Appendix V.

Pay-for-performance incentive outcomes for the time period of July 1, 2021 - December 31, 2021, are not yet available but will be shared in future reports.

[9] Amount represents actual payments including incentive payments.

V. Evaluation Activities and Interim Findings

Evaluation findings for Demonstration Year 12 are outlined below, based on the approved evaluation design for the project. 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 include office visits for physical therapy, occupational therapy, chiropractic, and acupuncture services provided at the primary care health home. The demonstration received approval from CMS to implement these additional services and began offering the benefit across partner clinics in January 2021. Results of this new benefit will be shared as additional claims data becomes available.

As has been stated throughout this report, response to the COVID-19 pandemic has had a substantial impact on data collection measures for the past two years of the demonstration. In some cases, data collection is simply delayed and will be provided in future reports. In others, provider inability to be held fully to established Pay-for-Performance metrics or oversee the collection of beneficiary satisfaction data, has left gaps in the outlined evaluation design. These gaps will be addressed and noted below as the results are shared.

The following evaluation activities section highlights each data measure associated with the demonstration's hypotheses, as outlined in the approved evaluation design of the Pilot Program:

I. **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.

II. **Hypothesis 2**: Connecting and engaging low-income uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.

III. **Hypothesis 3**: Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.

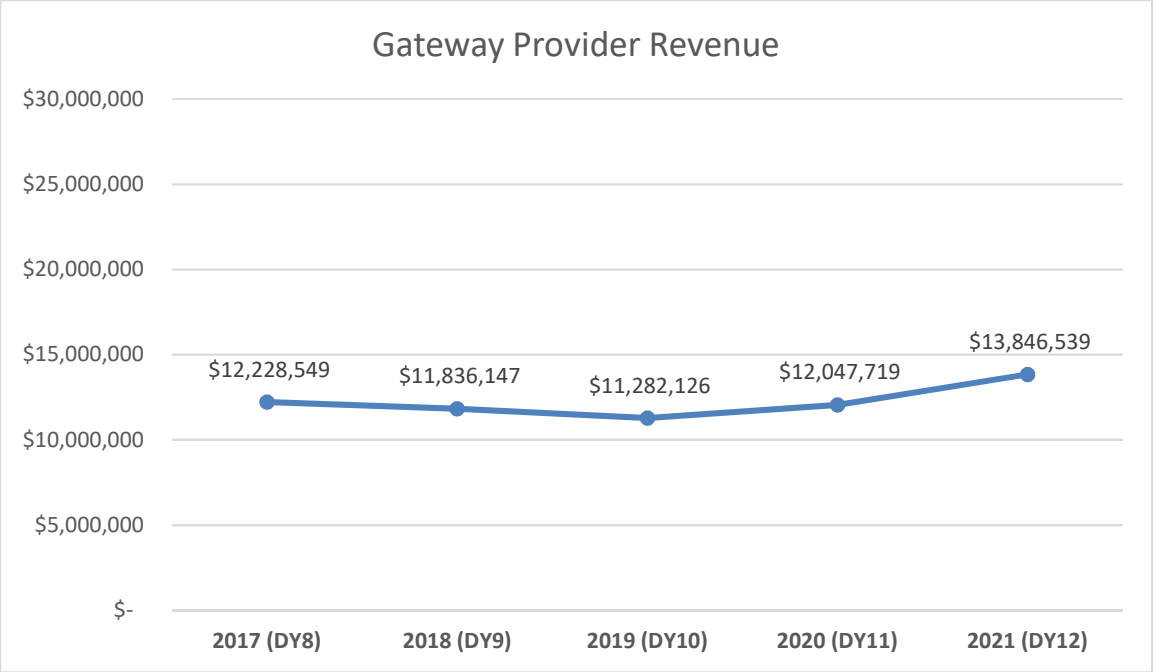
Each of these hypotheses is translated into quantifiable targets for improvement so that the performance of the demonstration can be adequately measured. Additionally, each measure has been calculated as described in "Table B. Measure Specifications" of the approved evaluation design. Any irregularities in the calculation methods, primarily due to the COVID-19 pandemic, have been noted below.

Additionally, the collection period for each metric is noted as either:

- Calendar Year (CY) for data reflective of January 1 to December 31 of the given year or;
- Demonstration Year (DY), which reflects the federal fiscal year (FFY) period of October 1 to September 30.

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.
Research Question: Does the coverage approach to provider reimbursement and incentive payments provide a stable revenue stream?

Claims-based revenue for all primary care services received across all Gateway providers is shown in the table below. Revenue for primary care providers has remained stable across the reporting period and has enabled health center partners to support uninsured adults across the region. We begin to see variance in the data as we enter 2020. This can be attributed to the Missouri Department of Social Services' (DSS) suspension of disenrollment through the end of the Federal Emergency. Increase in enrollment has increased revenue payments for providers.



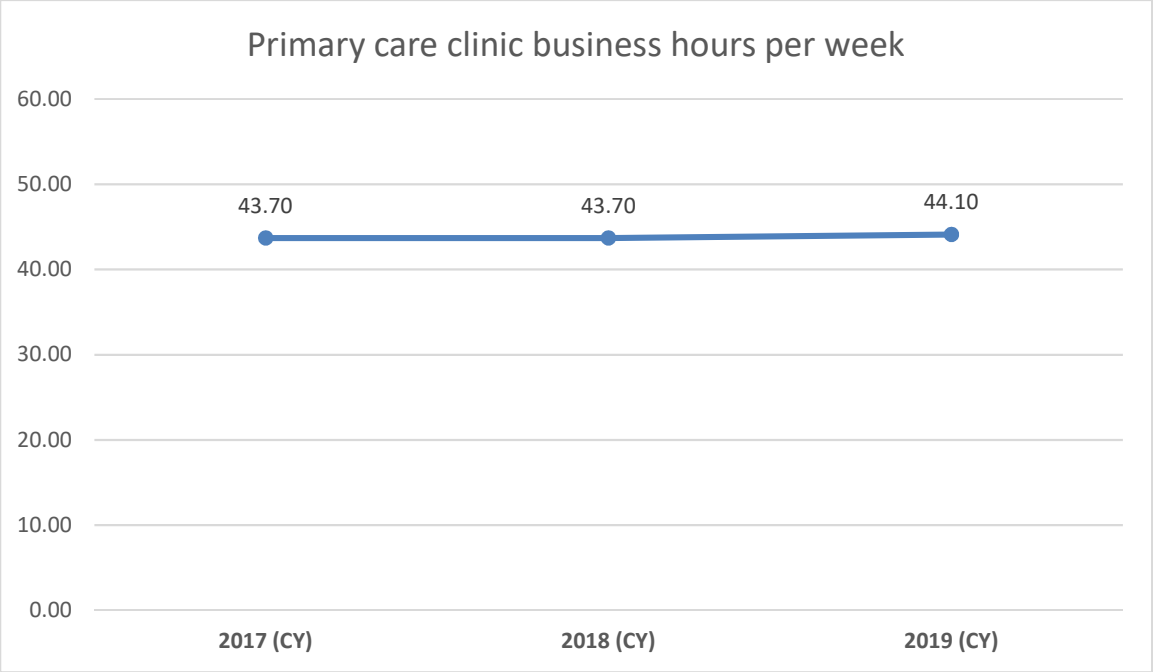
Definition: Total amount of claims-based revenue for all primary care services received across all Gateway providers [10]. Reported provider payments and withholds are based on data as of October 8, 2021.

[10] Reported revenue based on October 1 to September 30 financial data of each fiscal year. Additional allowable expenses may be incurred for the most recent federal fiscal year.

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.
Research Question: What variance, if any, exists in primary care provider availability and primary care service array across the evaluation period?

Gateway Provider Survey Data that includes core services, clinic hours, and certain wait time data is collected annually from primary care providers. Data is provided for the prior calendar year (January 1 – December 31) and is typically due to the SLRHC for analysis by July of the current calendar year. Templates used to collect data can be found in the approved evaluation design under "Attachment A. Gateway Provider Survey Templates". Due to COVID-19, clinics requested additional time to meet these access to care reporting requirements. The SLRHC was able to collect January 1, 2019 – December 31, 2019, data over the course of 2021 that would normally have been collected during the calendar year of 2020. Data collection for the January 1, 2020 – December 31, 2020, data period is currently underway and will be shared in future reports. Gaps in data collection will be noted below.

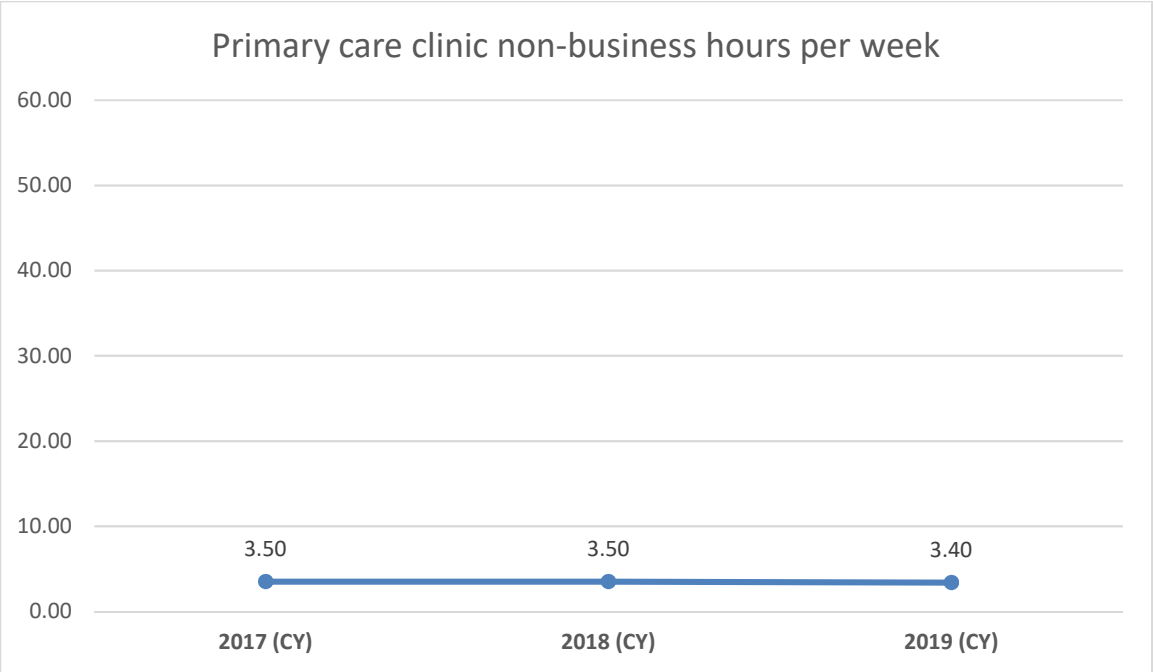
As is shown in the following three charts, provider availability has remained consistent across the reporting period for available data.



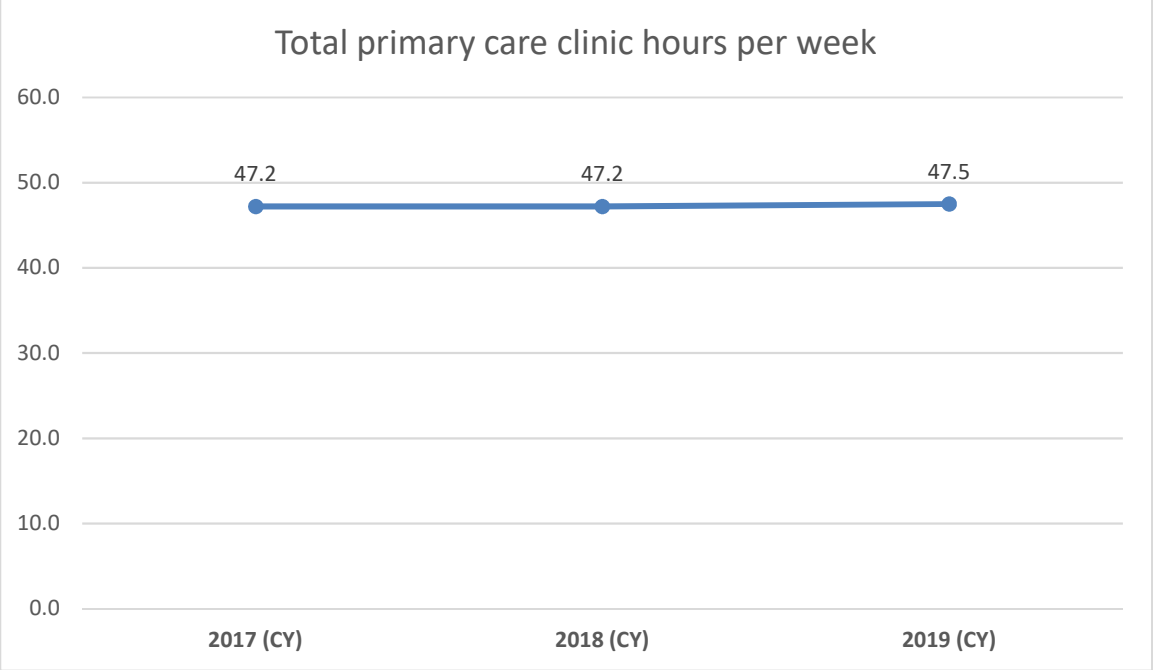
Definition: Sum of open clinic hours between 8:00 a.m. and 5:00 p.m. Monday-Friday across the total number of clinic locations across all Gateway primary care providers [11,12]

[11] Metric is based on self-reported Gateway Provider Survey data collected in July of each calendar year. Survey data for 2020 has been delayed due to provider's COVID-19 response.

[12] Number of clinics is n=18 in 2017 and 2018, and n=17 in 2019 and 2020.



Definition: Sum of open clinic hours before 8:00 a.m. and after 5:00 p.m. Monday – Friday across the total number of clinic locations across all Gateway primary care providers [11,12]

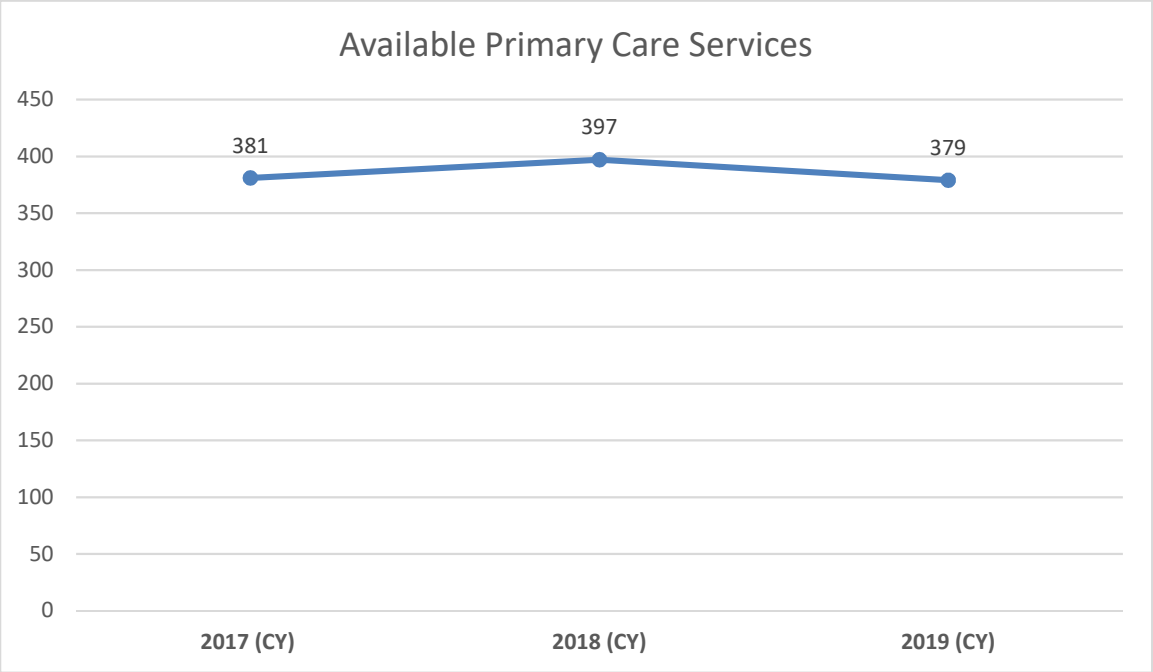


Definition: Sum of open clinic business and non-business hours across the total number of clinic locations across all Gateway providers [11,12]

Available Primary Core and Additional Services are also self-reported by clinic partners annually via the Gateway Provider Survey. Each provider stipulates which of the primary care service offerings is available at their individual clinic locations. Provider service array is included below.

Primary Care Provider Network Service Array

Core Services Core Services	Additional Services
Primary Medical Care	Nutrition
Clinical Laboratory Services *(please indicate whether in-house or contracted)*	Youth Behavioral Health Services *(please specify types of services available)*
Mental Health Services *(please specify types of services available)*	WIC
Substance Abuse Services *(please specify types of services available)*	Community Health Homeless Services
Podiatry	Prenatal classes/Centering Pregnancy
Optometry	HIV Counseling
Enabling Services	Urgent Care
Pharmacy	Specialty Care *(please specify specialties available)*
Chronic Disease Management	STD Clinic Services
Ophthalmology	Social Services
Case Management	Other not listed *(please specify)*
Social Services	
Referral to Specialty Care	
Eligibility Assistance Services	
Radiology	
Dental Care	

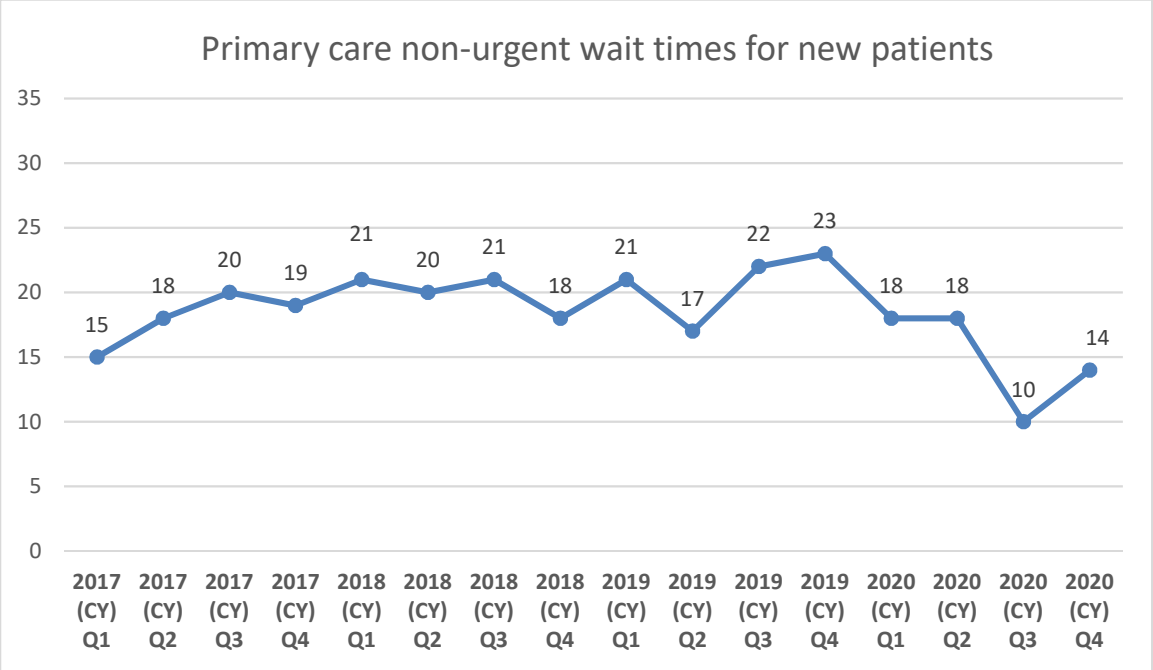


Definition: Total number of core and additional primary care services provided across Gateway to Better Health clinics. As stated above, 2020 Gateway Provider Survey data has not yet been submitted by all providers due to COVID-19. Additional information will be provided in upcoming reports [11]

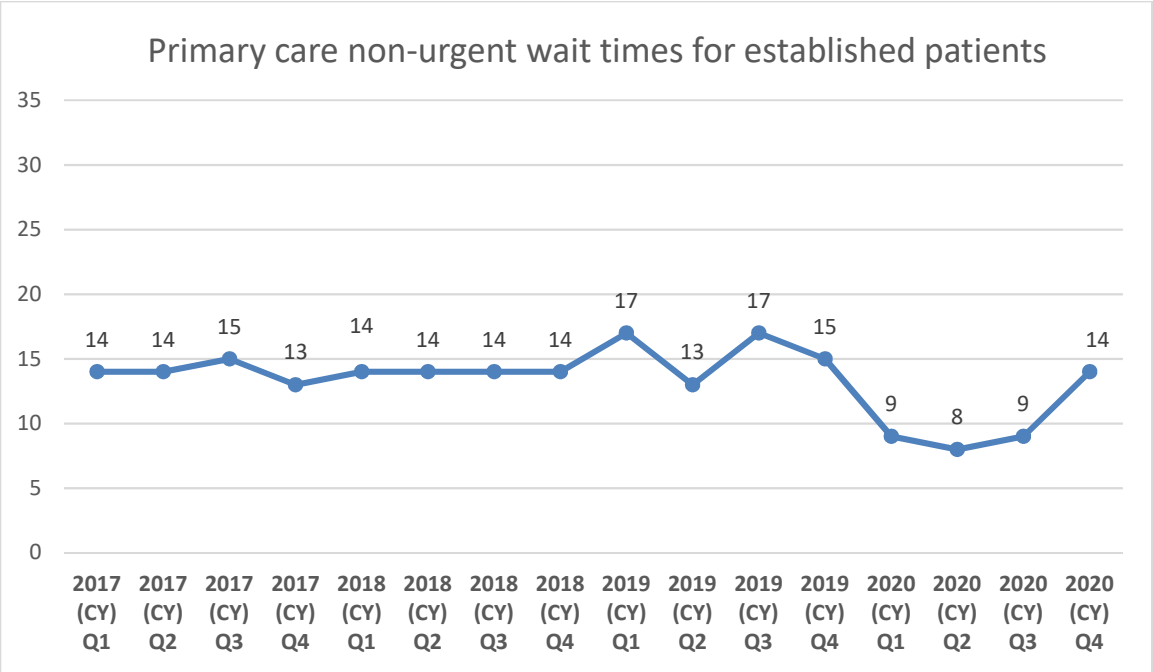
Hypothesis 1: The St. Louis Regional Health Commission Gateway project supports the availability of primary and specialty health care services to uninsured adults in St. Louis City and St. Louis County.
Research Question: What variance, if any, exists in access to primary and specialty care across the evaluation period?

The following tables outline non-urgent wait times for new and established patients for primary care services on a quarterly basis. Wait times are reported at the close of each quarter for Gateway to Better Health patients at each primary care provider home. For new patients, the longest wait time was approximately three weeks across the reporting period. For established patients, the longest wait time was closer to two weeks. Additionally, urgent wait times are provided on an annual basis via the Gateway Provider Survey Data process outlined above, with wait times averaging approximately 10 days new patients, and less than a week for established patients.

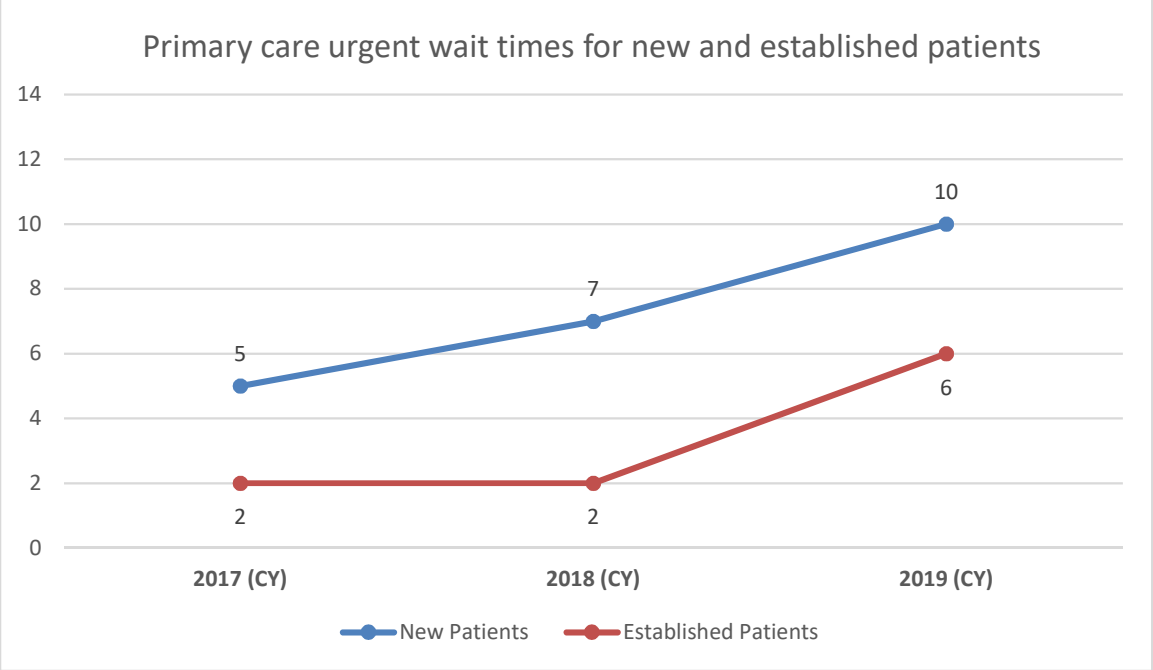
Wait times remained relatively consistent across the reporting period. The largest variances year over year are seen in calendar year 2020, due to COVID-19 adjustments in care.



Definition: Number of days until third next non-urgent appointment for new patients. Wait times are provided at the close of each quarter by primary care providers. Data includes wait time averages across clinics for both non-urgent dental and non-urgent primary care visits [7]

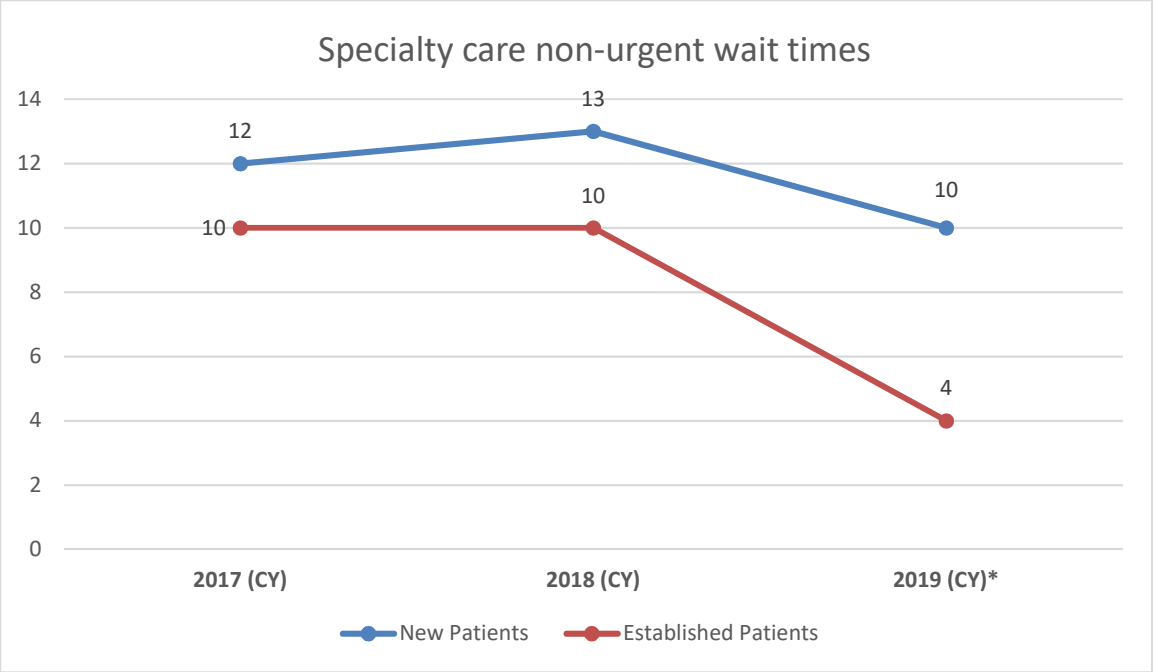


Definition: Average number of days until third next non-urgent appointment for established patients. Wait times are provided at the close of each quarter by primary care providers. Data includes wait time averages across clinics for both non-urgent dental and non-urgent primary care visits [7]



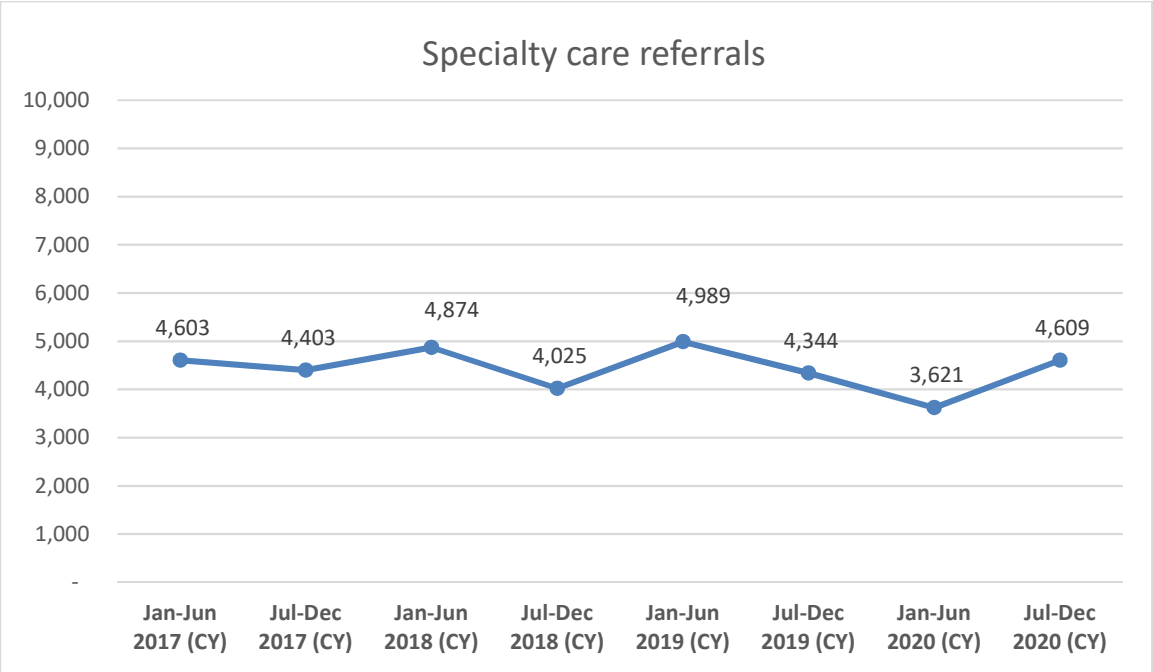
Definition: Number of days until next urgent appointment for new and established patients. Urgent wait times are provided on an annual basis (separately from quarterly primary care non-urgent wait times) via Gateway Provider Survey Data. As noted above, Provider Survey data has not yet been collected for 2020 (CY) due to COVID-19. As such, data around urgent wait times exists only through 2019 (CY). Additional information will be provided in upcoming reports [11]

Additionally, specialty care wait times and referrals are closely monitored to ensure patients receive the additional medical care not available to members within a primary care setting. Specialty care non-urgent wait time data is collected annually via the Gateway Provider Survey data process. Due to COVID-19, response rates providing specialty care wait times for Calendar Year 2019 data were uncharacteristically low. Referral data is tracked and reported monthly via the demonstration's call center, Automated Health Systems (AHS). Little variance exists for non-urgent wait times year over year. Patients, on average, were able to see a specialist provider in less than two weeks across each service year. Specialty referrals remained consistent as well.



*2019 data may be incomplete due to the COVID-19 pandemic

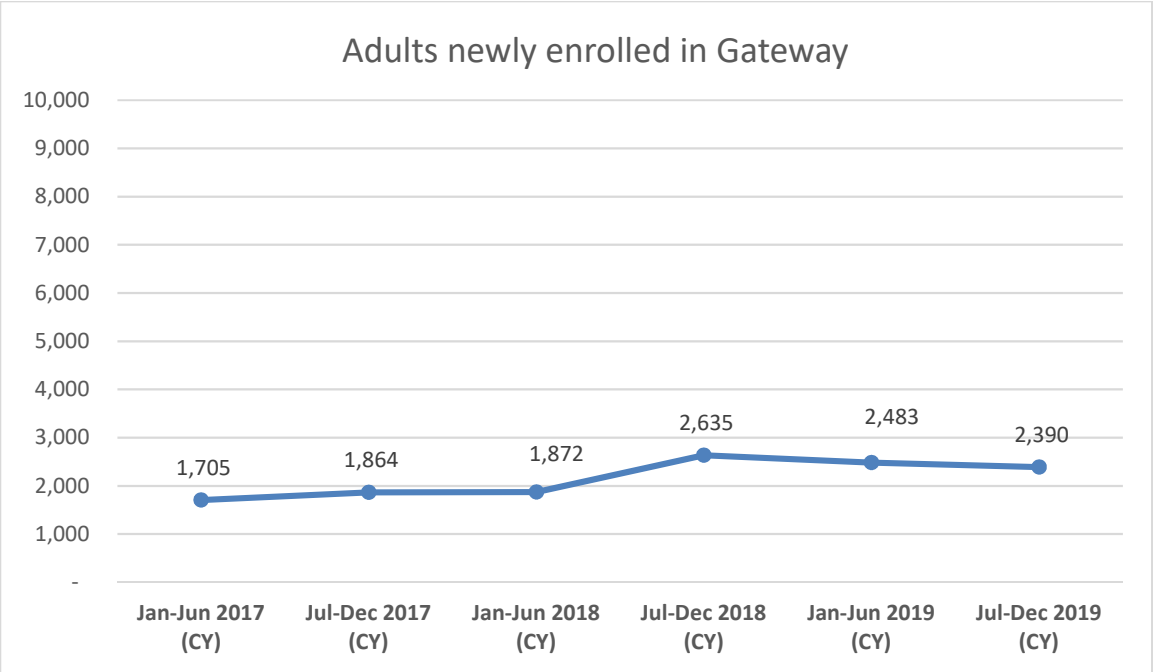
Definition: Number of days until third next specialty care non-urgent appointment for new and established patients. Specialty care non-urgent wait times are provided on an annual basis (separately from quarterly primary care non-urgent wait times) via Gateway Provider Survey Data. As noted above, Provider Survey data has not yet been collected for 2020 (CY) due to COVID-19. As such, data around urgent wait times exists only through 2019 (CY). Additional information will be provided in upcoming reports [11]



Definition: Reported rates of specialty care referrals made by Gateway providers [5]

Hypothesis 2: Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.
Research Question: Have uninsured adults in St. Louis City and St. Louis County connected to a primary care home?

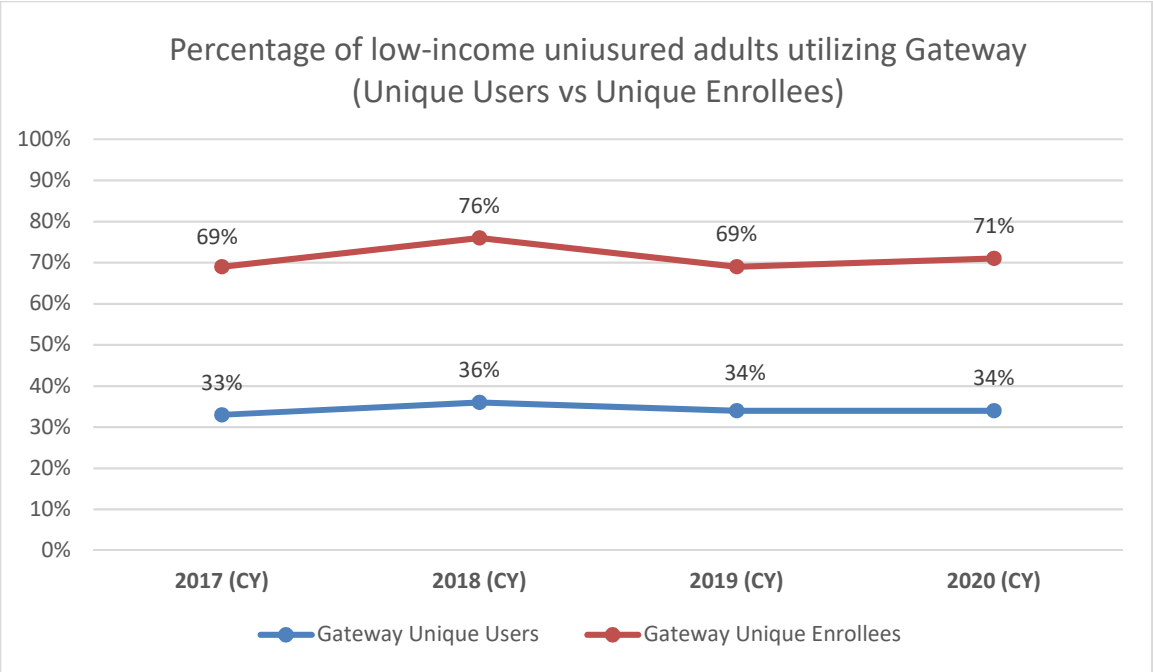
The demonstration enrolled between 3,500 and 4,800 new patients into the project annually for calendar years 2017 -2019. This data is secured through EHR data and self-reported information provided by the health centers as part of the Pay-for-Performance metrics established for the program. Incentive protocols have been suspended since January 1, 2020, to allow providers to focus solely on providing care amid the COVID-19 emergency response.



Definition: Total number of low-income uninsured adults newly enrolled in Gateway program in one year based on Pay-for-Performance metrics [13]

Based on United States Census Data for the region, the Gateway to Better Health project provided a medical service to 33% to 36% of eligible residents across the service period. Meanwhile, 69% to 76% of eligible residents were enrolled into the demonstration across the same period.[15] This highlights that outreach efforts to connect with eligible patients are successful. Furthermore, over a third of low-income patients across the region are utilizing the demonstration as a means to access their medical care. Penetration rates for both metrics remained consistent over the past four demonstration years, as shown in the chart below.

[13] This data is secured through EHR data and self-reported information provided by the health centers as part of the Pay-for-Performance metrics established for the program. Incentive protocols have been suspended since January 1, 2020, to allow providers to focus solely on providing care amid the COVID-19 emergency response.



Definition: Graph demonstrates the percentage of eligible [14] uninsured adults that received a service (Gateway unique users) across the Calendar Year (January 1 – December 31), compared with the percentage of eligible [14] uninsured adults that were enrolled (Gateway unique enrollees) across the Calendar Year (January 1 – December 31). Reported utilization based on Gateway claims data as October 18, 2021 [15]

Hypothesis 2: Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.
Research Question: Has Gateway enrollment reduced the perception of barriers to primary and specialty care for enrollees and providers? [16]

On an annual basis, patients are surveyed to endorse their level of confidence that if the Gateway program ended, they could continue to access necessary health care.

[14] Eligibility is determined as uninsured adults between the ages of 19-64, with incomes less than 100% of the Federal Poverty limit, living across the demonstration's service region of St. Louis City and County

[15] Enrollment numbers are based on MO HealthNet enrollment data as of October 1, 2021. United States Census data is accurate as of November 16, 2020.

[16] As noted in the Performance Metrics section above, the annual Beneficiary Survey for patients and providers was withdrawn this year to allow providers to focus solely on providing care amid the COVID-19 emergency response. Survey data from the collection period of 2020 and 2021 will not be available.

If the Gateway program ended, how confident are you that you could:

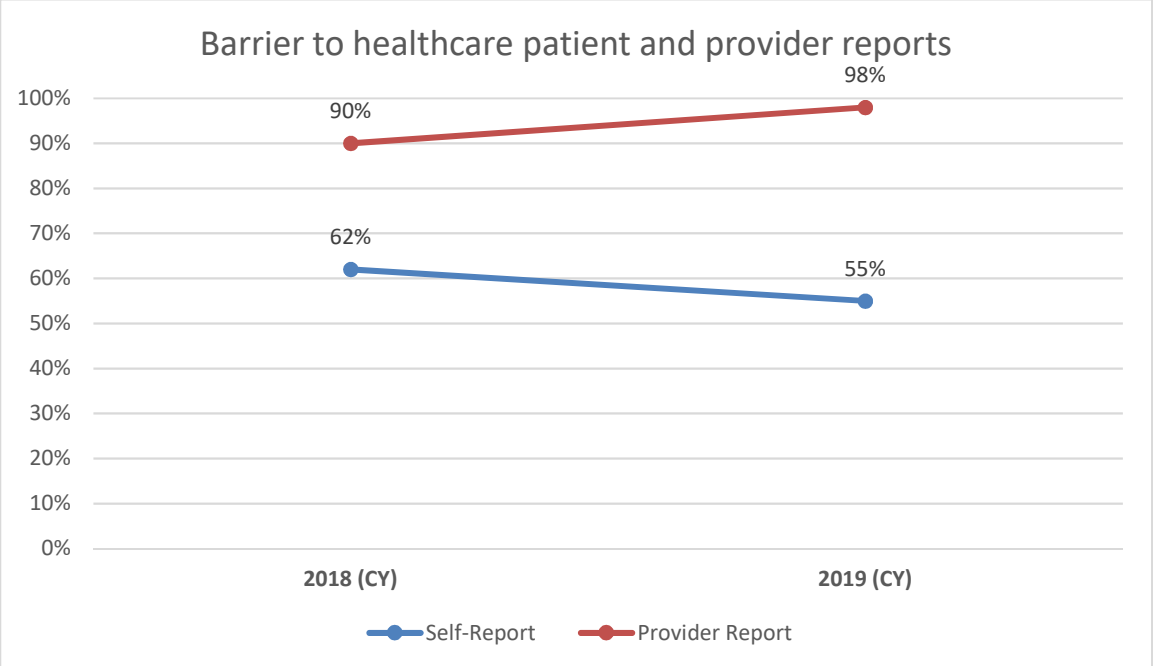
I. Afford to see a doctor?
II. Afford prescription medicines?
III. Coordinate all of your health care needs?
IV. Get necessary medical tests?
V. Follow the treatments your doctor recommends?

Over 50% of patients across the reporting period endorsed that were not confident they could continue to access appropriate medical care.

In the same vein, providers are asked to endorse their level of confidence that if the Gateway program ended their patients could still access care and maintain their health. If the Gateway program ended, could your patients:

I. Keep their overall health the same?
II. Access quality medical care?
III. Afford to see a primary care provider?
IV. Afford prescription medicines?
V. Afford to see a specialist doctor?

Resoundingly, over 90% of providers across both survey periods indicated that they were not confident patient care could continue at the level established by the demonstration project.



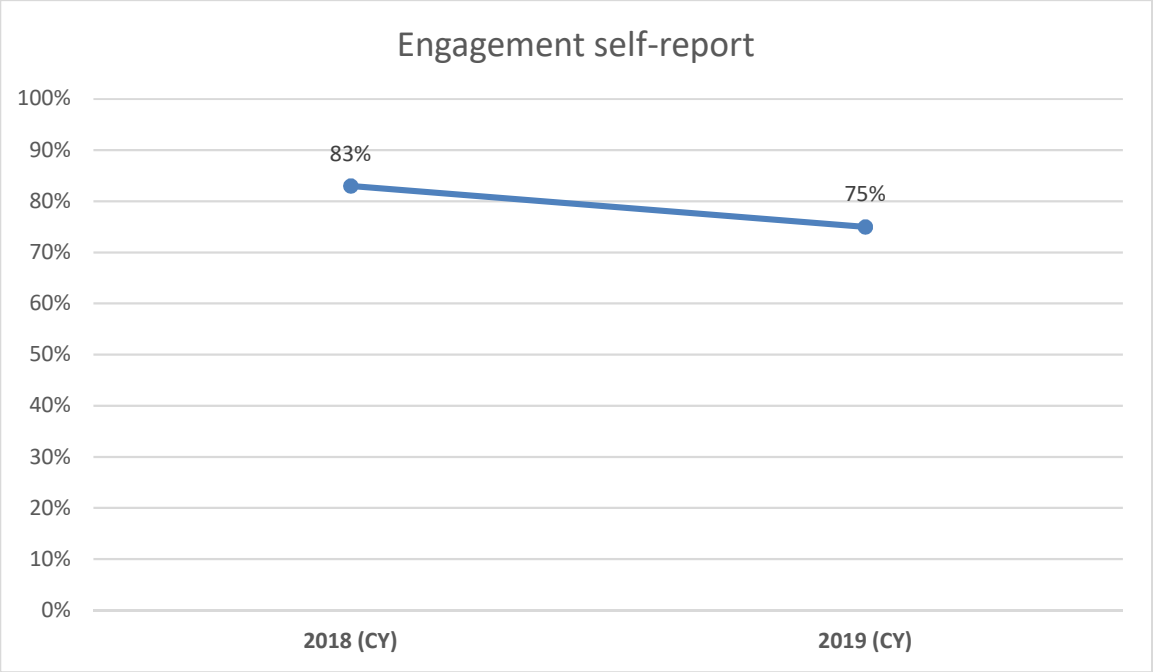
Definition: Percentage of enrollees and providers who report barriers to healthcare without Gateway program. This metric was added to the annual survey in the collection period of May – July 2018. As such, only two years of data are available. [16]

Hypothesis 2: Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.
Research Question: Have Gateway members been engaged by their primary care with member education, outreach, and follow-up?

On an annual basis, patients are asked to endorse their satisfaction with their health center's communication and care on the following communication items:

I. How promptly we answer your phone calls.
II. Information from our website and other materials to help you get the healthcare you need.
III. Getting advice or help from the clinic when needed during office hours.
IV. Helpfulness of our health information materials.

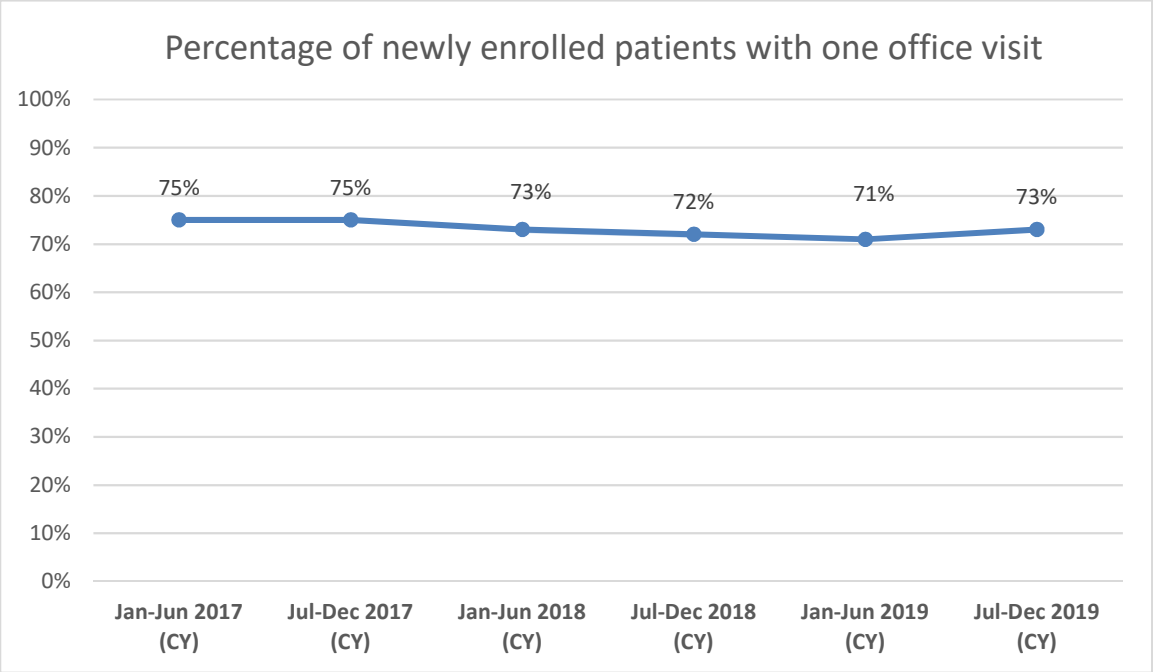
Year over year, patients report high rates of satisfaction with their health center's helpfulness and communication.



Definition: Percentage of Gateway enrollees who report timely information and help from their provider. This metric was added to the annual survey in the collection period of May – July 2018. As such, only two years of data are available. [16]

The SLRHC also tracks new patients coming into the Gateway program and whether these individuals are engaging with their primary care providers by having an office visit within one year of enrolling. Additionally, this metric is included in each center's pay-for-performance incentive payments to ensure

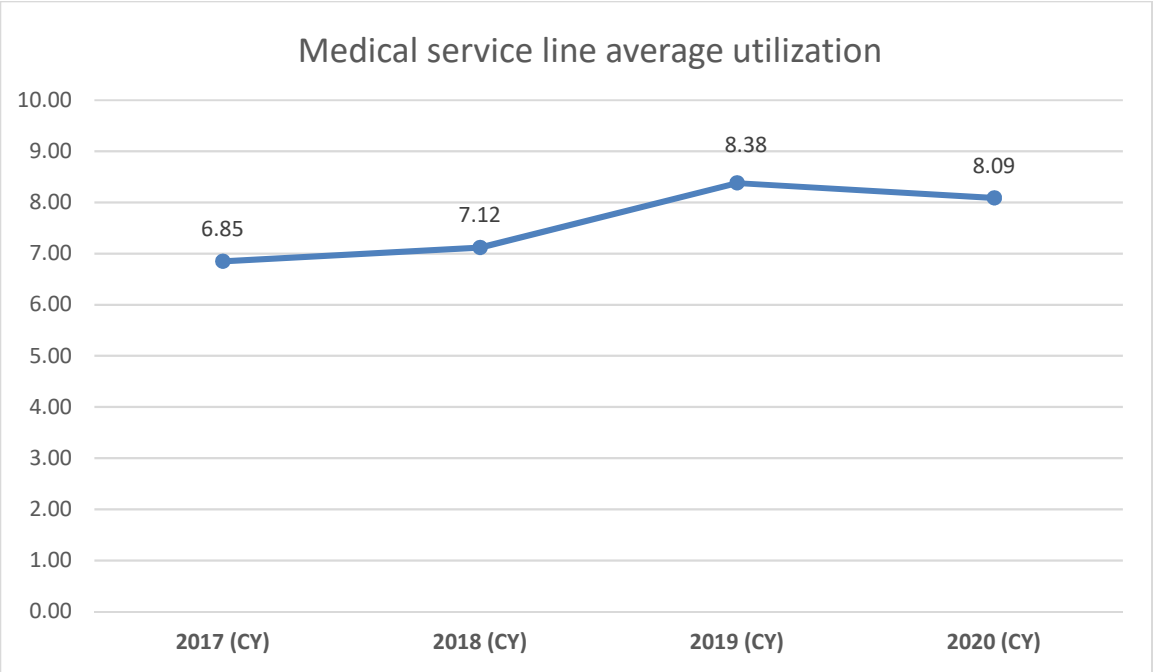
excellent care. Throughout the reporting period, 71% to 75% of patients have been connected with a new patient visit during their first year of enrollment. This result has remained steady.



Definition: Percentage of newly enrolled Gateway members who receive at least one office visit within the demonstration year based on Pay-for-Performance metrics. Pay-for-Performance metrics have been suspended since January 1, 2020 due to COVID-19 [13]

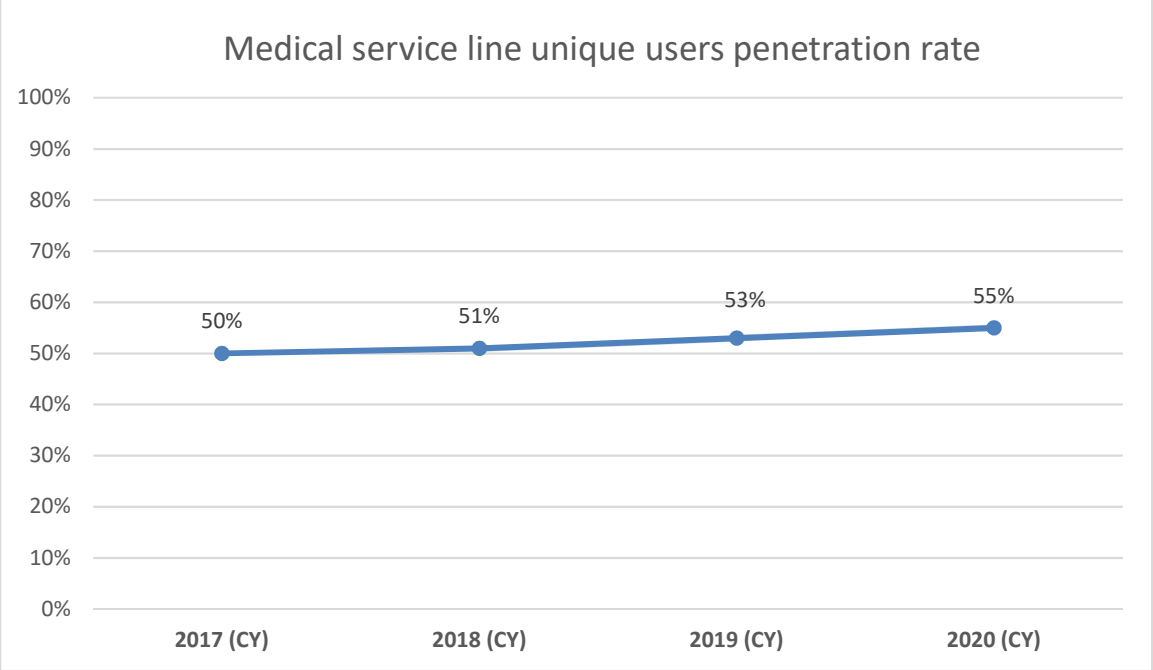
Hypothesis 2: Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.
Research Question: Do Gateway enrollees connected to a primary care home demonstrate sustained or increased utilization of outpatient medical services year to year?

Gateway claims data reveals a sustained level of utilization across the service period when examining the number of medical encounters across a given calendar year by unique members.



Definition: Average number of office visits per unique user across the given calendar year [17]

We also see a steady rate, 50% to 55%, of Gateway members accessing care at their primary care health home across the given calendar year.



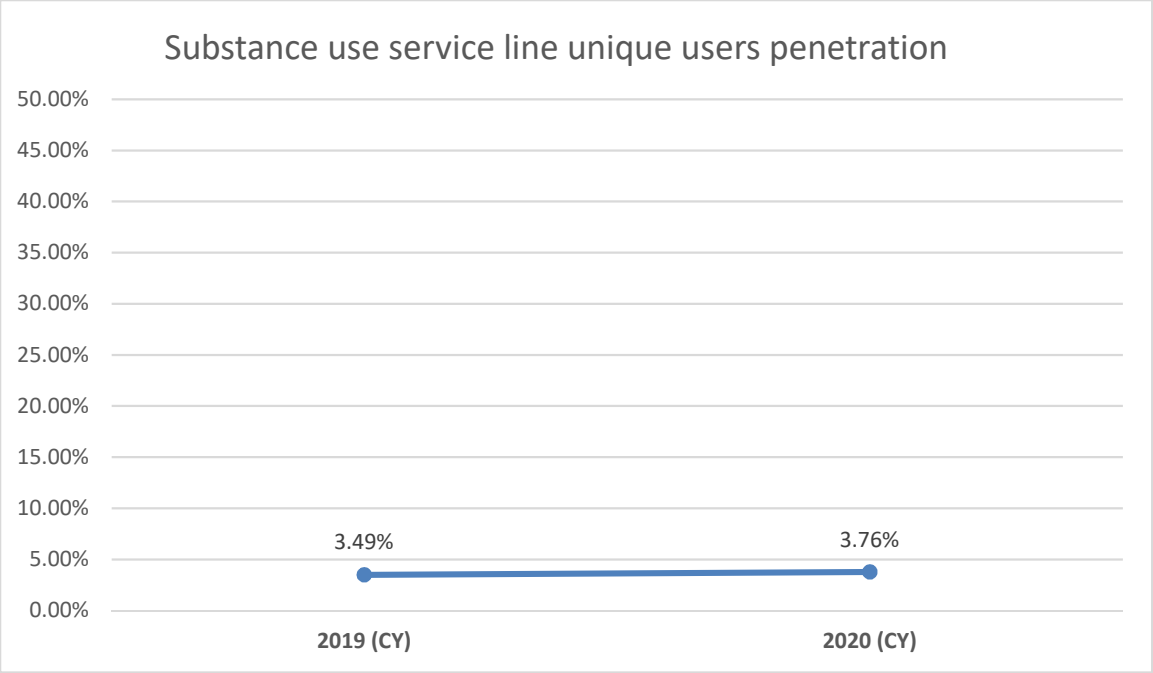
Definition: Percentage of Gateway enrollees who receive services across the medical service line out of those enrolled for the given calendar year [17]

[17] Reported utilization based on Gateway claims data as of October 18, 2021.

Hypothesis 2: Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.
Research Question: Do Gateway enrollees connected to a primary care home demonstrate sustained or increased utilization of outpatient substance use services year to year?

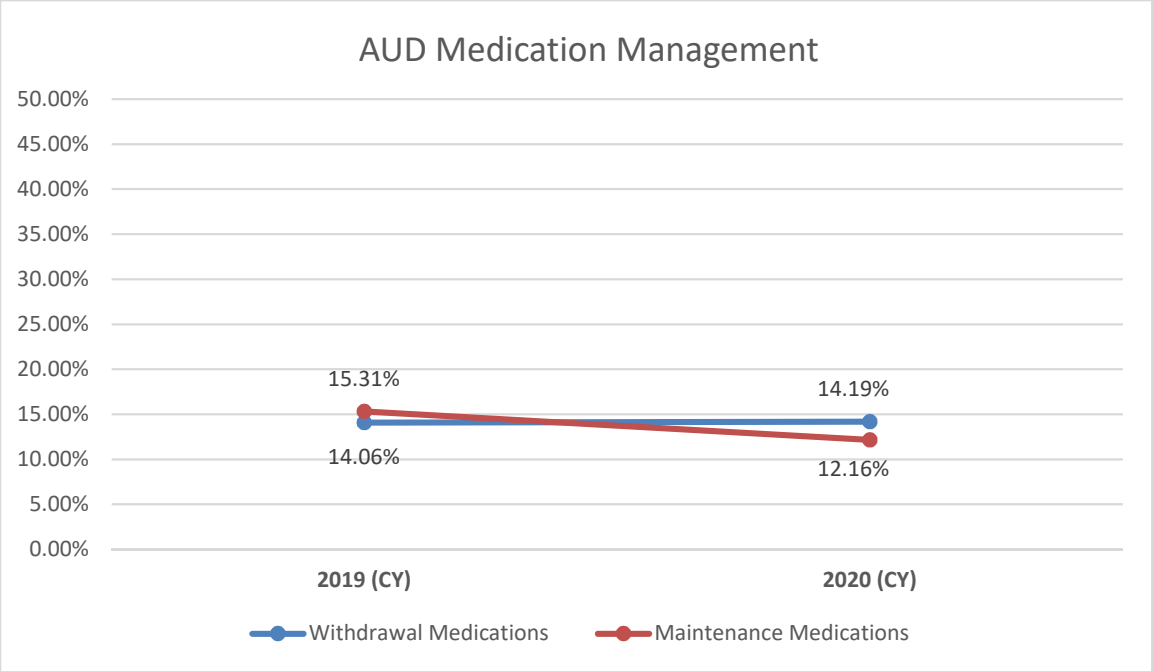
In August 2018, the state requested authority to amend the Gateway demonstration to include a substance use treatment benefit. This request was approved by CMS with a February 1, 2019, implementation date. This additional benefit covers outpatient substance use services, including pharmacotherapy, for treatment of Gateway enrollees with an SUD-related diagnosis. All office visits and generic pharmaceuticals are provided by the primary care home and are considered a core primary care service.

The benefit became accessible to Gateway providers and members February 1, 2019, for a reduced timeframe of only eleven months out of the 2019 calendar year. Since the benefit's inception, approximately 3% to 4% of total Gateway enrollees have utilized treatment per year.



Definition: Percentage of Gateway enrollees who receive services under the substance use medical service line across each calendar year (February 1, 2019 – December 31, 2019) and (January 1, 2020 – December 31, 2020) [17]

Approximately 14% of enrollees with an Alcohol Use Disorder (AUD) diagnosis were prescribed medication to manage alcohol withdrawal symptoms, while approximately 12 - 15% of enrollees with an AUD diagnosis were prescribed maintenance medication to support alcohol use treatment year over year.



Definition: Graph demonstrates the percentage of Gateway enrollees with an Alcohol Use Disorder (AUD) diagnosis that are prescribed at least one medication to manage withdrawal from alcohol (withdrawal medications), against the percentage of Gateway enrollees with an AUD diagnosis that are prescribed Disulfiram or Naltrexone HCL (maintenance medications) across the given calendar year [17, 18]

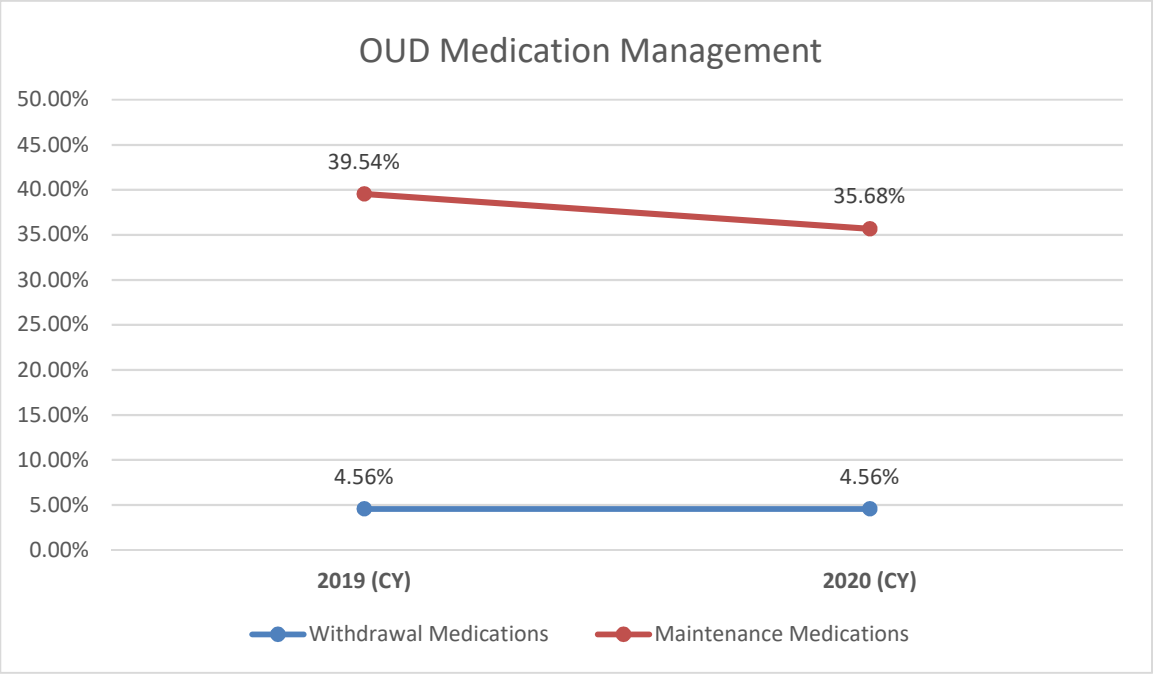
As the SUD benefit launched in February 2019, The Missouri Opioid State Targeted Response and State Opioid Response (Opioid STR and SOR) project, overseen by the State of Missouri Department of Mental Health (DMH) and University of Missouri, St. Louis - Missouri Institute of Mental Health (UMSL-MIMH), approached the Gateway Pilot Program Planning Team with an opportunity for partnership aimed at collaboratively, effectively, and efficiently caring for those across the St. Louis region seeking substance use disorder treatment. The primary focus of the Opioid STR/SOR project is multidisciplinary provider training and education on Medication-Assisted Treatment (MAT) and the provision of evidence-based treatment services to uninsured individuals with opioid use disorder (OUD) that present for care within state-funded programs (Comprehensive Substance Treatment and Rehabilitation Programs - CSTARs). As patients enroll in treatment under CSTAR programs, the first step is overseeing individuals' safe and medication-assisted withdrawal from opiate drugs. From there, the Gateway SUD benefit becomes an option, providing eligible uninsured adults the opportunity to enroll in the Gateway program and seek ongoing SUD treatment across one of Gateway's five partner clinics. In addition to the oversight of

[18] Baclofen, Desipramine HCL, Mirtazapine, Paroxetine CR, Paroxetine ER, Paroxetine HCL, and Gabapentin.

successful referrals between CSTARs and the Gateway program, the STR/SOR team provided rigorous training to Gateway's primary care physicians on the proper management of Medication-Assisted Treatment (MAT) for OUD patients.

Since the implementation of the SUD benefit, Gateway primary care providers continue to collaborate with the STR/SOR team, allowing the CSTARs to focus on the earlier and more intensive phase of withdrawal treatment, and Gateway primary care providers to undertake the maintenance SUD treatment phase. While withdrawal medication is still available to those wishing to receive initial treatment at their community health center, more Gateway patients are accessing maintenance medications via the Gateway program, as is evident in the following OUD graph. This concerted partnership ensures patients receive closed-loop care, with greater opportunity for successful recovery.

Approximately 5% of enrollees with an OUD diagnosis were prescribed medication to manage withdrawal symptoms from opioids, while approximately 35 - 40% of enrollees with an OUD diagnosis were prescribed maintenance medication to support opioid use treatment under the Medication-Assisted Treatment model (MAT) year over year.

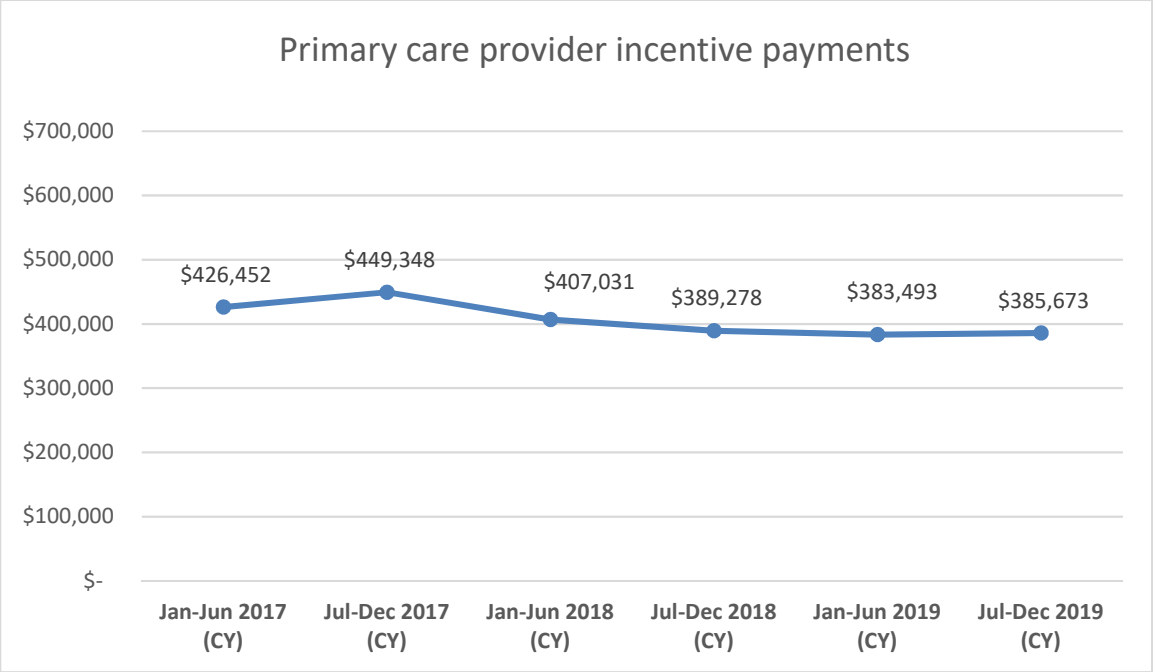


Definition: Percentage of Gateway enrollees with an Opioid Use Disorder (OUD) diagnosis that are prescribed at least one medication to manage withdrawal from opioids (withdrawal medications), against the percentage of Gateway enrollees with an OUD diagnosis that are prescribed Buprenorphine HCl or Naltrexone HCL (maintenance medications) across the given calendar year [17,19]

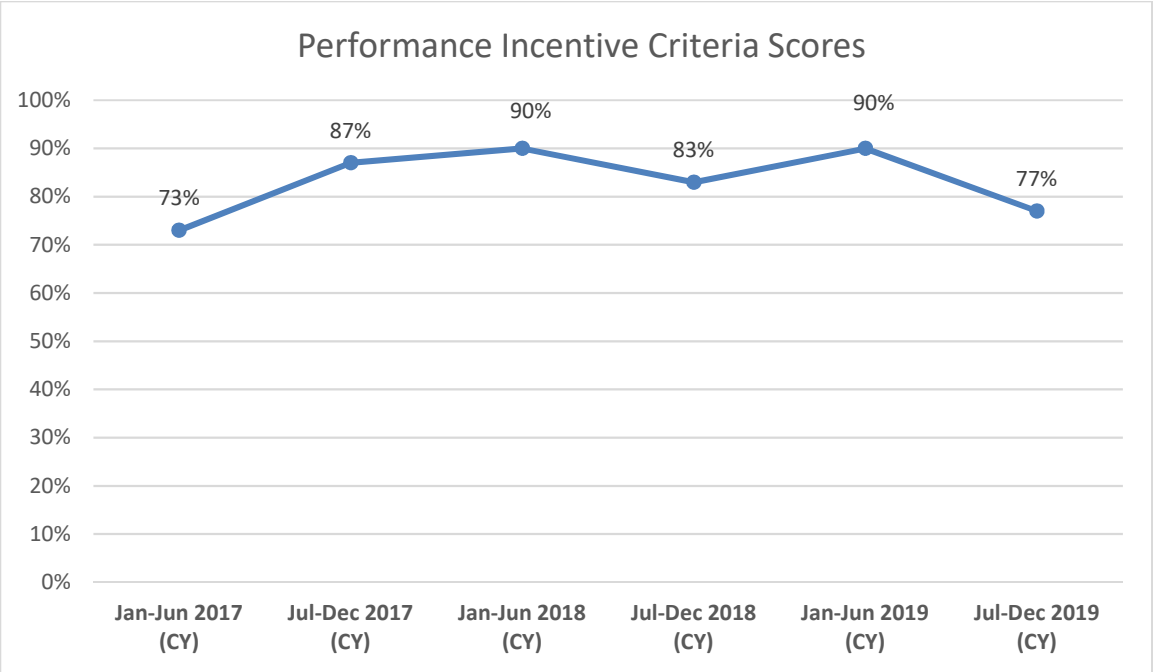
[19] Baclofen, Desipramine HCL, Mirtazapine, Paroxetine CR, Paroxetine ER, and Paroxetine HCL.

Hypothesis 3: Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.
Research Question: Does using value-based purchasing for provider reimbursement correspond with providers meeting incentive criteria on health and quality of care indicators?

Community health centers continue to perform well across pay-for-performance criteria and earn incentive payments throughout the demonstration. These rates of payment have remained consistent over the reporting period and are outlined below.



Definition: Total amount of revenue from incentive payment received across all Gateway providers from January 1 through December 31. Pay-for-Performance metrics have been suspended since January 1, 2020 [13]

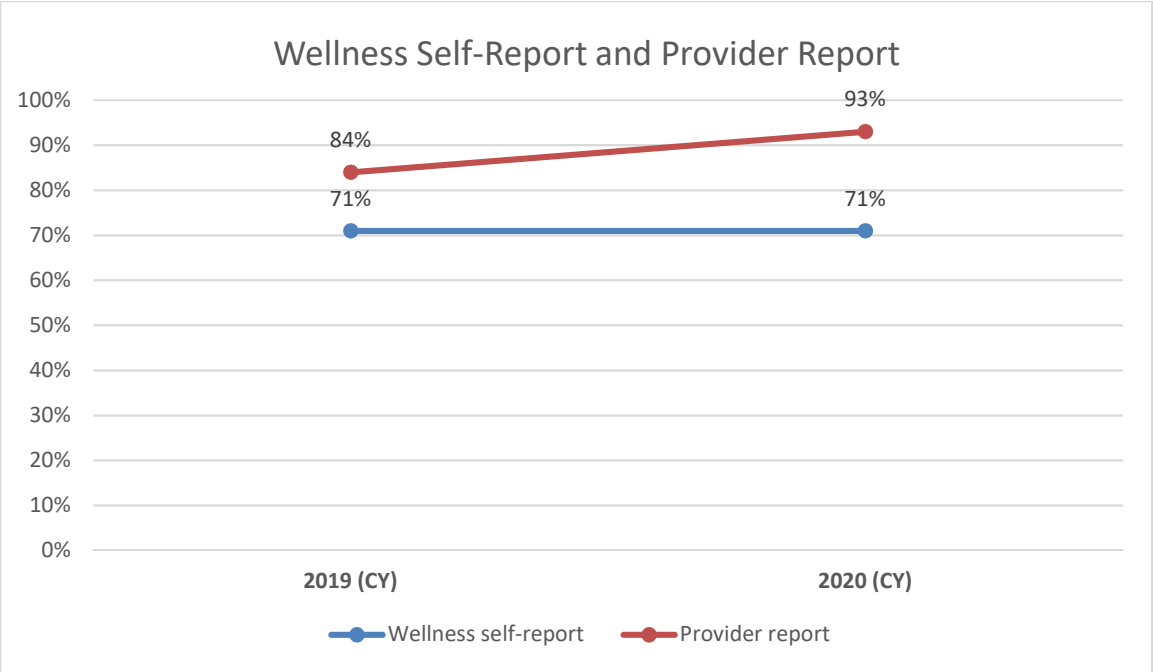


Definition: Percentage of Pay-For-Performance (P4P) criteria benchmarks met across each reporting period. Pay-for-Performance metrics have been suspended since January 1, 2020 [13]

Hypothesis 3: Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.
Research Question: Do uninsured Gateway members have perceived improved health outcomes?

On an annual basis, patients are surveyed to endorse whether their overall physical health is better, worse, or the same. Each year, 71% of patients endorsed that their overall health had improved due to enrollment in Gateway to Better Health and access to health care via their primary care health homes.

Providers are also surveyed annually to endorse whether they believe the overall physical health of their patients has improved, worsened, or stayed the same. Overwhelmingly, providers are endorsing that Gateway to Better Health is having a positive impact on patient health.



Definition: Percentage of Gateway enrollees and providers who report improved patient health. This metric was added to the annual survey in the collection period of May – July 2018. As such, only two years of data are available. [16]

Hypothesis 3: Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.
Research Question: Do uninsured Gateway members have improved health outcomes year over year? And, when health indicators are calculated separately by race, do enrollees exhibit statistically significant differences?

The SLRHC partners with the Missouri Primary Care Association (MPCA) to obtain information from the demonstration's five primary care health partners on a set of indicators that are collected at a statewide level. The metrics indicated are found to demonstrate population-level health and support both preventative care and chronic disease improvement for the region. This data is outlined and analyzed in the demonstration's interim report.

APPENDIX I: Quarter IV Results

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

Demonstration Year: 12 (October 1, 2020 – September 30, 2021)
Federal Fiscal Quarter: 4/2020 (July 1, 2021 – September 30, 2021)

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. In October 2019, the Missouri Department of Social Services, requested authority to further amend the Gateway program to include a physical function improvement benefit. The amendment request was approved in October 2020, with an implementation date of January 1, 2021, to 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. 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 providerinvolvement.

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. 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 nonprofit, 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 III). 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 12 (July 1, 2021 – September 30, 2021).

Enrollment Information:

As of October 1, 2021, 16,394 unique individuals were enrolled in Gateway to Better Health. The demonstration's enrollment target, established to preserve budget neutrality for the project, is to maintain an average of 16,000 member months across the given fiscal year. For the current fiscal year, the program's average is presently 15,728 member months.

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 October 1, 2021	Enrollment Months July – September 2021
BJK People's Health Centers	2,856	8,471
Family Care Health Centers	1,676	4,962
Affinia Healthcare	6,728	20,013
CareSTL Health	2,955	8,764
St. Louis County Dept. of Health	2,179	6,474
Total	**16,394**	**48,684**

**Enrollment numbers are based on MO HealthNet enrollment data as of October 1, 2021.*

Outreach/Innovation Activities:

Each month the SLRHC shares information and gathers input about the demonstration from its 20-member board, 30-member Community and Provider Services Advisory boards, and 15-member Patient Advisory board. 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 III of this report.

Public meetings were held virtually during the fourth quarter are listed below:

Team	Meeting Date
SLRHC Commission Meeting	July 21, 2021
Provider Services Advisory Board Meeting	August 3, 2021
Community Advisory Board Meeting	August 17, 2021
SLRHC Commission Meeting	August 18, 2021
Patient Advisory Board Meeting	August 23, 2021
Provider Services Advisory Board Meeting	September 7, 2021
Community Advisory Board Meeting	September 21, 2021
Patient Advisory Board Meeting	September 27, 2021

On average, the Gateway program received 355 applications per month during the quarter. The Missouri Department of Social Services' (DSS) suspension of disenrollment resulted in the program experiencing an average monthly gain of 74 members across the quarter.

As the project enters Demonstration Year 13, the state will begin the review process that is necessary to enroll eligible patients into expanded Medicaid coverage. Gateway to Better Health members that are deemed eligible will begin to transfer to coverage under MO Healthnet's Adult Expansion Group (AEG).

Operational/Policy Development/Issues:

Gateway providers continue to operate throughout the COVID-19 pandemic. At the time of this reporting, all primary care locations are again providing relatively typical service. However, providers continue to navigate normal operations while also balancing community needs around COVID-19 testing and vaccination efforts, while remaining responsive to increases in health care demand due to lags in access across 2020.

As previously reported, the Missouri Department of Social Services (DSS) suspended disenrollment from the MO HealthNet (Medicaid) program through the end of the Federal Emergency as outlined in the Families First Coronavirus Response Act. This also resulted in a disenrollment suspension for the Gateway to Better Health demonstration, as eligibility and enrollment in the program is determined by DSS. This pause in disenrollment continued throughout the entirety of the fourth quarter of the federal fiscal year and ensured that continuity of care remains stable for Gateway patients throughout this crisis.

Financial/Budget Neutrality Development/Issues:

The state continues to monitor budget neutrality for this quarter as claims are processed.

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 1, 2021 – September 30, 2021, the call center answered 2,381 calls, averaging approximately 37 calls per business day. Of calls answered during this time, 19 (1%) resulted in a consumer complaint. Each consumer issue was resolved directly with the patient and associated provider(s).

The most common source of complaints for this quarter were related to transportation. Gateway's transportation provider, ModivCare, attributes these issues to driver shortages across the service region, as well as an increase in trip volumes, as patients begin to seek care that was delayed due to COVID-19. To address this, ModivCare negotiated a contract with UBER Health to increase capacity.

The type and number of complaints received during this period are outlined below:

Table 2. Summary of Consumer Complaints, July 1, 2021 – September 30, 2021*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Member Services	1	Patient (1) reported difficulty getting in contact with their PCP at the health center. The patient was contacted by the site manager. The site manager discussed the patient's medical needs.
Access to Care	8	Patients (3) reported difficulty scheduling a dental appointment. A timely dental appointment was scheduled for each. Patient (1) reported difficulty scheduling an appointment. The health center assisted with scheduling an appointment. The primary care physician reached out and refilled medication. Patient (1) reported difficulty scheduling an eye exam through the health center. The health center is working on a referral process with Eye Associates until they can get a new Optometrist in house. The patient was contacted and notified of the process. Patient (1) reported difficulty obtaining physical function benefits through the health center. The patient was referred for physical therapy services. Patient (1) reported difficulty being seen at the health center. The patient was offered the option of a same-day or next-day appointment. Patient (1) reported difficulty getting a prescription filled. The prescription was approved, and the pharmacy was notified.
Transportation	10	Provider (1) reporting being denied transportation because they live outside the mileage area. ModivCare acknowledged understanding that there is no mileage area limitation for Gateway to Better Health. An apology was issued to the health center. Coaching was provided to contact center staff. Patient (1) reported difficulty taking an escort to accompany them on a ride. ModivCare apologized to the patient. A note was put on file to always allow for an escort to accompany the patient to appointments. Patient (1) reported multiple transportation no- shows. ModivCare apologized to the patient for the issue. Instructions were provided to contact "Where's My Ride" to report transportation issues. The patient was added to care coordination for trip monitoring. Patients (5) reported transportation was a no-show for a scheduled pick up. ModivCare apologized to the patient for the issue. A permanent transportation provider was assigned. The patient was added to care coordination for trip monitoring. Patient (1) reported an issue with getting a return ride from an appointment. ModivCare apologized to the patient. The patient was educated on the gas reimbursement process and on contacting "Where's My Ride". Patient (1) reported transportation was a no-show for a scheduled pick up. The scheduling department spoke to the patient and offered an apology. The appointment was rescheduled. New appointments and transportation were scheduled.

**Reported consumer complaints are based on Automated Health Systems data as of October 5, 2021.*

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.

Routinely, the state and SLRHC 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:

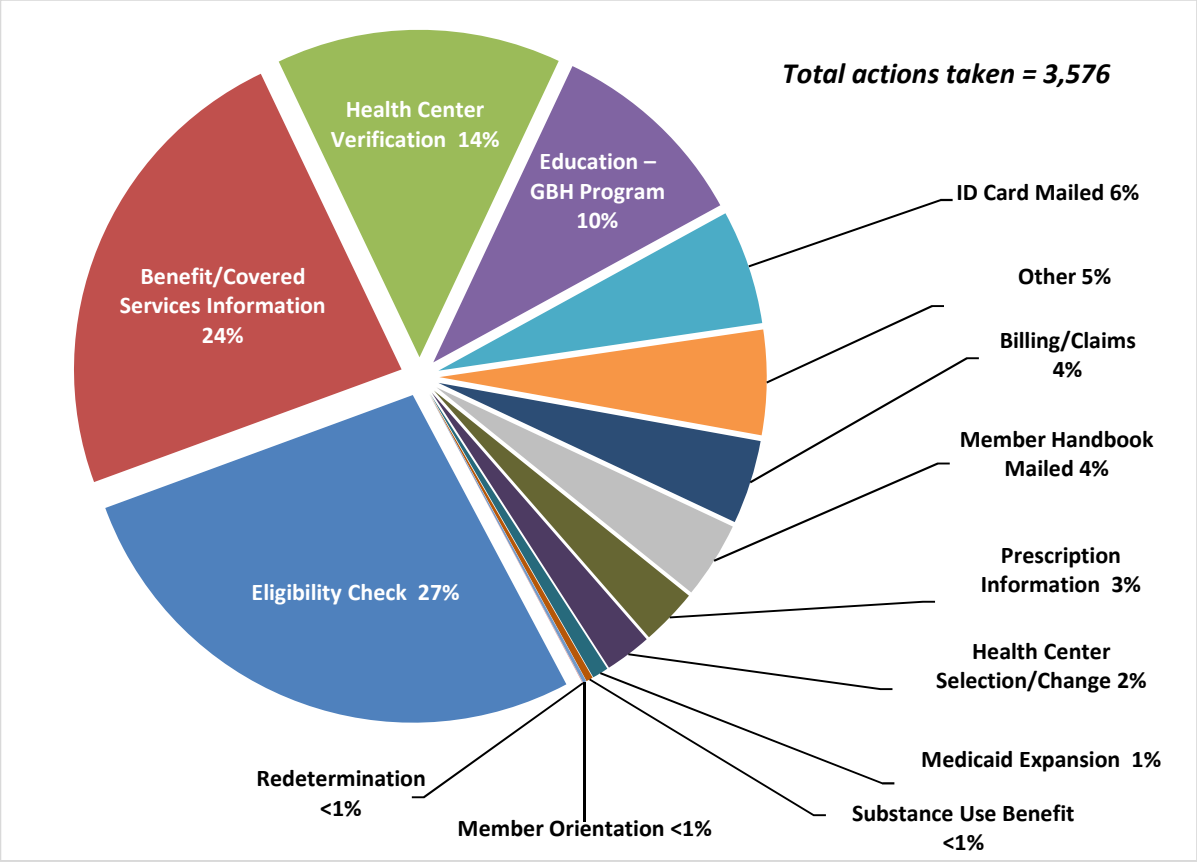
Call Center Performance

Table 3. Call Center Performance, July 1, 2021 – September 30, 2021*

Performance Measure	**Outcome**
Calls received	2,437
Calls answered	2,381
Average abandonment rate	2.28%
Average answer speed (*seconds*)	11
Average length of time per call (*minutes: seconds*)	3:32

**Call center performance metrics are based on Automated Health Systems data as of October 5, 2021.*

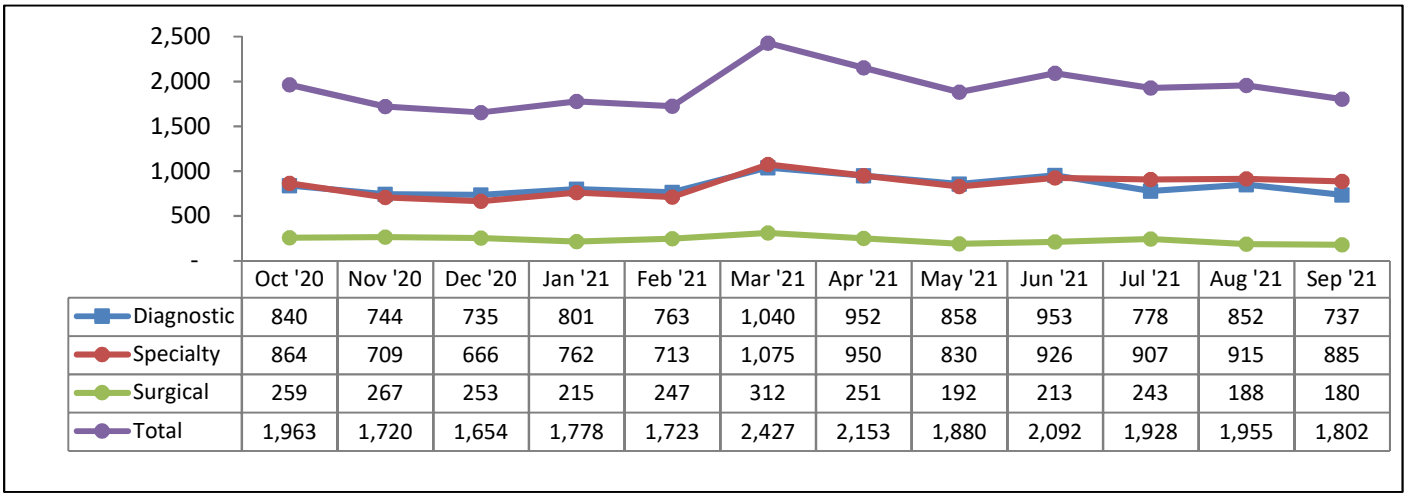
Figure 1. Call Center Actions, July 1, 2021 – September 30, 2021*



*Reported call center actions are based on Automated Health Systems data as of October 5, 2021.

Access to Medical Referrals

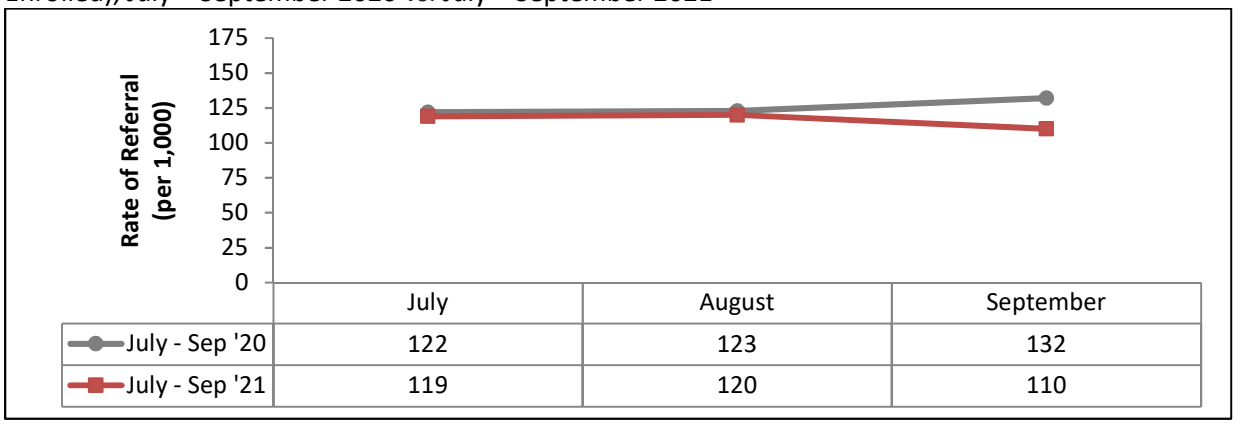
Figure 2. Medical Referrals by Type and Pilot Program Month, October 2020 – September 2021*



	Oct '20	Nov '20	Dec '20	Jan '21	Feb '21	Mar '21	Apr '21	May '21	Jun '21	Jul '21	Aug '21	Sep '21
Diagnostic	840	744	735	801	763	1,040	952	858	953	778	852	737
Specialty	864	709	666	762	713	1,075	950	830	926	907	915	885
Surgical	259	267	253	215	247	312	251	192	213	243	188	180
Total	1,963	1,720	1,654	1,778	1,723	2,427	2,153	1,880	2,092	1,928	1,955	1,802

*Reported call center actions are based on Automated Health Systems data as of October 5, 2021.

Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), July – September 2020 vs. July – September 2021*

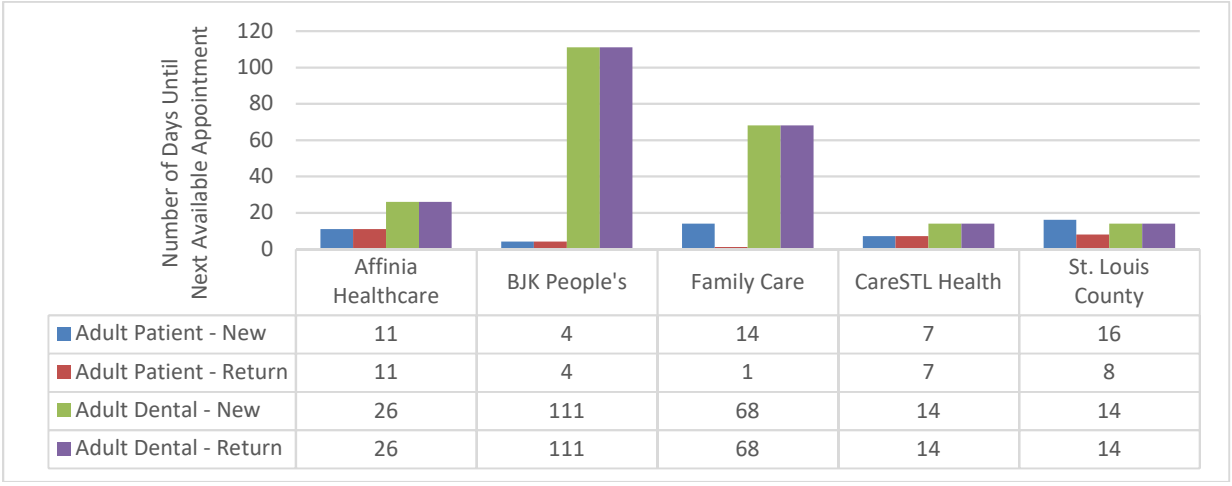


	July	August	September
July - Sep '20	122	123	132
July - Sep '21	119	120	110

**Reported rates of medical referrals are based on Automated Health Systems data as of October 5, 2021. 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, 2021*



	Affinia Healthcare	BJK People's	Family Care	CareSTL Health	St. Louis County
Adult Patient - New	11	4	14	7	16
Adult Patient - Return	11	4	1	7	8
Adult Dental - New	26	111	68	14	14
Adult Dental - Return	26	111	68	14	14

**Wait times are self-reported as a point in time metric by individual health centers as of September 30, 2021 and calculated for Gateway patients only.*

Updates on Provider Incentive Payments:

*Table 4. Summary of Provider Payments and Withholds, July – September 2021**

Providers	Provider Payments Withheld	Provider Payments Earned**
Affinia Health Centers	$102,789	$1,618,852
BJK People's Health Centers	$43,374	$680,778
CareSTL Health	$45,041	$708,407
Family Care Health Centers	$25,457	$400,352
St. Louis County Department of Public Health	$33,196	$522,288
Voucher Providers	N/A	$2,413,032
Total for All Providers	**$249,857**	**$6,343,709**

** 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 8, 2021, for reporting period July – September 2021.*
***Amount represents payments made during the quarter, inclusive of payouts from previous quarters.*

As documented in previous quarterly reports, the Incentive Payment Protocol (Appendix IV) 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

As the COVID-19 pandemic continues to unfold, the SLRHC recognizes the burden placed on our health care community to respond to our most vulnerable populations during this crisis. The procurement of urgent medical equipment, costs of testing and vaccinating patients, and the hiring of additional staff required to expand capacity and meet the needs of increased demand, has been paramount for our community health care organizations. Holding the demonstration's health center

partners to the pay-for-performance criteria and methodologies outlined in the Protocol was not feasible. The SLRHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to bolster health center stability and to ensure the successful return to normal business operations during this unprecedented time. As such, the incentive payment amounts withheld from providers during the January 1, 2021 – June 30, 2021 reporting period will be returned in full. The complete report outlining the payment structure for this reporting period can be found in Appendix V.

Updates on Budget Neutrality Worksheets:

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

Evaluation Activities and Interim Findings:

Alongside the demonstration's independent evaluator, Mercer, the SLRHC and the State of Missouri continue to track outcomes for the Gateway to Better Health demonstration project. The metrics outlined in the evaluation design of the demonstration are included in the attached annual report.

As health care providers navigate their continued COVID-19 response, the SLRHC will rely on the stakeholders represented on the Pilot's Program Planning Team to establish capacity levels around evaluation collaboration for the demonstration. The measures and outcomes guaranteed in the demonstration's evaluation design will continue to be delivered on schedule.

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
12/30/2020	Submit Draft Annual Report for DY11 (October 2019 – September 2020)	Section IX (#34/#35)	12/30/2020
12/31/2021	Submit Interim Evaluation (January 2018 – December 2020)	Section XI (#47)	12/31/2021
12/30/2021	Submit Draft Annual Report for DY12 (October 2020 – September 2021)	Section IX (#34/#35)	12/30/2021
9/1/2022	Submit Draft Final Operational Report	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)	

Enclosures/Attachments

Appendix III: Gateway Team Rosters
Appendix IV: Incentive Protocol
Appendix V: Pay for Performance Results

State Contact(s):

Mr. Tony Brite
MO HealthNet Division
P.O. Box 6500
Jefferson City, MO
65102
(573) 751-1092

Submitted to CMS by December 30, 2021

APPENDIX II: Post Award Forum Summary

Post Award Forum Summary

On June 15, 2021, a post-award public hearing was held, pursuant to 42 C.F.R. § 431.420(c). This meeting was held virtually as part of the Community Advisory Board of the St. Louis Regional Health Commission (SLRHC). Twenty-four people attended the meeting.

Attendees received information on the total number of patients served throughout the history of the Gateway to Better Health program, as well as a summary of the medical services rendered to date. Current membership of the program was presented, including the distribution of chronic conditions across patients and a demographic profile of Gateway members. Additionally, the SLRHC gave an overview of impacts on Gateway program evaluation as a result of the COVID-19 pandemic.
Attendees were given the opportunity to provide feedback on the program's progress to date. Their feedback and questions raised during this meeting are presented below.

Attendee Feedback Regarding the Demonstration:

- *"I applaud everything that the RHC has been doing with GBH (Gateway to Better Health) and especially want to appreciate that some of the intensive outreach teams that the BHN (Behavioral Health Network of Greater St. Louis) works with have been empowered to also do GBH enrollments and expedite those. It's a non-traditional route instead of the health centers. I appreciate the flexibility to meet vulnerable clients where they are."*

- *"I don't know how long the feedback mechanism has been in place, but it is really impressive data. It speaks to the program itself. Those who utilize it find the program extremely useful."*

- *"One of the most impressive things about the GBH program is its ability to pivot. To pivot with the pandemic, to recognize need not being addressed and move to make those things inclusive. It is not a static program; it is very much a fluid program and that's admirable. The way that Gateway has been able to pivot and be flexible in continuing to meet the needs of the uninsured and under-insured in our area has been incredible, particularly during the pandemic, and throughout its history.*"

- *"The use of data in that report is really good. Could look at one chart and see comparable performance on hypertension and diabetes and see opportunities for improvement. Just the fact you can look at that information and really get an idea about where to focus. I know they're big projects, but that was good data for that reason."*

APPENDIX III: Gateway Team Rosters

Pilot Program Planning Team

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

Angela Clabon
Chief Executive Officer
CareSTL Health

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

Ron Finnan
Chief Operating Officer
St. Louis County Department of Public Health

Alan Freeman, PhD
President and Chief Executive Officer
Affinia Healthcare

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

Joe Yancey
Mental Health Advocate
Places for People (retired)

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

Operations Subcommittee

Tony Amato
Assistant Director, Managed Care
SLUCare

Yvonne Buhlinger
Vice President, Development and Community Relations
Affinia Healthcare

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

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 Supervisor
St. Louis Integrated Health Network

Antonie Mitrev
Director of Operations
Family Care Health Centers

Dr. James Paine
Chief Operating Officer
CareSTL Health

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
Clinical Services Manager
St. Louis County Department of Public Health

Finance Subcommittee

Mark Barry
Fiscal Director
St. Louis County Department of Health

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

Kevin Maddox
Chief Financial Officer
Family Care Health Centers

Rebecca Mankin
Interim Chief Financial Officer
Betty Jean Kerr People's Health Centers

Connie Sutter
Pharmacy Fiscal and Rate Setting Director
MO HealthNet Division
Missouri Department of Social Services

Janet Voss
Vice President and Chief Financial Officer
Affinia Healthcare

Jason Ware
Chief Financial Officer
CareSTL Health

Denise Lewis-Wilson
Financial Records/Revenue Manager
St. Louis County Department of Health

Transition Planning Team

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

Kristy Klein Davis
Chief Strategy Officer
Missouri Foundation for Health

Alan Freeman, DMgt, FACHE
President & Chief Executive Officer
Affinia Healthcare

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

Rich Liekweg
President & Chief Executive Officer
BJC Healthcare

Wendy Orson
Chief Executive Officer
Behavioral Health Network of Greater St. Louis

Steve Parish, CHW
Local Strategic Consultant &
Community Network Weaver
St. Louis Community Health Worker
Board of Leaders

Spring Schmidt
Acting Director
Saint Louis County Department of Public Health

Nia Sumpter Thomas
Chair
RHC Patient Advisory Board

Susan Trautman
Chief Executive Officer
Great Rivers Greenway

Cierra Walker, MPH
CHW Workforce Partnership
St. Louis Integrated Health Network

Cheryl Walker (Ex. Officio)
Chair, St. Louis Regional Health Commission
Attorney at Law Cheryl Walker

APPENDIX IV: 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 CareSTL Health (formerly 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 V: Pay-for-Performance Results

GATEWAY TO BETTER HEALTH

Pay-for-Performance Incentive Payment Results
Reporting Period: January – June 2021

Background

The state withholds 7% from payments made to the primary care health centers (PCHC). To calculate the pay-for-performance incentive payments, the St. Louis Regional Health Commission (RHC) monitored the PCHC performance against the pay-for-performance metrics outlined in the Incentive Payment Protocol (Protocol). According to the protocol, pay-for-performance incentive payments will be paid at six-month intervals of the Pilot Program based on performance during the reporting period.

Impact of COVID-19 Pandemic

As the COVID-19 pandemic continues to unfold, RHC recognizes the burden placed on our health care community to respond to our most vulnerable populations during this crisis. The procurement of urgent medical supplies and equipment and the costs of testing patients, transitional staffing, treatment services and basic equipment to expand capacity and navigation services to meet the needs of the increased demand has been paramount for our community health care organizations. Due to the guidelines to limit occupancy capacity as mandated by the local governing bodies, holding the demonstration's health center partners to the pay-for-performance criteria and methodologies outlined in the Protocol was not feasible. The RHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to bolster health center stability and to ensure the successful return to normal business operations during this unprecedented time. As such, the incentive payment amounts withheld from providers during the January – June 2021 reporting period will be returned in full as outlined below.

Primary Care Health Center Pay-for-Performance Results

During the performance period, the PCHC Incentive Pool (PIP) was valued at $483,542.37, as summarized below by health center.

Table 1

Description		AH	BJKP	CSH	FC	County
Number of Criteria Met	*a*	0	0	0	0	0
Criteria Weight	*b*	20%	20%	20%	20%	20%
Incentive Pool Percentage Earned	*c = a x b*	0%	0%	0%	0%	0%
Incentive Amount Withheld	*d*	$ 200,728.10	$ 82,374.00	$ 87,005.09	$ 49,133.94	$ 64,301.23
Incentive Amount Earned	*e = c x d*	$ -	$ -	$ -	$ -	$ -
Remaining Balance in PCHC Pool	*f = d - e*	$ 200,728.10	$ 82,374.00	$ 87,005.09	$ 49,133.94	$ 64,301.23

The following tables illustrate how the PIP was allocated to each PCHC.

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

STEP 1

	7% Withheld	Earned	Remaining (Unearned)
AH	$ 200,728.11	$ -	$ 200,728.11
BJKP	$ 82,374.00	$ -	$ 82,374.00
CSH	$ 87,005.09	$ -	$ 87,005.09
FC	$ 49,133.94	$ -	$ 49,133.94
County	$ 64,301.23	$ -	$ 64,301.23
Total	$ 483,542.37	$ -	**$ 483,542.37**

Remaining Primary Care

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

STEP 2 ***STEP 3***

	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
AH	$ 2,867,544.36	39,281	42%	$ 200,728.11
BJKP	$ 1,176,771.43	16,120	17%	$ 82,374.00
CSH	$ 1,242,929.86	17,026	18%	$ 87,005.09
FC	$ 701,913.43	9,615	10%	$ 49,133.94
County	$ 918,589.00	12,583	13%	$ 64,301.23
Total	**$ 6,907,748.07**	**94,627**	100%	**$ 483,542.37**

RHC assumed that each PCHC would have met specialty care referral metric if not for the crisis. Therefore, each PCHC will receive its proportionate share of the remaining PIP as calculated in the following table.

Table 2C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC given that the specialty referral metric was met.

Step 4

	PCHC Proportionate Share	IPW	RPCIFP
AH	$ 200,728.11	100%	$ 200,728.11
BJKP	$ 82,374.00	100%	$ 82,374.00
CSH	$ 87,005.09	100%	$ 87,005.09
FC	$ 49,133.94	100%	$ 49,133.94
County	$ 64,301.23	100%	$ 64,301.23
Total	**$ 483,542.37**		**$ 483,542.37**

The total amount due to each PCHC for the January - June 2021 reporting period is summarized as follows:

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

	7% Withheld	Earned	RPCIFP	Total Due to Providers	State/Fed Portion	Local Portion
AH	$ 200,728.11	$ -	$ 200,728.11	$ 200,728.11	158,073.38	42,654.73
BJKP	$ 82,374.00	$ -	$ 82,374.00	$ 82,374.00	64,869.53	17,504.47
CSH	$ 87,005.09	$ -	$ 87,005.09	$ 87,005.09	68,516.51	18,488.58
FC	$ 49,133.94	$ -	$ 49,133.94	$ 49,133.94	38,692.98	10,440.96
County	$ 64,301.23	$ -	$ 64,301.23	$ 64,301.23	50,637.22	13,664.01
Total	$ 483,542.37	$ -	$ 483,542.37	**$ 483,542.37**	380,789.62	102,752.75

Conclusion

The incentive payments summarized in Table 2D will be issued to the health centers no later than September 30, 2021. All the incentive funds will be paid to the health centers and none will be redirected for administrative or infrastructure payments.

Final 9/19/2021

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	Jul-Dec 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	Jul-Dec 19
TIER 1 OUTCOMES																									
1 - New patients (1 visit)	80%	67%	65%	74%	70%	72%	72%	75%	77%	74%	71%	64%	69%	71%	75%	83%	80%	66%	53%	70%	62%	58%	62%	70%	64%
2 - Patients with chronic diseases (2 visits)	80%	83%	80%	86%	84%	87%	86%	87%	87%	90%	84%	84%	81%	87%	92%	94%	96%	93%	83%	86%	87%	93%	98%	97%	98%
3 - Patients with diabetes HgbA1c tested	85%	87%	91%	92%	95%	90%	97%	89%	98%	97%	96%	96%	86%	48%	91%	86%	100%	92%	93%	85%	96%	94%	100%	96%	100%
4 - Patients with diabetes HgbA1c <9%	60%	60%	61%	60%	70%	73%	68%	65%	65%	55%	63%	82%	54%	58%	77%	47%	63%	63%	57%	65%	50%	61%	79%	67%	85%
5 - Hospitalized Patients	50%	87%	83%	85%	96%	95%	75%	91%	91%	88%	100%	71%	71%	73%	88%	64%	83%	93%	44%	44%	50%	54%	78%	59%	53%
TIER 2 OUTCOME																									
Referral Rate to Specialists	680/1000	277	272	280	281	308	316	394	321	333	343	372	342	345	287	322	272	277	233	250	265	289	208	307	277

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	Jul-Dec 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	Jul-Dec 19
TIER 1 OUTCOMES																									
1 - New patients (1 visit)	80%	80%	81%	78%	80%	89%	85%	88%	82%	84%	79%	81%	84%	72%	80%	58%	60%	66%	62%	72%	75%	81%	79%	79%	79%
2 - Patients with chronic diseases (2 visits)	80%	89%	96%	85%	95%	93%	96%	94%	94%	96%	92%	86%	93%	92%	82%	90%	96%	84%	86%	91%	88%	99%	90%	95%	95%
3 - Patients with diabetes HgbA1c tested	85%	100%	100%	89%	100%	94%	90%	85%	100%	94%	95%	92%	100%	89%	81%	90%	89%	74%	97%	85%	100%	100%	96%	97%	98%
4 - Patients with diabetes HgbA1c <9%	60%	75%	71%	68%	68%	83%	95%	69%	81%	76%	74%	71%	59%	56%	62%	61%	67%	60%	60%	52%	69%	77%	76%	64%	59%
5 - Hospitalized Patients	50%	64%	50%	67%	75%	75%	100%	80%	100%	88%	60%	57%	88%	67%	62%	60%	87%	77%	70%	50%	57%	52%	80%	80%	94%
TIER 2 OUTCOME																									
Referral Rate to Specialists	680/1000	599	518	528	521	506	497	553	565	595	575	590	544	425	346	337	348	370	360	375	354	365	341	456	346

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	Jul-Dec 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	Jul-Dec 19
TIER 1 OUTCOMES																									
1 - New patients (1 visit)	80%	87%	88%	89%	95%	81%	81%	80%	80%	82%	78%	82%	84%	72%	74%	74%	74%	72%	68%	75%	75%	73%	72%	71%	73%
2 - Patients with chronic diseases (2 visits)	80%	92%	97%	97%	92%	88%	86%	81%	84%	92%	92%	96%	90%	86%	86%	90%	91%	88%	86%	87%	87%	92%	89%	90%	88%
3 - Patients with diabetes HgbA1c tested	85%	89%	92%	89%	77%	85%	87%	67%	88%	86%	97%	97%	93%	80%	90%	90%	91%	87%	94%	85%	97%	94%	97%	96%	93%
4 - Patients with diabetes HgbA1c <9%	60%	68%	80%	65%	61%	73%	40%	42%	71%	61%	68%	84%	78%	63%	68%	60%	66%	69%	65%	60%	66%	63%	69%	76%	64%
5 - Hospitalized Patients	50%	83%	65%	80%	100%	62%	100%	61%	64%	65%	65%	59%	78%	81%	78%	78%	91%	88%	71%	71%	75%	68%	82%	68%	75%
TIER 2 OUTCOME																									
Referral Rate to Specialists	680/1000	484	506	536	559	580	501	538	578	621	597	644	710	363	338	351	349	366	346	395	370	391	372	431	400

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.

Incentive protocols have been suspended since January 1, 2020, to allow providers to focus solely on providing care amid the COVID-19 emergency response.