

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

Demonstration Year: 7 (October 1, 2015 – September 30, 2016)  
Federal Fiscal Quarter: 3/2016 (April 1, 2016 – June 30, 2016)

**Introduction:**

On July 28, 2010, CMS approved the State of Missouri’s “Gateway to Better Health” Demonstration, which preserved access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The Demonstration was amended in June 2012 to enable the Safety Net Pilot Program to be implemented by July 1, 2012. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net maintained access to primary and specialty care. CMS approved a one-year extension of the Demonstration on September 27, 2013, July 16, 2014 and again on December 11, 2015. 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 the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA);
- II. Connect the uninsured to a primary care home which will enhance coordination, quality and efficiency of health care through patient and provider involvement;
- III. Maintain and enhance quality service delivery strategies to reduce health disparities.

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

From July 1, 2012, to December 31, 2013, the pilot program provided primary, urgent and specialty care coverage to uninsured adults in St. Louis City and St. Louis County, aged 19-64, who were below 133% of the Federal Poverty Level (FPL). The Demonstration was scheduled to expire December 31, 2013. The Missouri legislature did not expand Medicaid eligibility during its 2013, 2014, 2015 or 2016 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, or until Missouri’s Medicaid eligibility is expanded to include the waiver population.

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

disparities among populations in St. Louis City and County; and improve health outcomes among populations in St. Louis City and County, especially among those most at risk.

In order to meet the requirements for the Demonstration project, the State of 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 Attachment I). 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 third quarter of Demonstration Year 7 (April 1, 2016 – June 30, 2016).

**Enrollment Information:**

As of June 30, 2016, 18,978 unique individuals were enrolled in the Gateway to Better Health. As of January 1, 2016, the Gateway enrollment cap is at 21,423 (per the STCs issued December 2015), leaving room for approximately 2,445 new members under 100% FPL. There were no program wait lists during this quarter of the Pilot Program.

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

<b>Health Center (Tier 1 and Tier 2)</b>	<b>Unique Individuals Enrolled as of June 2016</b>	<b>Enrollment Months April - June 2016</b>
BJK People’s Health Centers	3,277	9,992
Family Care Health Centers	1,382	4,154
Affinia Healthcare (formerly known as Grace Hill)	8,042	24,236
Myrtle Hilliard Davis Comprehensive Health Centers	3,598	10,930
St. Louis County Department of Public Health	2,679	8,077
<b>Total for All Health Centers</b>	<b>18,978</b>	<b>57,389</b>

*\*Enrollment numbers are based on MO HealthNet enrollment data as of July 1, 2016.*

**Outreach/Innovation Activities:**

Each month the SLRHC shares information and gathers input about the Demonstration from its 20-member board, and its 30-member Community and Provider Services Advisory boards. Full rosters of these boards may be found at [www.stlrhc.org](http://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 Attachment I of this report).

The SLRHC conducts orientation sessions for members of the pilot program on a regular basis. The sessions are open to all members but targeted towards those members enrolled in the program in the last six months. To date, more than 700 members have attended orientation sessions since its implementation in March 2015. Member orientations provide an avenue for the SLRHC to explain the program to new Gateway members and to gather feedback from patients. Sessions held during the third quarter (April – June 2016) are listed below:

<b>Organization</b>	<b>Session Date</b>
St. Louis County Department of Public Health	April 12, 2016 April 15, 2016 April 20, 2016
Affinia Healthcare (formerly known as Grace Hill)	May 27, 2016

Participants from member orientations held in the third quarter were asked to evaluate the effectiveness of each orientation session at its conclusion. As a result of member orientations, 86% of members felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 85% of members felt very confident or somewhat confident that they can navigate receiving health care service at their health center, and 90% of members felt the orientation sessions was very helpful or somewhat helpful.

On June 21, 2016, a Post Award Public Input Session was held to inform the public on the progress of the Gateway demonstration. The notice for this meeting was posted on the MO HealthNet web site 30 days in advance. The meeting was held as part of the regularly scheduled Community Advisory Board of the St. Louis Regional Health Commission, with approximately 22 people in attendance. Attendees received information on the number of people served and the number of services and visits provided by Gateway each year. The current membership of the program, including the distribution of chronic conditions and a demographic profile of Gateway members was also presented. An overview of patient and provider satisfaction feedback, as well as results from quality metrics, were reviewed. The audience was given an opportunity to provide feedback on the program’s progress to date. Attendees expressed their satisfaction with the progress of the Demonstration and their support for the continued work of the Demonstration, including the implementation of trauma informed practices within the health centers. Comments from attendees included: “Gateway to Better Health has been essential for students at the community college with limited educational benefits” and “Thank you for what you do!”

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

<b>Team</b>	<b>Meeting Date</b>
Provider Services Advisory Board Meeting	April 4, 2016
Gateway to Better Health Operations Subcommittee Meeting	April 14, 2016
Community Advisory Board Meeting	April 19, 2016
Provider Services Advisory Board Meeting	May 3, 2016
Community Advisory Board Meeting	May 17, 2016
Commission Monthly Board Meeting	May 18, 2016
Gateway to Better Health Pilot Program Planning Team	June 6, 2016
Provider Services Advisory Board Meeting	June 7, 2016
Commission Monthly Board Meeting	June 15, 2016
Community Advisory Board Meeting	June 21, 2016

Screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more than 32,500 individuals in MO HealthNet programs, including but not limited to:

- 3,444 adults approved for MO HealthNet for the Aged, Blind, or Disabled; and
- 3,505 adults approved for MO HealthNet for Families.

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted 740 applications on average each month during the quarter. With the eligibility review process for Gateway members and other factors, the program experienced an average net loss of roughly 167 members each month during this quarter.

**Operational/Policy Development/Issues:**

No operational or policy issues to report for this quarter.

**Financial/Budget Neutrality Development/Issues:**

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

**Consumer Issues:**

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

From April – June 2016, the call center answered 3,937 calls, averaging approximately 62 calls per day. Of calls answered during this time, 15 (<1%) resulted in a consumer complaint. The 15 consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter was related to patient access to care including, prescription medication and appointment scheduling. The type and number of complaints received during this period of time are outlined below

Table 2. Summary of Consumer Complaints, April 1, 2016 – June 30, 2016\*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	8	<p>Patients (3) reported difficulty scheduling new patient appointments. The patients were contacted and appointments were scheduled.</p> <p>Patients (2) reported difficulty obtaining prescriptions and dissatisfaction with suggested treatment plan. The patients were able to obtain the medications and/or the provider reviewed the treatment plan with the patients.</p> <p>Patient (1) reported difficulty receiving test results. The health center contacted the specialty care provider to receive test results and scheduled a follow-up appointment with the patient.</p> <p>Patient (1) reported difficulty scheduling an appointment at their health center’s dental clinic. The health center contacted the patient and scheduled an appointment.</p> <p>Patient (1) reported a long wait time at urgent care. The health center manager spoke with the patient and the patient was seen immediately.</p>
Transportation	1	<p>Patient (1) reported Logisticare was unable to provide transportation for two subsequent appointments on the same day. The patient was contacted and offered an apology. New transportation arrangements were scheduled for the patient’s appointments.</p>
Quality of Care	6	<p>Patients (3) reported dissatisfaction with treatment received at health center. The patients elected to switch health centers.</p> <p>Patients (2) reported dissatisfaction with dental care received at health center. Health center staff contacted the patients to discuss and resolve issues. Patients were provided the option to see a different dental provider.</p> <p>Patient (1) reported dissatisfaction with a follow-up appointment. The patient elected to switch health centers.</p>

\*Reported consumer complaints are based on Automated Health Systems data as of July 6, 2016

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

No policy, administrative or budget issues have been identified 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 populations it serves. Representatives from the provider organizations meet regularly to evaluate clinical, consumer and financial issues related to the program.

The SLRHC conducts satisfaction surveys with referring physicians (including support staff) and Gateway to Better Health enrollees on a regular basis. Results from the most current reporting periods are available below:

Patient Satisfaction Survey Results

In the March – June 2016 reporting period, a total of 764 patients participated in the survey. In general, Gateway patients are highly satisfied with the services they receive and 98% of respondents indicated that they would recommend their health center to others. Detailed results are outlined below:

*Patient Satisfaction Survey Results for Primary Care Services, March - June 2016\**

<b>Survey Item</b>	<b>Average Ratings*</b>
Doctor and staff listened and explained things well	4.63
Overall quality of service	4.61

*\*5-point rating scale (1= Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent)*

When asked how their experience with the health centers could be improved for future visits, 53% of respondents had positive feedback for the health centers and expressed gratitude for the program. While, 21% of respondents indicated wait times to be seen once arrived for the appointment as their main issue with their experience at the health centers.

Provider Satisfaction Survey Results

Provider satisfaction surveys were distributed to the five primary care health centers in the Gateway provider network to assess both referring providers’ and support staff’s experience with the referral process for the program. In the July – December 2015 reporting period, a total of 33 surveys were collected. Overall throughout the pilot program, satisfaction among primary care providers has shown little to no change. The SLRHC regularly meets with referral staff and providers at the health centers to identify sources of dissatisfaction and have communicated trending issues to specialty care providers within the Gateway network.

The lowest scores during the July - December 2015 reporting period were related to the ease of contacting the rendering provider. Detailed results for the most recent reporting period are outlined below:

*Provider Satisfaction Survey Results, January - June, 2015\**

<b>Survey Item</b>	<b>Average Ratings*</b>
Overall ease of scheduling a consultation	2.0
Ease of contacting the rendering provider	1.9
Helpfulness and courtesy of staff when scheduling	2.1
Timeliness of available appointments	2.0
Report from consultation provider, did you receive it?	2.0
Report from consultation provider, was it meaningful?	3.0
Rendering specialist available to speak with you?	2.4

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

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

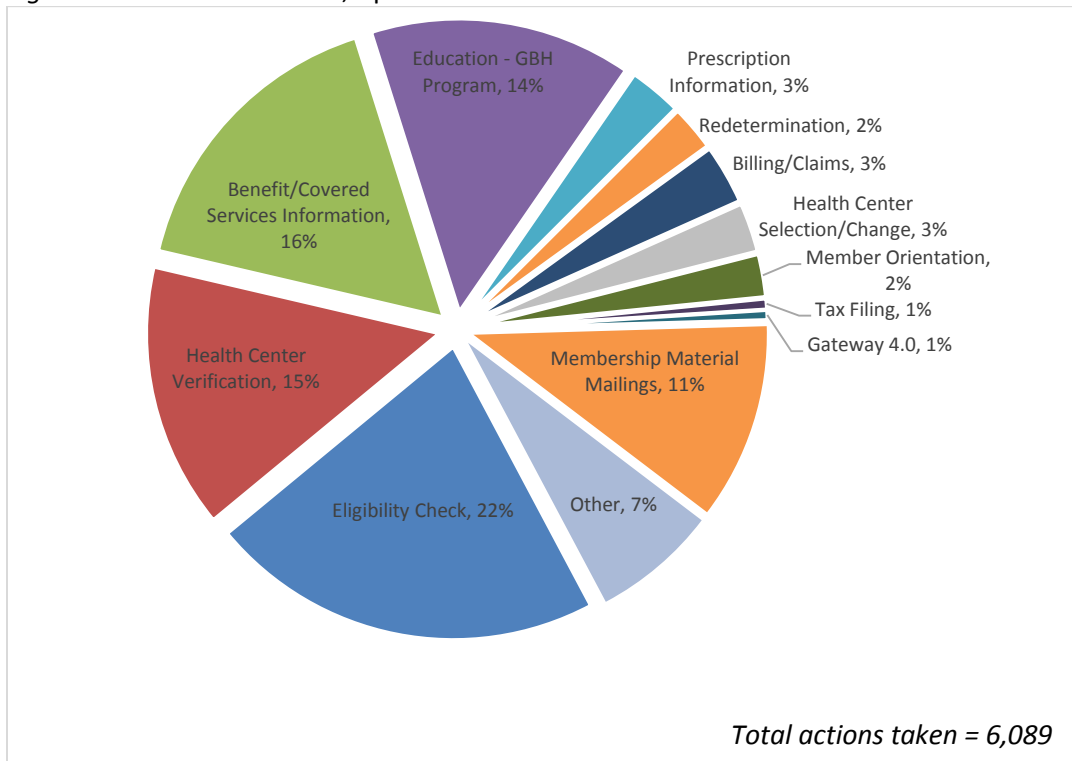
Call Center Performance

Table 3. Call Center Performance, April – June 2016\*

Performance Measure	Outcome
Calls received	3,937
Calls answered	3,802
Abandonment rate	3.4%
Average answer speed ( <i>seconds</i> )	23
Average length of time per call ( <i>minutes: seconds</i> )	3:45

\*Call center performance metrics are based on Automated Health Systems data as of July 6, 2016.

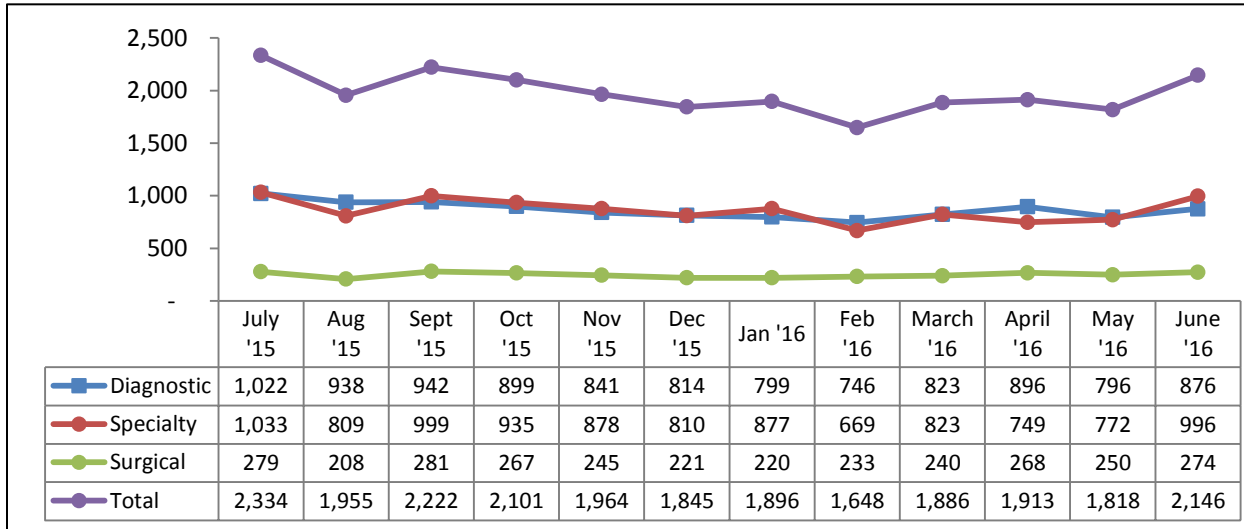
Figure 1. Call Center Actions, April – June 2016\*



\*Reported call center actions are based on Automated Health Systems data as of July 6, 2016.

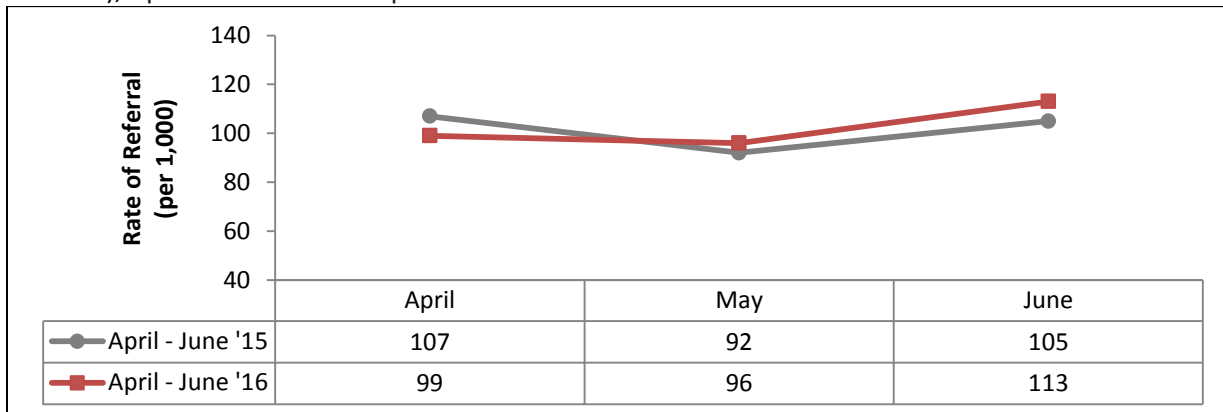
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, July 2015 – June 2016\*



\*Reported medical referrals are based on Automated Health Systems data as of July 6, 2016.

Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), April - June 2015 vs. April - June 2016\*

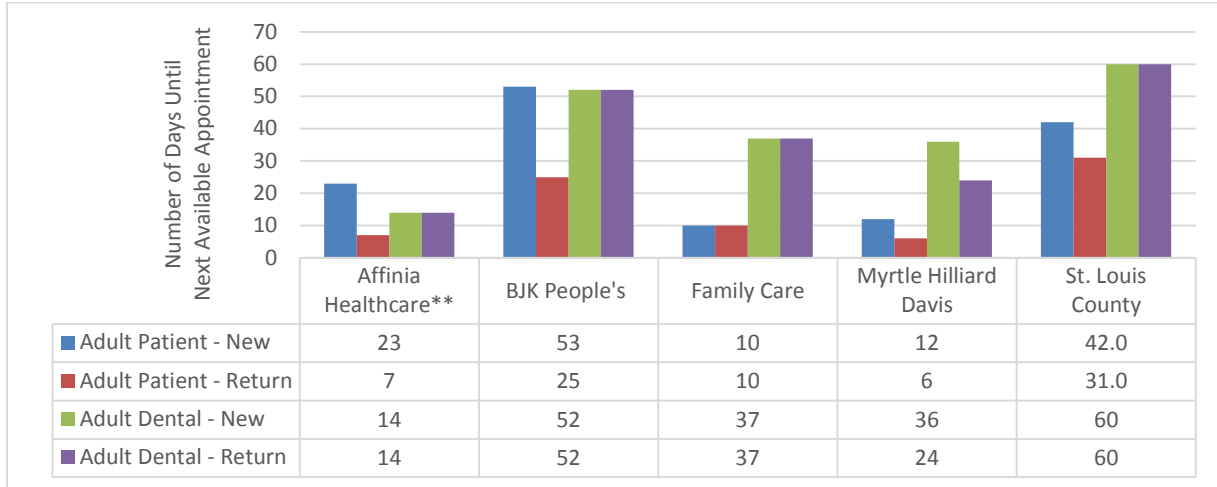


\*Reported rates of medical referrals are based on Automated Health Systems data as of July 6, 2016. Referral types include diagnostic, specialty and surgical procedures. Rate of referral is determined by using the total referrals divided by the average monthly enrollment.



Primary Care Appointment Wait Times

Figure 4. Primary Care Wait Times (Non-Urgent Appointments in Days), as of June 30, 2016\*



\*Wait times self-reported by individual health center as of June 30, 2016, and are calculated for Gateway patients only.

\*\*Affinia Healthcare was formerly known as Grace Hill Health Center.

**Updates on Provider Incentive Payments:**

Table 4. Summary of Provider Payments and Withholds, April - June 2016\*

Providers	Provider Payments Withheld	Provider Payments Earned**
BJK People's Health Centers	\$ 39,234	\$ 535,721
Family Care Health Centers	\$ 16,094	\$ 219,817
Affinia Healthcare (formerly known as Grace Hill)	\$ 93,714	\$ 1,280,024
Myrtle Hilliard Davis Comprehensive Health Centers	\$ 42,892	\$ 585,852
St. Louis County Department of Public Health	\$ 31,212	\$ 426,150
Voucher Providers	\$ -	\$ 2,450,025
Total for All Providers	\$ 223,146	\$ 5,497,588

\*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 July 7, 2016 for reporting period April - July 2016.

\*\*Amount represents payments made during the quarter, net of incentive withholds.

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

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

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

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

Pay for performance results for the January – June 2016 reporting period are pending at this time and will be provided in future quarterly reports.

**Updates on Budget Neutrality Worksheets:**

Please see attached worksheets (Attachment II).

**Evaluation Activities and Interim Findings:**

The SLRHC and the State of Missouri continues to track program outcomes, which will be reported in the annual report for the current demonstration year.

**Updates on Effects of Offering Brand Name Insulin and Inhalers:**

Starting January 1, 2016, Gateway began providing coverage for brand name insulin and inhalers, as there are no generic alternatives to these medications at this time. To measure the success of this new benefit on beneficiaries, each quarter the STLRHC tracks the number of these prescriptions provided to patients. Data for the third quarter of the Demonstration Year 7 is provided below:

*Table 5. Number of Insulin and Inhalers Prescriptions Filled by Health Center, April – June 2016\**

<b>Providers</b>	<b>Brand Name Insulin Filled</b>	<b>Brand Name Inhalers Filled</b>	<b>Total Brand Name Drugs Filled</b>
BJK People’s Health Centers	240	379	619
Family Care Health Centers	110	160	270
Affinia Healthcare (formerly known as Grace Hill)	721	1,035	1,756
Myrtle Hilliard Davis Comprehensive Health Centers	392	235	627
St. Louis County Department of Public Health	99	403	502
<b>Total for All Providers</b>	<b>1,562</b>	<b>2,212</b>	<b>3,774</b>

*\*Data based on actuarial analysis from Wakely Consulting Group as of June 30, 2016.*

The pilot program also tracks a number of quality indicators relevant to patients utilizing the new benefit to measure its effect on their health outcomes. The measures below are collected in six month reporting periods through the Incentive Payment Protocol:

- Number of patients with chronic diseases with at least two office visits within one year;
- Number of patients with diabetes with one HgbA1c test within six months; and
- Number of patients with diabetes with an HgbA1c less than or equal to 9%.

Below is baseline data for the reporting period prior to the addition of brand name insulin and inhaler coverage to the benefits package (July – December 2015). Trends for these metrics will be tracked and provided in future reports, as available.

*Table 6. Percentage of Patients who met Insulin and Inhalers Metrics, July – December 2015\**

<b>Providers</b>	<b>Patients with Chronic Disease with 2 Office Visits within 1 year</b>	<b>Diabetics with HgbA1c test within 6 months</b>	<b>Diabetics with HgbA1c less than or equal to 9%</b>
BJK People’s Health Centers	96%	89%	67%
Family Care Health Centers	95%	100%	68%
Affinia Healthcare (formerly known as Grace Hill)	84%	95%	70%
Myrtle Hilliard Davis Comprehensive Health Centers	96%	100%	63%
St. Louis County Department of Public Health	92%	77%	61%
<b>All Providers</b>	<b>91%</b>	<b>91%</b>	<b>66%</b>

*\*Based on Pay-for-Performance data as of March 7, 2016. All providers were within Gateway to Better Health thresholds for each metric, except St. Louis County Department of Public Health for the patients with diabetes with an HgbA1c test within 6 months of the reporting period metric.*

Data for these metrics from the January – June 2016 pay-for-performance reporting period will be provided in the DY7Q4 quarterly report to compare to baseline.

**Enclosures/Attachments:**

Attachment I: Gateway Team Rosters

Attachment II: Updated Budget Neutrality Worksheets

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**Date Submitted to CMS:**

August 23, 2016



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