

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: 2/2021 (January 1, 2021 – March 31, 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 provider involvement; and
- III. Maintain and enhance quality service delivery strategies to reduce health disparities.

For the first two years of the Demonstration, through June 30, 2012, certain providers referred to as Affiliation Partners were paid directly for uncompensated care. These providers included St. Louis

ConnectCare, Affinia Healthcare, and CareSTL Health. 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 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 second quarter of Demonstration Year 12 (January 1, 2021 – March 31, 2021).

Enrollment Information:

As of April 1, 2021, 15,740 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 15,316 member months. The SLRHC will continue to monitor enrollment as the fiscal year progresses. 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 April 1, 2021	Enrollment Months January – March 2021
BJK People’s Health Centers	2,654	7,886
Family Care Health Centers	1,600	4,711
Affinia Healthcare	6,561	19,417
CareSTL Health	2,831	8,384
St. Louis County Dept. of Health	2,094	6,217
Total	15,740	46,615

*Enrollment numbers are based on MO HealthNet enrollment data as of April 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 I of this report.

The SLRHC typically conducts orientation sessions for members of the Pilot Program on a regular basis. The sessions are open to all members but targeted toward those members newly enrolled in the program during the last six months. To date, more than 1,651 members have attended orientation sessions since its implementation in March 2015. Member orientations provide an avenue for the SLRHC to explain the program to new Gateway members and to gather feedback from patients. As of January 2017, member orientations are held twice a year at each site. Due to the COVID-19 pandemic, no member orientation sessions were held during the second quarter of the fiscal year (January 1, 2021 – March 31, 2021). However, the SLRHC was able to virtually hold the regularly scheduled meetings for its public Advisory Boards to gather input around the Demonstration. Public meetings held during the second quarter are listed below:

Team	Meeting Date
Provider Services Advisory Board Meeting	January 5, 2021
Community Advisory Board Meeting	January 19, 2021
SLRHC Commission Meeting	January 20, 2021
Patient Advisory Board Meeting	January 25, 2021
Provider Services Advisory Board Meeting	February 2, 2021
Gateway Pilot Planning Team Meeting	February 2, 2021
Community Advisory Board Meeting	February 16, 2021
SLRHC Commission Meeting	February 17, 2021
Patient Advisory Board Meeting	February 22, 2021
Provider Services Advisory Board Meeting	March 2, 2021
Community Advisory Board Meeting	March 16, 2021
SLRHC Commission Meeting	March 17, 2021
Patient Advisory Board Meeting	March 22, 2021

On average, the Gateway program received 413 applications per month during the quarter. The Demonstration continues to experience lower application rates than is typically observed. This dip in applications is attributed to uncharacteristic patient volumes across Gateway to Better Health provider locations due to the COVID-19 pandemic. A substantial portion of Gateway to Better Health patients enroll in the program when visiting the Demonstration's primary care provider sites to access care. Although the program experienced a lower application rate than is typically seen, the Missouri Department of Social Services' (DSS) suspension of disenrollment resulted in the program experiencing an average monthly gain of 131 members across the quarter.

As has been shared in previous reports, the SLRHC continued its support of collaborative work that ensures the most vulnerable residents across the region continue to have access to up-to-date and accurate information concerning the spread of COVID-19. The SLRHC, local health departments, and other public health organizations have joined forces around a cooperative communication campaign, PrepareSTL, to educate St. Louisans on the effects of COVID-19, how to stop its spread, and how to survive the pandemic physically, emotionally, and economically. PrepareSTL targets disproportionately impacted community members, specifically African Americans, immigrants, low to moderate income residents, and seniors living in St. Louis City and County. Additionally, the SLRHC serves on the steering committee for the COVID-19 Regional Response Team (RRT). The RRT is working to build a centralized system of response across the St. Louis region intended to strengthen the resilience and recovery of the populations most affected by COVID-19.

This quarter, the SLRHC, PrepareSTL, and the RRT led the development of media campaigns and marketing materials that centered on vaccine education, vaccination access, and patient choice, as well as promoting community health and well-being throughout the crisis. PrepareSTL and the RRT recruited over two hundred community members to launch a "Community Health Champion Peer-to-Peer Outreach Program", designed to use word-of-mouth communication to educate the community about vaccines. In addition to the recruitment of the Community Health Champions

(CHCs) needed to lead this work, the outreach team also recruited a set of volunteer medical professionals to serve as vaccine educators on behalf of the project. Vaccine educators train the CHCs on basic COVID-19 vaccination information and are on call to answer questions as the CHCs lead vaccine conversations within their communities. The CHC program recognizes that peer-based engagement is an effective means of sharing basic information about health, especially when it is supported by expertise, and led by people who are trusted within the community. This outreach being spearheaded by the SLRHC and its partners, will bolster recovery efforts for those across the St. Louis region that are disproportionately affected by COVID-19, including Gateway to Better Health patients.

Furthermore, in September 2020, the SLRHC partnered with regional hospitals, the St. Louis Metropolitan Pandemic Task Force, and PrepareSTL to establish a system of communication for developed materials around vaccination awareness. VaccinateSTL.org, housed on the SLRHC's website, provides local vaccine roll-out information, connects patients to vaccine education, as well as vital community resources. This resource was originally developed in late 2020 as a means to connect the St. Louis region to free seasonal flu vaccination events provided by SLRHC health care partners, with the intent to transition to a COVID-19 resource as a vaccine was made available to the public at large. This fiscal quarter, the resource transitioned to COVID-19 information as vaccines became available in Missouri. As additional resources develop across the region, Vaccinate STL will continue to connect residents with clear facts, choice-centered vaccine education, and community resources integral to COVID-19 pandemic recovery efforts.

Operational/Policy Development/Issues:

The SLRHC has several operational updates to report during the second quarter (January 1, 2021 – March 31, 2021).

At the close of the previous fiscal quarter, each Gateway to Better Health center had received accreditation to provide COVID-19 vaccinations to eligible patients under the guidelines established by Missouri's Advisory Committee for Equitable COVID-19 Vaccine Distribution. As the vaccine became available across the state, each provider maintained individual waitlists for their existing eligible patients to access the vaccine. Currently, all Gateway to Better Health patients can access a free COVID-19 vaccine through their primary care health home. All five primary care partners also continue to provide access to free COVID-19 testing for Gateway to Better Health members.

Throughout the pandemic, Gateway clinics have been operating at nearly full capacity. At the time of this reporting, providers continue to operate with slightly reduced hours alongside changes in clinic location availability, as they balance the demand to provide COVID-19 testing as well as accommodating community vaccination needs. When appropriate, telehealth visits continue to be offered to patients as a safer means of treatment to reduce unnecessary in person contact. In response to availability of the COVID-19 vaccine, the St. Louis County Department of Public Health consolidated its three primary care clinic locations down to two sites this quarter, in order to devote one location

entirely to regional vaccination efforts. St. Louis County's vaccination location is expected to reopen fully to include its typical primary care services in quarter three of this fiscal year. Additionally, Affinia Healthcare and CareSTL Health have each allocated walk-in locations and specific timeframes for their patients, as well as the general community, to access vaccinations. BJK People's Health Centers and Family Care Health Centers are also partnering directly with their patient base to ensure vaccines are available.

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 second quarter of the federal fiscal year and ensured that continuity of care remains stable for Gateway patients throughout this crisis.

Additionally, the Demonstration launched its physical function improvement benefit this quarter, which was approved by CMS 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. This quarter, the benefit launched across Gateway's primary care health clinics and patients have begun accessing treatment. The Demonstration will continue to provide updates as data becomes available.

Finally, two provider updates exist this reporting cycle. Gateway's contracted transportation provider, LogistiCare, changed their company name to ModivCare as of January 4, 2021. This change will not affect patient benefits or access to services. Additionally, effective January 1, 2021, the SLRHC has a memorandum of understanding with Washington University School of Medicine's (WUSM) Department of Ophthalmology & Visual Sciences, allowing WUSM to provide Gateway's core primary care optometry services on behalf of the St. Louis County Department of Public Health. Through this agreement, St. Louis County patients can receive their covered eye exam services via WUSM. This change does not affect patient access to services.

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 second 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 January 1, 2021 – March 31, 2021, the call center answered 2,849 calls, averaging approximately 47 calls per business day. Of calls answered during this time, 14 (<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. The type and number of complaints received during this period are outlined below:

*Table 2. Summary of Consumer Complaints, January 1, 2021 – March 31, 2021**

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Member Services	1	Patient (1) is dissatisfied with treatment and coordination of care. The health center was alerted. The patient has the option to change health centers.
Access to Care	5	<p>Patient (1) reported difficulty getting a prescription filled. The health center pharmacy does not carry the prescribed medication. The patient was notified of their options.</p> <p>Patient (1) reported difficulty obtaining a referral. The health center reached out to the patient. A timely appointment was scheduled.</p> <p>Patient (1) reported difficulty rescheduling an appointment. The scheduling department offered an apology. The appointment was rescheduled, and new appointments and transportation were scheduled.</p> <p>Patient (1) reported difficulty scheduling a follow-up appointment after an inpatient hospitalization. The health center reached out to the patient. A timely follow-up appointment was scheduled.</p> <p>Patient (1) reported difficulty scheduling a dental appointment. The appointment manager reached out to the patient. A timely dental appointment was scheduled.</p>
Transportation	8	<p>Patients (2) reported transportation was a no-show for a scheduled pick-up. ModivCare (formerly LogistiCare) followed up and apologized to the patients. In both instances, they explained what happened and provided instructions on how to report transportation issues using the "Where's My Ride" phone number.</p> <p>Patient (1) reported difficulty scheduling transportation through the health center. The health center followed up with the patient. Transportation scheduling protocol was reviewed.</p> <p>Patient (1) reported that ModivCare refused to schedule transportation due to previously cancelled trips. ModivCare reached out to the patient and scheduled the trip.</p> <p>Patient (1) reported difficulty with a return ride. ModivCare reached out to the patient and offered an apology. The patient was provided the "Where's My Ride" number to call for future return trips.</p> <p>Provider (1) reported long wait times trying to contact ModivCare over the phone. ModivCare reached out to the health center. They apologized for system issues. A direct extension was provided to assist with scheduling.</p> <p>Patient (1) reported difficulty with transportation scheduling. The health center worked with the patient to schedule transportation for an upcoming appointment.</p> <p>Patient (1) reported difficulty with transportation scheduling. ModivCare scheduled transportation for the patient.</p>

**Reported consumer complaints are based on Automated Health Systems data as of April 6, 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:

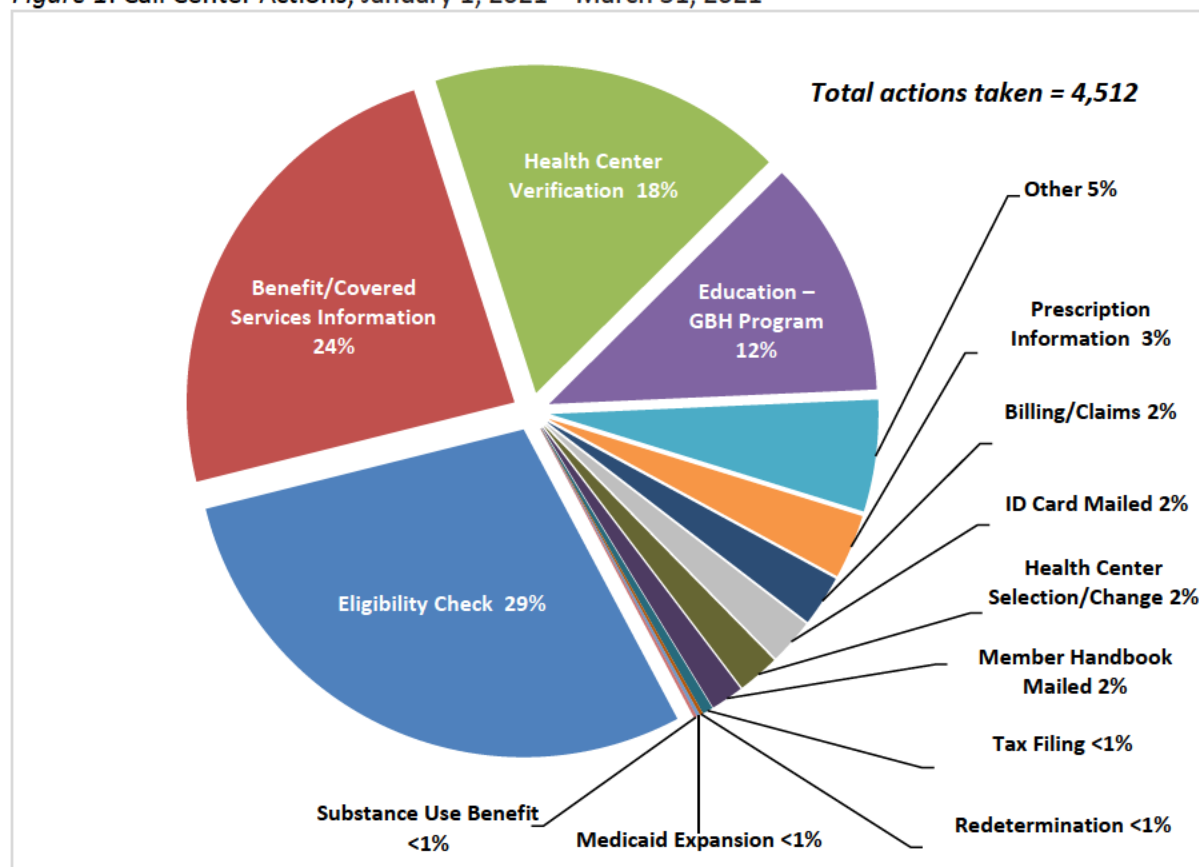
Call Center Performance

*Table 3. Call Center Performance, January 1, 2021 – March 31, 2021**

Performance Measure	Outcome
Calls received	2,881
Calls answered	2,849
Average abandonment rate	1.07%
Average answer speed (<i>seconds</i>)	7
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 April 6, 2021.*

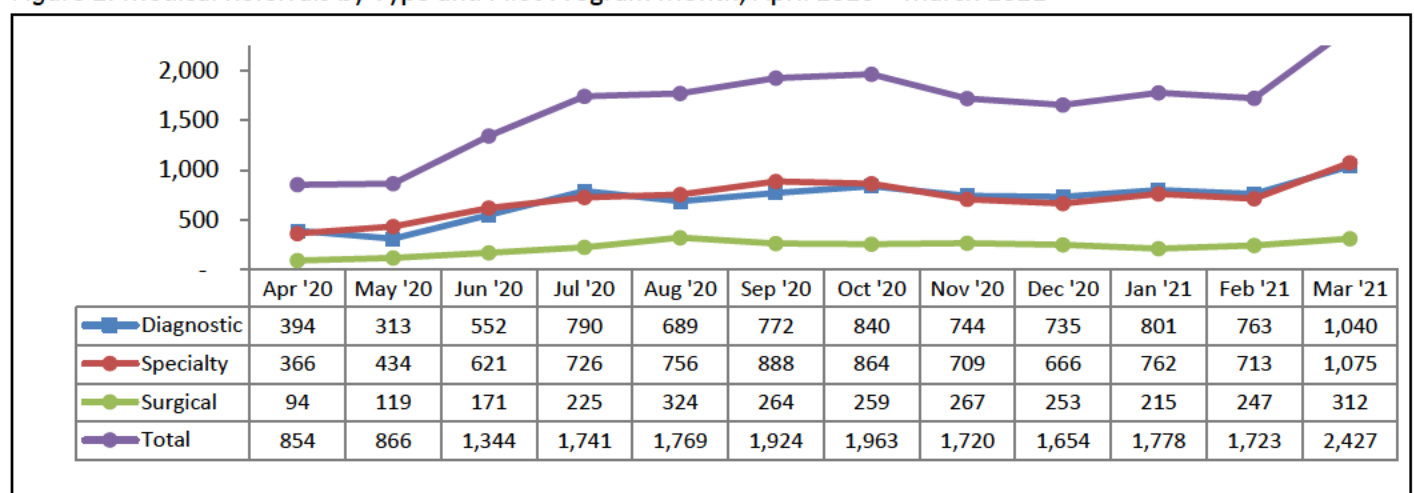
Figure 1. Call Center Actions, January 1, 2021 – March 31, 2021*



*Reported call center actions are based on Automated Health Systems data as of April 6, 2021.

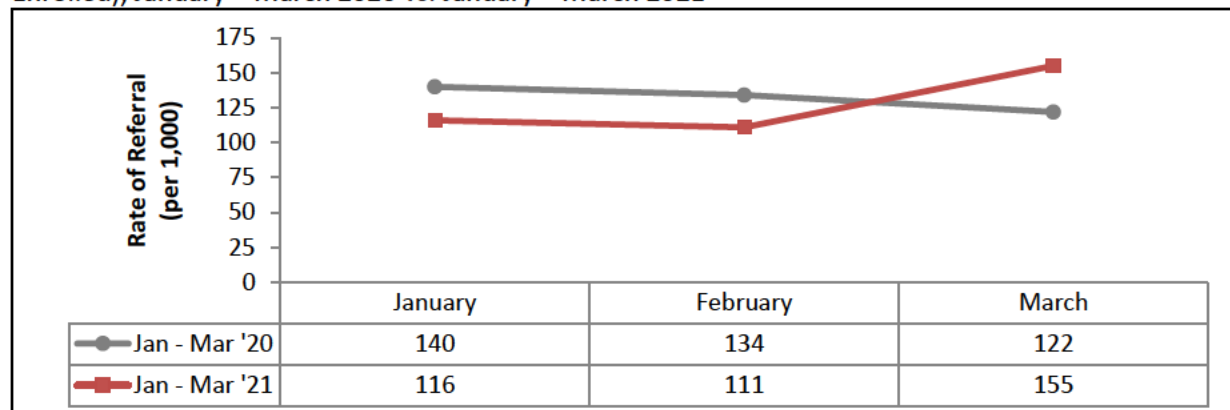
Access to Medical Referrals

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



*Reported call center actions are based on Automated Health Systems data as of April 6, 2021.

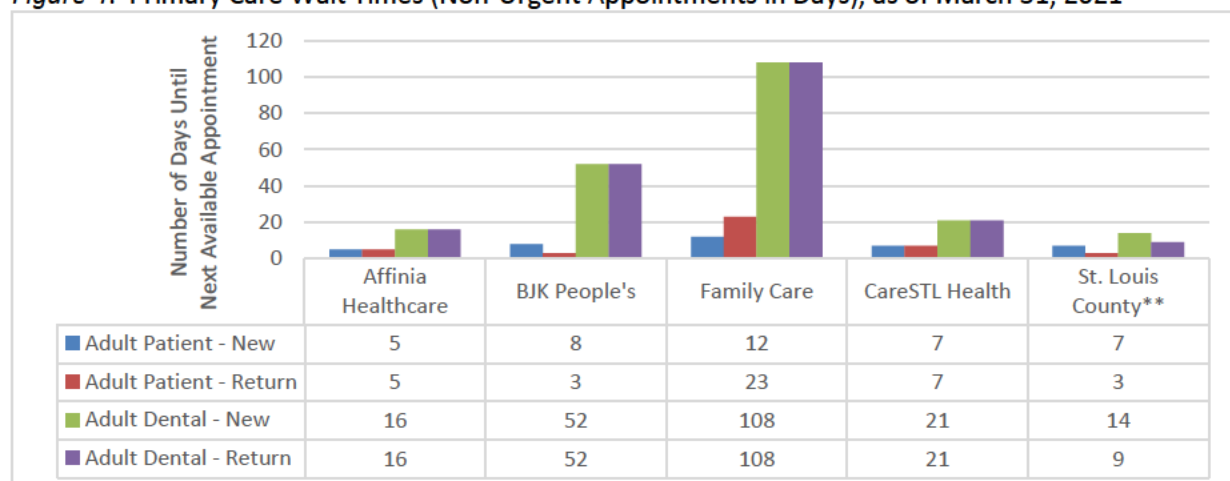
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), January – March 2020 vs. January – March 2021*



*Reported rates of medical referrals are based on Automated Health Systems data as of April 6, 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 March 31, 2021*



*Wait times are self-reported by individual health centers as of March 31, 2021 and calculated for Gateway patients only. Due to the Coronavirus (COVID-19) pandemic, health centers experienced abnormal wait times this quarter.

**As stated above, the St. Louis County Department of Public Health consolidated its three primary care clinic locations down to two sites this quarter, in order to devote one location entirely to regional COVID-19 vaccination efforts. Wait times this quarter are reflective of the two locations continuing to provide primary care.

Updates on Provider Incentive Payments:

*Table 4. Summary of Provider Payments and Withholds, January – March 2021**

Providers	Provider Payments Withheld	Provider Payments Earned**
Affinia Healthcare	\$99,782	\$1,556,687
BJK People's Health Centers	\$38,992	\$590,416
CareSTL Health	\$43,060	\$672,721
Family Care Health Centers	\$24,255	\$378,564
St. Louis County Department of Public Health	\$31,893	\$497,778
Voucher Providers	N/A	\$1,998,006
Total for All Providers	\$237,982	\$5,694,171

** 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 April 9, 2021 for reporting period January – March 2021.*

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

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

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

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

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. 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 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 July 1, 2020 - December 31, 2020 reporting period will be returned in full. The complete report outlining the payment structure for this reporting period can be found in Appendix II.

Updates on Budget Neutrality Worksheets:

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

Evaluation Activities and Interim Findings:

Alongside the external evaluator for the Gateway to Better Health Demonstration, Mercer Government Human Services Consulting (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 will be reported in the annual report of the current demonstration year.

Additionally, the Demonstration launched its newly incorporated physical function benefit this quarter. Physical function services include office visits for physical therapy, occupational therapy, chiropractic, and acupuncture services provided at the primary care health home. Through the addition of preventative physical function improvement services, the Demonstration expects to reduce reactive specialty care costs, while improving health outcomes for uninsured patients. A revised evaluation design, including metrics evaluating the new initiative, is currently under review by CMS. Measures will be outlined in future reports.

Finally, the Pilot Program Planning Team gathered this quarter to establish current capacity levels around evaluation collaboration for the Demonstration's health care organizations, as they navigate providing COVID-19 services. As stated above, it was determined by the Pilot team that pay-for-performance measures would be an unrealistic burden this cycle. The SLRHC also presented requirements around the annual Demonstration survey collection period for patients and providers connected to the project. The SLRHC conducts satisfaction surveys with referring physicians (including clinic support staff) and Gateway to Better Health enrollees on a regular basis. Patient and provider satisfaction evaluations are typically conducted in the early summer of each federal fiscal year. Results from these evaluations are provided in the Demonstration's annual report. 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. It was determined that the collection of this data would place an undue burden upon clinic partners. The SLRHC consulted Mercer and determined that the suspension of the survey period for Demonstration Year 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 for this federal fiscal year will not negatively impact the approved evaluation design. The measures and outcomes guaranteed in the Demonstration's evaluation design will 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)	
12/30/2021	Submit Draft Annual Report for DY12 (October 2020 – September 2021)	Section IX (#34/#35)	
12/30/2022	Submit Draft Annual Report for DY13 (October 2021 – September 2022)	Section IX (#34/#35)	
6/30/2024	Submit Summative Evaluation Report	Section XI (#48)	
9/1/2022	Submit Draft Final Operational Report	Section IX (#34/#35)	

Enclosures/Attachments

Appendix I: Gateway Team Rosters

Appendix II: Pay for Performance Results

State Contact(s):

[REDACTED]
[REDACTED]
[REDACTED]
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Submitted to CMS by May 30, 2021



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GATEWAY TO BETTER HEALTH

Pay-for-Performance Incentive Payment Results

Reporting Period: July - December 2020

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 July 1, 2020 – December 31, 2020 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 \$432,464.83, as summarized below by health center.

Table 1

Description		AH	BJKP	CSH	FC	County
Number of Criteria Met	<i>a</i>	0	0	0	0	0
Criteria Weight	<i>b</i>	20%	20%	20%	20%	20%
Incentive Pool Percentage Earned	<i>c = a x b</i>	0%	0%	0%	0%	0%
Incentive Amount Withheld	<i>d</i>	\$ 180,046.18	\$ 72,084.89	\$ 78,648.17	\$ 43,920.31	\$ 57,765.28
Incentive Amount Earned	<i>e = c x d</i>	\$ -	\$ -	\$ -	\$ -	\$ -
Remaining Balance in PCHC Pool	<i>f = d - e</i>	\$ 180,046.18	\$ 72,084.89	\$ 78,648.17	\$ 43,920.31	\$ 57,765.28

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	\$ 180,046.18	\$ -	\$ 180,046.18	
BJKP	\$ 72,084.89	\$ -	\$ 72,084.89	
CSH	\$ 78,648.17	\$ -	\$ 78,648.17	
FC	\$ 43,920.31	\$ -	\$ 43,920.31	
County	\$ 57,765.28	\$ -	\$ 57,765.28	
Total	\$ 432,464.83	\$ -	\$ 432,464.83	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	\$ 2,572,088.29	36,970	42%	\$ 180,046.18
BJKP	\$ 1,029,784.14	14,802	17%	\$ 72,084.89
CSH	\$ 1,123,545.29	16,150	18%	\$ 78,648.17
FC	\$ 627,433.00	9,019	10%	\$ 43,920.31
County	\$ 825,218.29	11,861	13%	\$ 57,765.28
Total	\$ 6,178,069.00	88,802	100%	\$ 432,464.83

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	\$ 180,046.18	100%	\$ 180,046.18
BJKP	\$ 72,084.89	100%	\$ 72,084.89
CSH	\$ 78,648.17	100%	\$ 78,648.17
FC	\$ 43,920.31	100%	\$ 43,920.31
County	\$ 57,765.28	100%	\$ 57,765.28
Total	\$ 432,464.83		\$ 432,464.83

The total amount due to each PCHC for the July - December 2020 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	\$ 180,046.18	\$ -	\$ 180,046.18	\$ 180,046.18	141,822.38	38,223.80
BJKP	\$ 72,084.89	\$ -	\$ 72,084.89	\$ 72,084.89	56,781.27	15,303.62
CSH	\$ 78,648.17	\$ -	\$ 78,648.17	\$ 78,648.17	61,951.16	16,697.01
FC	\$ 43,920.31	\$ -	\$ 43,920.31	\$ 43,920.31	34,596.03	9,324.28
County	\$ 57,765.28	\$ -	\$ 57,765.28	\$ 57,765.28	45,501.71	12,263.57
Total	\$ 432,464.83	\$ -	\$ 432,464.83	\$ 432,464.83	340,652.55	91,812.28

Conclusion

The incentive payments summarized in Table 2D will be issued to the health centers no later than March 31, 2021. All the incentive funds will be paid to the health centers and none will be redirected for administrative or infrastructure payments.