DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850

State Demonstrations Group

March 8, 2024

Todd Richardson
Director
Missouri HealthNet Division
Missouri Department of Social Services
P.O. Box 1527
Jefferson City, MO 65102-1527

Dear Director Richardson:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Missouri Gateway to Better Health Evaluation Design, which is required by the Special Terms and Conditions (STC), specifically, STC 40, of the section 1115 demonstration entitled, "Missouri Gateway to Better Health" (Project No: 11-W-00250/7), which concluded on December 31, 2022. CMS has determined that the Evaluation Design, which was amended to include the physical function improvement benefit component and submitted to CMS on October 31, 2020, and revised on May 28, 2021, meets the requirements set forth in the STCs and our evaluation design guidance, therefore, CMS approves the state's Evaluation Design. CMS acknowledges that this decision was made with a delay and was intended to be approved sooner.

In accordance with 42 CFR 431.424, the approved Evaluation Design may now be posted to the state's Medicaid website within thirty days. Please note, a Summative Evaluation Report, consistent with this approved Evaluation Design, is due to CMS within 18 months of the end of the demonstration period. In accordance with 42 CFR 431.428 and the STCs, we look forward to receiving updates on evaluation activities in the demonstration monitoring reports.

We appreciate our continued partnership on the Missouri Gateway to Better Health section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly -S

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Date: 2024.03.08 10:37:29 -05'00'

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Mandy Strom, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

State of Missouri

Gateway to Better Health Demonstration

Number 11-W-00250/7

Amended Evaluation Design

MAY 28, 2021

Table of Contents

I. General Background Information

A. Program History and Overview

The closure of the last public hospital in St. Louis in 2001 jeopardized the viability of the St. Louis healthcare safety net that provided healthcare services to uninsured and under insured individuals. The St. Louis Regional Health Commission (SLRHC) was formed and charged with developing strategies to improve the sustainability of the St. Louis healthcare safety net and improve health care access and delivery to this population in St. Louis. Over the next few years, an area of emerging concern was how to provide healthcare services for uninsured adults until a longer term solution could be formulated.

In partnership with the State of Missouri, the SLRHC reviewed options and elected to address the issue with an 1115 demonstration called "Gateway to Better Health" (Gateway). Approved on July 28, 2010, by the Centers for Medicare and Medicaid Services (CMS), the Gateway demonstration provides a bridge to sustainable health care for safety net providers and their uninsured patients in the St. Louis City and St. Louis County until coverage options are available through federal health reform. The 1115 demonstration waiver authorizes outpatient care services for uninsured adults in the St. Louis area.

Over the last decade, the work of the safety net providers in the St. Louis region has focused on helping patients establish a medical home in one of the community health centers in an effort to reduce health disparities and increase the effective utilization of the community's health care resources. The demonstration project is designed to support these efforts while preparing patients and safety net provider organizations for an effective transition to coverage that will be available under health care reform.

Gateway provides up to $30 million annually in funding for primary and specialty care, as well as other outpatient services. It preserves access to primary and specialty healthcare services for approximately 22,000 low-income, uninsured individuals in St. Louis City and County. Enrollees select a primary care home from five community health centers that coordinate additional outpatient care with covered specialists.

The demonstration was amended in June 2012 to enable the Safety Net Pilot Program to be implemented by July 1, 2012. In August 2018, the State of Missouri, Department of Social Services, requested authority to amend the Gateway program to include a substance use treatment benefit. The amendment request was approved January 31, 2019, with an implementation date of February 1, 2019, to cover outpatient substance use services, including pharmacotherapy, for Substance Use Disorder (SUD) treatment of Gateway enrollees with a primary or secondary diagnosis of ICD-10 Codes F10-F18. All office visits and pharmaceuticals are provided by the primary care home and are considered a core primary care service.

In October 2019, the State of 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[1]. All physical function services are to be provided by the primary care home and are considered a core primary care service.

CMS approved one-year extensions of the demonstration on September 27, 2013, July 16, 2014, December 11, 2015 and June 16, 2016. On September 2, 2017, a five-year extension of the current demonstration (Number: 11-W-00250/7) was approved that began on January 1, 2018. This program evaluation is designed to assess this demonstration extension, using 2017 as a baseline year for all measures except those associated with SUD treatment and physical function improvement services. The baseline year for measures associated with SUD treatment is 2019. The baseline year for measures associated with physical function is 2021. Other than the implementation of SUD treatment and physical function improvement services as core primary care services, no additional demonstration program changes are planned during the approval period.

B. Population Impacted

The demonstration targets low-income uninsured adults, aged 19 to 64, in St. Louis City and St. Louis County who are served by the health care safety net in St. Louis. To be considered "uninsured," applicants must not be eligible for coverage through the State Medicaid Plan. Screening for Medicaid eligibility is the first step of the Gateway eligibility determination.

The St. Louis health care safety net is comprised of the five St. Louis area community health centers, including Betty Jean Kerr People's Health Centers, Family Care Health Centers, Affinia Healthcare (formerly known as Grace Hill), CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers) and the St. Louis County Department of Public Health. These community health centers are the primary care Gateway providers.

[1] A list of eligible pain-related diagnoses can be found in Attachment F. ICD-10-CM Diagnostic Codes for Pain.

II. Evaluation Questions and Hypothesis

A. Targets for Improvement

Three demonstration objectives have provided the foundation for the design of the Gateway Program since its inception.

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

Each of these objectives is translated into quantifiable targets for improvement so that the performance of the demonstration in relation to these targets can be measured. These targets for improvement are used to create the aims in the Driver Diagram and to support the hypotheses in the program evaluation design. The primary focus of the first objective is the support of outpatient services to uninsured adults. The focus of the second objective is maintaining or increasing primary care utilization levels. And the primary focus of the last objective is healthcare quality. The corresponding improvement target for each of the demonstration objectives is identified in the following table.

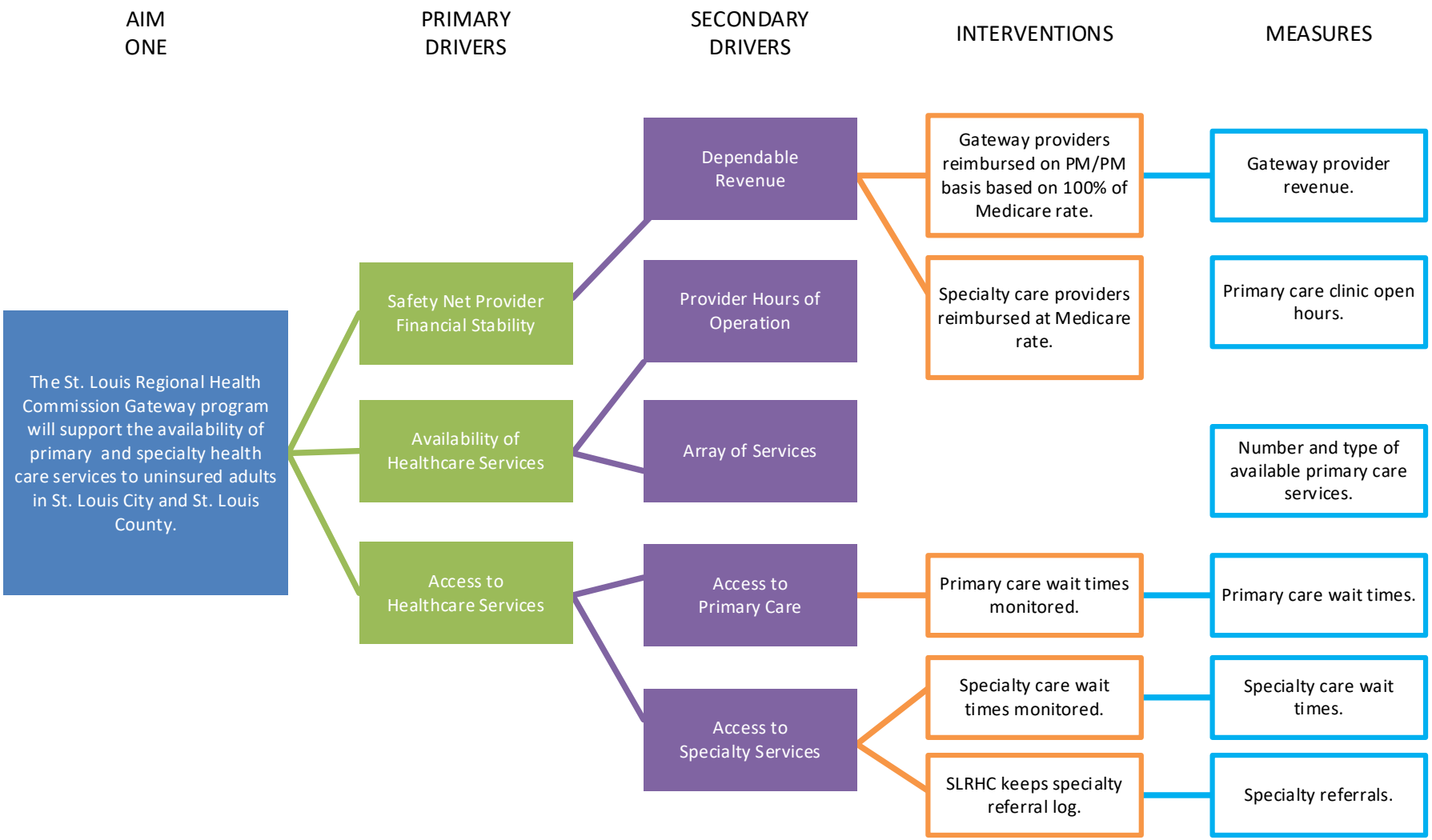
Table A. Program Objectives Translated into Quantifiable Targets for Improvement

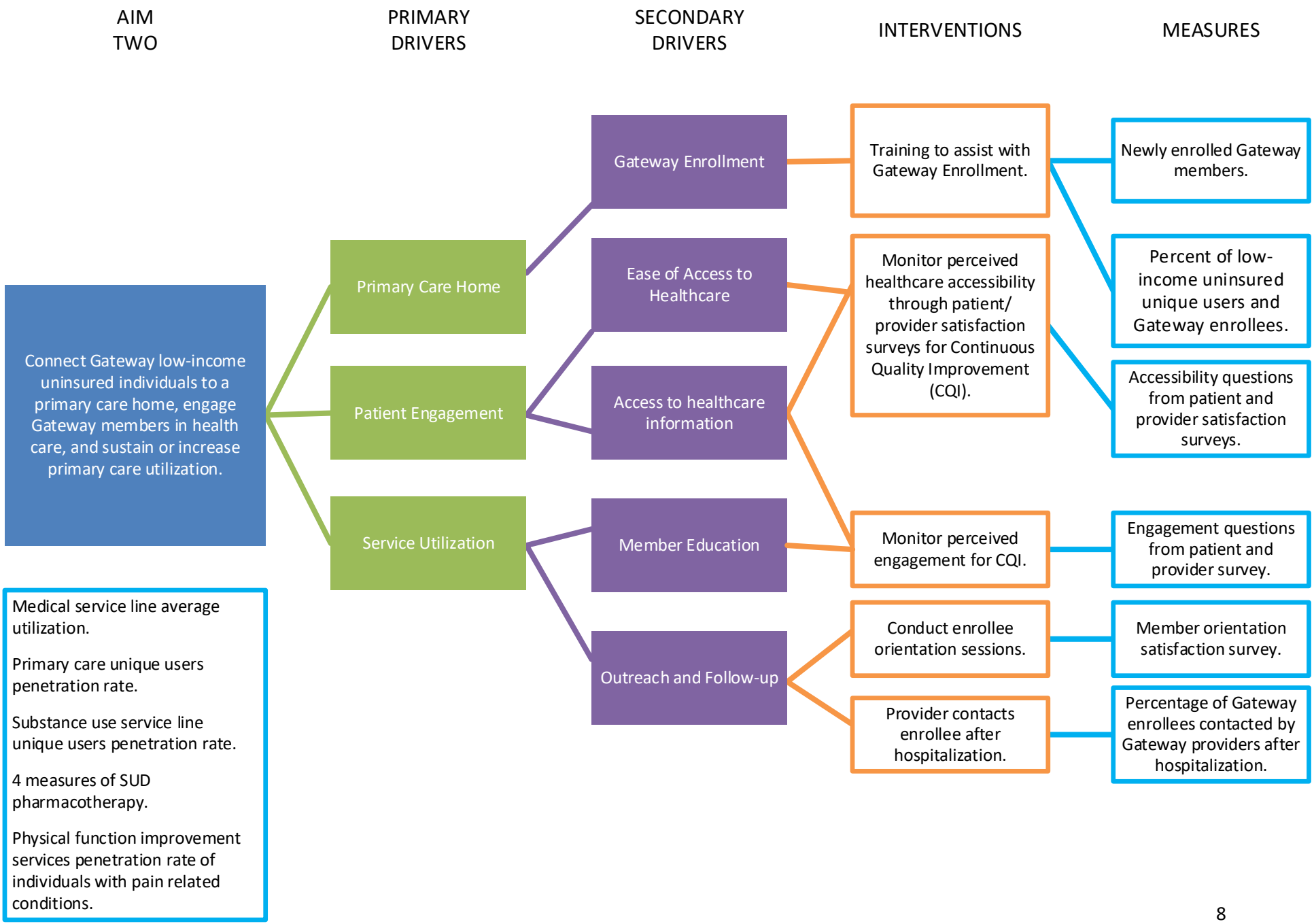
GATEWAY OBJECTIVES	TARGET FOR IMPROVEMENT
I. Preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured.	I. The Gateway program will support the availability of primary and specialty health care services to uninsured adults in St. Louis City and St. Louis County.
II. Connect the uninsured to primary care home which will enhance coordination, quality and efficiency of health care through patient and provider involvement.	II. Connect Gateway low-income uninsured individuals to a primary care home, engage Gateway members in health care and sustain or increase primary care utilization and engagement.
III. Maintain and enhance quality service delivery strategies to reduce health disparities.	III. Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.

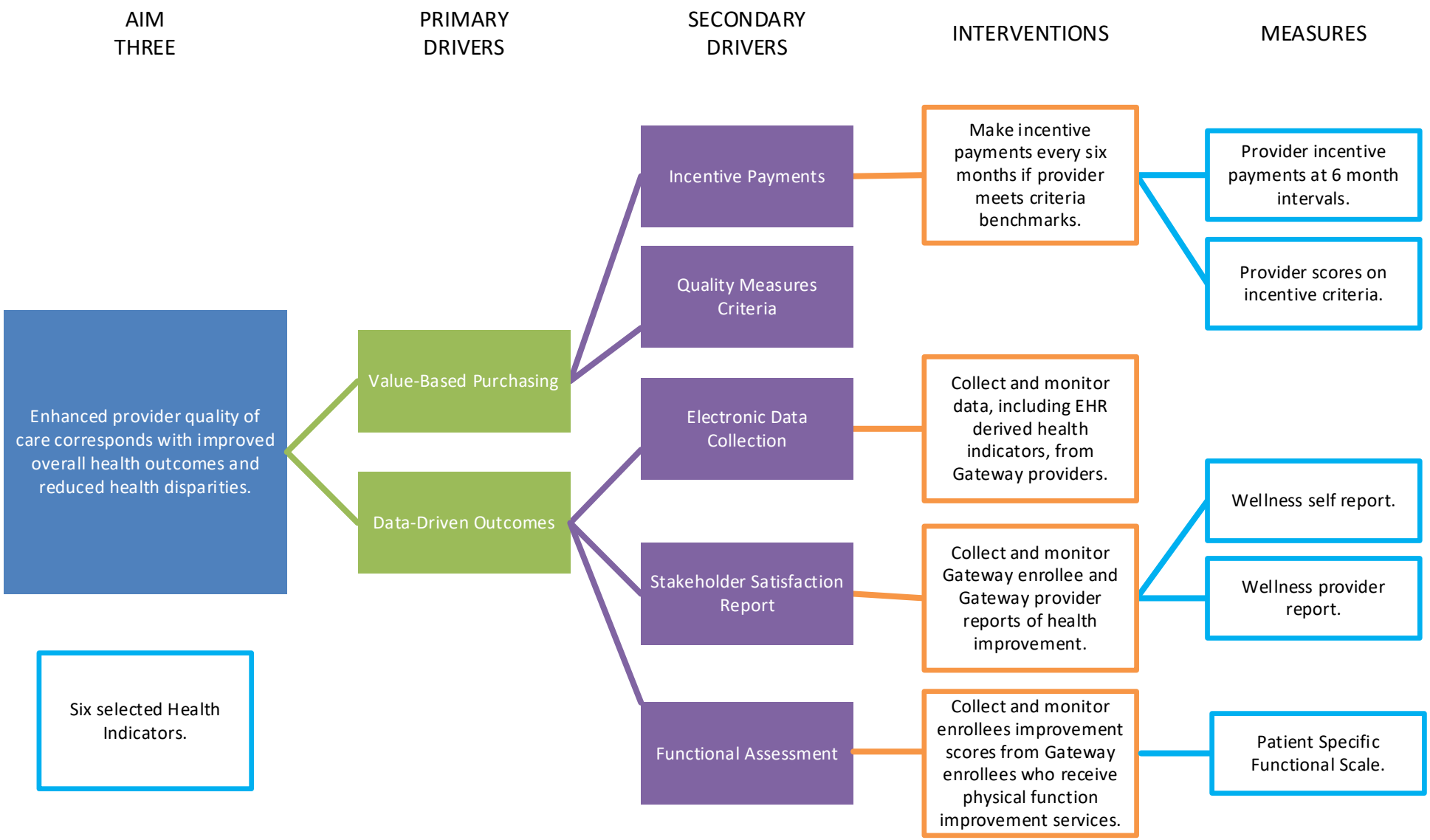
B. Driver Diagram

The demonstration's underlying theory of desired change is modeled in the following Driver Diagram. Each of the three targets for improvement constitutes one of the three aims. The diagram models the relationship between the three aims and drivers presumed to support the aims. Specific interventions, identified in the orange boxes, which have been used throughout the demonstration, are postulated to impact the various drivers. Process project measures

associated with the interventions are identified in the blue boxes on the right. Outcome measures, utilized in Aims 2 and 3, are also in blue boxes and are positioned under the Aim. While SLRHC historically has tracked numerous measures, only those measures that help to answer the research questions and inform the hypotheses are used in the evaluation design.


AIM ONE
PRIMARY DRIVERS
SECONDARY DRIVERS
INTERVENTIONS
MEASURES
The St. Louis Regional Health Commission Gateway program will support the availability of primary and specialty health care services to uninsured adults in St. Louis City and St. Louis County.
Safety Net Provider Financial Stability
Availability of Healthcare Services
Access to Healthcare Services
Dependable Revenue
Provider Hours of Operation
Array of Services
Access to Primary Care
Access to Specialty Services
Gateway providers reimbursed on PM/PM basis based on 100% of Medicare rate.
Specialty care providers reimbursed at Medicare rate.
Primary care wait times monitored.
Specialty care wait times monitored.
SLRHC keeps specialty referral log.
Gateway provider revenue.
Primary care clinic open hours.
Number and type of available primary care services.
Primary care wait times.
Specialty care wait times.
Specialty referrals.


AIM TWO
PRIMARY DRIVERS
SECONDARY DRIVERS
INTERVENTIONS
MEASURES
Connect Gateway low-income uninsured individuals to a primary care home, engage Gateway members in health care, and sustain or increase primary care utilization.
Primary Care Home
Patient Engagement
Service Utilization
Gateway Enrollment
Ease of Access to Healthcare
Access to healthcare information
Member Education
Outreach and Follow-up
Training to assist with Gateway Enrollment.
Monitor perceived healthcare accessibility through patient/ provider satisfaction surveys for Continuous Quality Improvement (CQI).
Monitor perceived engagement for CQI.
Conduct enrollee orientation sessions.
Provider contacts enrollee after hospitalization.
Newly enrolled Gateway members.
Percent of low-income uninsured unique users and Gateway enrollees.
Accessibility questions from patient and provider satisfaction surveys.
Engagement questions from patient and provider survey.
Member orientation satisfaction survey.
Percentage of Gateway enrollees contacted by Gateway providers after hospitalization.
Medical service line average utilization.
Primary care unique users penetration rate.
Substance use service line unique users penetration rate.
4 measures of SUD pharmacotherapy.
Physical function improvement services penetration rate of individuals with pain related conditions.


AIM THREE
PRIMARY DRIVERS
SECONDARY DRIVERS
INTERVENTIONS
MEASURES
Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.
Six selected Health Indicators.
Value-Based Purchasing
Data-Driven Outcomes
Incentive Payments
Quality Measures Criteria
Electronic Data Collection
Stakeholder Satisfaction Report
Functional Assessment
Make incentive payments every six months if provider meets criteria benchmarks.
Collect and monitor data, including EHR derived health indicators, from Gateway providers.
Collect and monitor Gateway enrollee and Gateway provider reports of health improvement.
Collect and monitor enrollees improvement scores from Gateway enrollees who receive physical function improvement services.
Provider incentive payments at 6 month intervals.
Provider scores on incentive criteria.
Wellness self report.
Wellness provider report.
Patient Specific Functional Scale.

C. Hypotheses, Research questions and Demonstration Objectives

As noted in Table E (Summary Program Evaluation Table), demonstration goals I, II and III are supported by hypotheses and research questions as noted in the following paragraphs.

Hypothesis 1: The SLRHC Gateway project supports the availability of primary and specialty health care services to uninsured adults in St. Louis City and St. Louis County.

1. Does the coverage approach to provider reimbursement and incentive payments provide a stable revenue stream?
2. What variance, if any, exists in primary care provider availability and primary care service array across the evaluation period?
3. What variance, if any, exists in access to primary care across the evaluation period?

Hypothesis 1 identifies specific characteristics associated with demonstration objective I (preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured). A requisite condition for supporting the availability and accessibility of healthcare services for uninsured individuals is stable revenue that supports provider operations. Research question 1 demonstrates the extent to which the Gateway program provides ongoing revenue for the safety net providers in the Gateway program. Questions 2 and 3 demonstrate variability in access and availability of healthcare services. This hypothesis and its questions provides the SLRHC the opportunity to monitor core process measures (revenue, access and availability of healthcare) associated with the Gateway program.

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

1. Have low-income uninsured adults in St. Louis City and St. Louis County connected to a primary care home?
2. Has Gateway enrollment reduced the perception of barriers to primary and specialty care for enrollees and providers?
3. Have Gateway members been engaged by their primary care home with member education, outreach and follow-up?
4. Do Gateway enrollees connected to a primary care home demonstrate sustained or increased utilization of outpatient medical services year to year?
5. Do Gateway enrollees connected to a primary care home demonstrate sustained or increased utilization of outpatient substance use treatment services year to year?
6. Do Gateway enrollees with pain-related diagnoses connected to a primary care home demonstrate increased utilization of outpatient physical function improvement services year to year?

Hypothesis 2 examines the outcomes of a core component of the Gateway program, the enrollment of low-income uninsured individuals in a primary care home. The presumptive

consequence of an increase in Gateway member engagement and the perceived removal of barriers to healthcare is an increase in primary care utilization. Question 1 evaluates Gateway program enrollment. Questions 2 and 3 consider the perception of barriers to healthcare, research. Questions 4, 5 and 6 assess primary care utilization. This hypothesis and associated research questions allow SLRHC to assess, over time, primary care utilization for Gateway enrollees.

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

1. Does using value-based purchasing for provider reimbursement correspond with providers meeting incentive criteria on health and quality of care indicators?
2. Do Gateway members perceive that their health outcomes have improved throughout the demonstration period?
3. Have health outcomes for Gateway members improved each demonstration year?
4. Do health indicators, when calculated separately for African American, Caucasian and Hispanic Gateway enrollees exhibit statistically significant differences?
5. Do Gateway enrollees with pain-related diagnoses treated under the physical function improvement service line report perceived improved physical function year over year?

Hypothesis 3 examines another important component of the Gateway program, the improvement in provider quality and its relationship with improved health outcomes and reduced health disparities. Research question 1 examines the relationship of incentive payments and health indicator criteria. Questions 2 and 3 assess the change, and the perception of improvement, of health outcomes across time. Research question 4 evaluates health disparities on health indicators between African American, Caucasian and Hispanic Gateway enrollees. Research question 5 assesses patient perception of functional improvement across time.

Hypotheses/research questions promote Title XIX objective
A core objective of the Medicaid program is to serve the health and wellness needs of our nation's vulnerable and low-income individuals and families. The Gateway program promotes this core objective by providing access to primary and specialty care to a population of low-income individuals who would not otherwise have access to health care. The Gateway program serves as an important bridge for individuals who may be eligible for Medicaid coverage in the State of Missouri. More than 40,000 individuals, who would otherwise be uninsured, have transitioned from Gateway coverage into Missouri Medicaid programs since the demonstration project's inception.

The hypotheses and research questions used to evaluate the performance of the Gateway program also support this core objective with their focus on the evaluation of the impact of connecting uninsured, low-income individuals to a primary care home, improving healthcare utilization in this population, improving health outcome measures and decreasing health disparities in health indicators for this low-income adult population.

III. Methodology

A. Evaluation Design

The program evaluation design encompasses an integrated process and outcome evaluation of the Gateway demonstration performance utilizing the three hypotheses associated with the demonstration's three objectives. The focus of the evaluation is to monitor and evaluate change over time to determine if the Gateway program continues to support safety net providers, provide healthcare to the uninsured and produce desired healthcare outcomes.

The *process evaluation* utilizes systemic measures of the safety net health care provider system, which allows ongoing monitoring of the demonstration's operations. These measures consist of a short series of aggregated data such as the number of primary care clinic business hours measured annually from 2017 to 2022. By representing these measures visually in a descriptive time series, any changes in these measures can be readily noted, allowing an opportunity for needed programmatic changes.

The *outcome evaluation* utilizes disaggregated enrollee level data in addition to provider and enrollee summative data. Some outcome measures will also be represented with descriptive time series. Enrollee level of data allows for an analysis to determine any statistically significant differences over time in rates or counts. For a limited number of outcome measures, the analytic approach, multiple logistic regression, controls for differences in patient characteristics such as gender, race and age.

This study design does not include an impact evaluation due to data availability constraints discussed in the Methodological Limitations section.

B. Target and Comparison Populations

The target population for Hypothesis 1 consists of the five Gateway providers. Four of the five providers are Federally Qualified Health Centers: Affinia Healthcare, Betty Jean Kerr People's Health Center, Family Care Health Centers and CareSTL Health. The fifth Gateway provider is the St. Louis County Department of Public Health. Each of the providers has the following number of clinic locations, all of which may be accessed by Gateway enrollees.

Table B. Number of Gateway Provider Clinic Locations

PROVIDER	NUMBER OF CLINIC LOCATIONS
Affinia Healthcare	6
Betty Jean Kerr People's Health Centers	4
Family Care Health Centers	2
CareSTL Health	4
St. Louis County Department of Public Health	3
Total number of clinic locations	**19**

The target population for Hypotheses 2 and 3 consists of all adults enrolled in the Gateway program. Hypothesis 3 also includes one research question in which the target population is the providers. To qualify for inclusion in the Gateway program and in the Gateway program evaluation, participants must be between 19 and 64 years of age, ineligible for MO HealthNet (Medicaid) or Medicare, have no other insurance, live in St. Louis City or County and have an income at or below 100% of the federal poverty level ($12,760 per year for an adult living alone or $26,200 per year for a family of four in 2020).

Because data from the entire population of Gateway enrollees will be used in the analyses, no sampling plan is required. The evaluation design does not include a comparison group.[2]

C. Evaluation Period

The evaluation period is January 1, 2017 through December 31, 2022. The analysis will allow for a three month run out of encounter data for the encounter-based measures. Results across this time period will be included in the final evaluation report due to CMS on June 30, 2024.

Interim results derived from a portion of this evaluation period, January 1, 2017 through December 31, 2020 (with a three month run out of encounter data) will be reported in the Interim Evaluation report due to CMS on December 31, 2021.

Because the SUD treatment benefit was implemented February 1, 2019 and the physical function improvement benefit was implemented January 1, 2021, the evaluation period for these services will begin on the implementation dates of each respective benefit and continue through the end of the evaluation period.

D. Evaluation Measures and Data Sources

Primary and specialty care information specific to Gateway enrollees is collected from Gateway providers and their Electronic Health Records (EHR) as well as an encounter claims data. Measures for the program evaluation are derived from data from the following sources:

- **Gateway Provider Survey Data** is collected annually from Gateway primary care providers and specialty care providers. The data is submitted on excel templates and includes information for clinic enrollees. Templates used to collect data can be found in Attachment A. Gateway Provider Survey Templates.
- **Quarterly Gateway Provider Wait Time Reports** are submitted by Gateway providers with data pertaining to Gateway enrollees.
- **Gateway Claims Data** is submitted by Gateway providers for payment for services provided to Gateway enrollees and compiled by the Gateway Program.
- **EHRs** are the sources of data associated with health indicators which is collected annually by a SLRHC vendor and used to calculate Gateway-specific health quality measures.
- **Automated Health Systems (AHS)** is the enrollment vendor that extracts data from the provider portal pertaining to enrollment and specialty care referrals.

[2] See discussion in the Methodological Limitations section

- **Uniform Data System** is data collected from Federally Qualified Health Centers by the Health Resources and Services Administration.
- **Provider and Enrollee Surveys** are two different surveys requesting information from providers and enrollees pertaining to their experience with the Gateway program. Copies of the surveys may be found in "Attachment C. Enrollee Satisfaction Survey" and "Attachment D. Provider Satisfaction Survey." The Enrollee 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 to the survey population, inviting them to take an online survey.
- **The Patient-Specific Functional Scale (PSFS)**[3] is an evaluation questionnaire quantifying activity limitation and measuring functional outcomes for patients with orthopedic conditions. A copy of this survey may be found in Attachment E.
- **American Community Survey of the United States (US) Census** is the source for the total number of uninsured individuals in the city and county of St. Louis.

The following table identifies proposed evaluation measures, their descriptions, sources and steward (if applicable). A table of measures with detailed measure specifications, including numerator and denominator information, can be found in "Attachment B. Measure Specifications."

Table C. Evaluation Measures[4]

MEASURE	MEASURE DESCRIPTION	DATA SOURCE	STEWARD
Gateway provider revenue	Annual gross receipts for Gateway enrollees	Gateway Program	NA
Primary care clinic business hours/week	Number of hours clinic is open during normal business hours (8:00 a.m. – 5:00 p.m. Monday-Friday).	Gateway Program	NA
Primary care clinic non business hours/week	Number of hours clinic is open outside of normal business hours.	Gateway Program	NA
Total primary clinic hours/week	Total clinic business hours and primary clinic non business hours.	Gateway Program	NA
Available primary care services	Number and type of primary care services endorsed by Gateway providers on primary care services.	Gateway Program	NA

[3] Patient Specific Functional Scale (PSFS) as developed by: Stratford, P., Gill, C., Westaway, M., & Binkley, J. (1995). Assessing disability and change on individual patients: a report of a patient specific measure. Physiotherapy Canada, 47, 258-263

[4] Measures are presented in the order that aligns with the hypotheses as presented in Table E. Summary Program Evaluation Table.

MEASURE	MEASURE DESCRIPTION	DATA SOURCE	STEWARD
Primary care non-urgent wait times new patients	Number of days until third next non-urgent appointment for new patients.	Provider Report	NA
Primary care non-urgent wait times established patients	Number of days until third next non-urgent appointment for established patients.	Provider Report	NA
Primary care urgent wait times new patients	Number of days until next urgent appointment [5] for new patients.	Provider Report	NA
Primary care urgent wait times established patients	Number of days until next urgent appointment for established patients.	Provider Report	NA
Specialty care wait times for patients	Number of days until third next non-urgent appointment for patients.	Quarterly Wait Time Report	NA
Specialty care referrals	Number of specialty care referrals made by Gateway providers.	Provider Report	NA
Number of low-income uninsured adults newly enrolled in Gateway	Monthly total number of low-income uninsured adults enrolled in the Gateway program.	AHS	NA
Percent low-income uninsured unique users.	Percentage of low-income uninsured adults in St. Louis city and county receiving primary care services through Gateway program.	Provider Survey Data/ US Census	NA
Percent low-income uninsured adults enrolled in Gateway.	Percentage of low-income uninsured adults in St. Louis city and county who are enrolled in the Gateway program.	Gateway Program/ US Census	NA
Barrier to healthcare self-report	Percentage of enrollees who report barriers to healthcare without Gateway program.	Enrollee Satisfaction	NA
Barrier to healthcare provider report	Percentage of providers who report enrollee barriers to healthcare without Gateway program.	Provider Satisfaction	NA
Engagement self-report	Percentage of Gateway enrollees who report timely information and help from their provider.	Enrollee Satisfaction	NA
Newly enrolled office visit	Percentage of Gateway newly enrolled members who have an office visit.	Provider Report	NA
Medical service line average utilization	Average number of office visits per medical service line unique user.	Provider Survey Data/	NA

[5] Gateway providers are required to reserve a portion of open appointments for urgent patients.

MEASURE	MEASURE DESCRIPTION	DATA SOURCE	STEWARD
		Gateway Program	
Medical service line unique users penetration	Percentage of Gateway enrollees who receive services in the medical service line.	Provider Survey Data/ Gateway Program	NA
Substance use service line unique users penetration	Percentage of Gateway enrollees who receives services in the substance use service line.	Provider Survey Data/ Gateway Program	NA
Alcohol withdrawal medication management	Percentage enrollees with an Alcohol Use Disorder (AUD) diagnosis who receive medication for withdrawal symptoms.	Provider Survey Data	NA
Opioid withdrawal medication management	Percentage enrollees with an Opioid Use Disorder (OUD) diagnosis who receive medication for withdrawal symptoms.	Provider Survey Data	NA
AUD medication maintenance	Percentage enrollees with an AUD diagnosis who receive maintenance medication.	Provider Survey Data	NA
OUD medication maintenance	Percentage enrollees with an OUD diagnosis who receives maintenance medication.	Provider Survey Data	NA
Physical function improvement service line unique users penetration	Percentage of Gateway enrollees with pain-related diagnoses who receive services in the physical function improvement service line.	Provider Survey Data/ Gateway Program	NA
Primary care provider incentive payments	Bi-annual dollar amount paid as incentive payments.	Gateway Program	NA
P4P incentive criteria scores	Percentage of Pay-For-Performance (P4P) criteria benchmarks[6] met.	Gateway Program	NA
Wellness self-report	Percentage of Gateway enrollees who report improved health.	Enrollee Satisfaction	NA
Wellness provider report	Percentage of providers who report improved Gateway enrollee health.	Provider Satisfaction	NA
Self-reported physical function improvement	Percentage of Gateway enrollees with pain-related diagnoses who report perceived improved physical function year over year.	Patient-Specific Functional Scale	NA

[6] Criteria and Benchmarks found in Attachment G. Pay for Performance Criteria and Benchmarks; formula for determining P4P incentive criteria score can be found in Attachment B.

MEASURE	MEASURE DESCRIPTION	DATA SOURCE	STEWARD
Tobacco use assessment and cessation intervention	Percentage of Gateway enrollees assessed for tobacco use and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy.	EHR Data/ Gateway Program	AMA[7]
Hypertension (HTN): blood pressure control	Percentage of Gateway enrollees with diagnosed HTN whose blood pressure was less than 140/90 (adequate control).	EHR Data/ Gateway Program	NCQA[8] CMS165
Diabetes: HbA1c Control	Percentage of Gateway enrollees diagnosed with Diabetes whose HbA1c level during the measurement year is less than or equal to 9%.	EHR Data/ Gateway Program	NCQA CMS122
Adult Weight Screening and Follow-Up	Percentage of Gateway enrollees seen for a visit who had a Body Mass Index (BMI) taken during the most recent visit or within the 6 months prior to that visit.	EHR Data/ Gateway Program	CMS CMS69
Flu Shot for Adult Patients	Percentage of Gateway enrollees seen for a visit between October 1 and March 31 who receive flu shot or who reported receipt of flu shot.	EHR Data/ Gateway Program	NCQA
Use of Appropriate Medications for Asthma	Percentage of Gateway enrollees who were identified as having persistent asthma and were appropriately ordered medication during the measurement period.	EHR Data/ Gateway Program	CMS CMS126

E. Analytic Methods

Two complementary analytic approaches will be utilized for the evaluation, a) descriptive time series graphs that provide a visual representation of changes in measures over time, and b) regression based analysis that separates the effect of enrollee demographic characteristic variation from other sources of variability across time.

Descriptive Time Series

Measures used in the process evaluation (measures of systemic variables of the safety net health care providers), such as: provider revenue, and measure of aggregated data of Gateway enrollees; and outcome measures, such as: Medical service line average utilization and unique users penetration rates, are analyzed with descriptive time series graphs. These measures are a single value for each year, or in some cases, each quarter. The following table and graph illustrates one method of a time series analysis using data from the Demonstration Year 8 Interim Evaluation Report for the number of uninsured individuals served by Gateway primary care providers[9].

[7] AMA-convened Physician Consortium for Performance Improvement

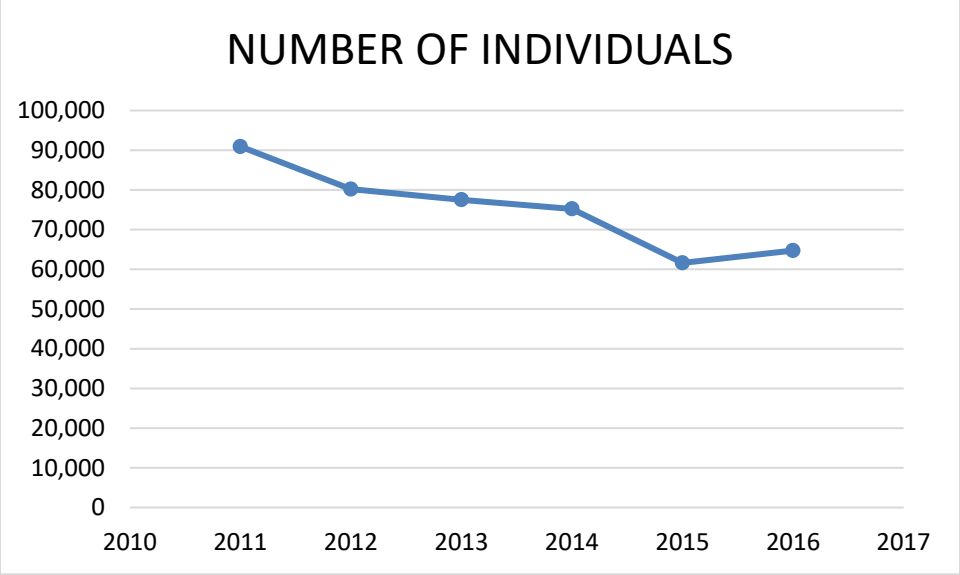
[8] National Council of Quality Assurance

[9] This measure and analysis is not used in the program evaluation, and is offered as an illustration only.

Table D. Uninsured Individuals Served by Gateway Primary Care Providers

YEAR	NUMBER INDIVIDUALS SERVED
2011	90,924
2012	80,193
2013	77,521
2014	75,216
2015	61,618
2016	64,709

Graph 1. Uninsured Individuals Served by Gateway Primary Care Providers [10]



In this illustration, the number of uninsured individuals served by Gateway providers presents information on the trend over time as well as the magnitude of the measure in each time period (e.g. 64,709 enrollees in 2016).

Regression Based Analysis

Although a descriptive time series analyzes and displays change over time, it does not provide information on factors contributing to the change. A multiple regression analysis can be used to determine if changes in the measures result from changes in the demographic mix of Gateway enrollees, or result from other factors. The multiple regression analysis supplements the time series graphical analysis, and can only be used when enrollee level data, with demographic information, is available.

The following table illustrates the structure and types of required enrollee level data needed for multiple regression analysis for five hypothetical enrollees. The *Flu Shot for adult patients*[11]

[10] The decrease in the number of patients served by Gateway primary care providers reflects a corresponding decrease in the total number of uninsured adults during this time period.

[11] See Attachment B

measure reports the percentage of unique users seen for a visit between October 1 and March 31, receiving or reporting to have received flu shots. It is calculated separately by year. In this table of hypothetical data related to flu shot rates, each row of the table corresponds to a single enrollee during a single year. The first variable, *Flu Shot*, can have a value of 1 or 0, depending upon whether or not an enrollee received or reported receiving a flu shot. If the enrollee was seen for a visit between October 1 and March 31 and received or reported receiving a flu shot, the value is 1. If the enrollee did not receive or report receiving a flu shot, the value is 0.

The variables 2017, 2018 and 2019 are also binary variables. Each of these variables has a value of 1 if the individual was enrolled in that year, and a 0 if the individual was not enrolled in the Gateway program that year. By definition, exactly one of the three binary year variables has the value 1, since each row corresponds to a single enrollee during a single year. The remaining variables represent the demographic characteristics of the enrollee during the year, with 1 indicating the presence of that characteristic, and 0 indicating the absence of that characteristic. [12]

Table F. Hypothetical Enrollee Level Data for Primary Care Services

Row #	Flu Shot	Enrolled 2017	Enrolled 2018	Enrolled 2019	African American	Caucasian	Male	Female	Age In Years
1	1	1	0	0	1	0	0	1	36
2	1	0	0	1	0	1	0	1	29
3	0	1	0	0	0	1	1	0	45
4	1	0	1	0	1	0	0	1	23
5	0	1	0	0	1	0	1	0	28
6	0	0	1	0	1	0	1	0	57
7	1	0	0	1	0	1	1	0	47
8	1	1	0	0	0	1	1	0	31
9	1	1	0	0	1	0	0	1	42
10	0	0	1	0	1	0	0	1	45

In this example, there are five hypothetical enrollees in 2017 (rows 1, 3, 5, 8 and 9), three of whom have received flu shots, resulting in a rate of 60%. For 2018, the hypothetical rate is one of three 2018 enrollees, or 33%. While the comparison of annual rates shows declining use of flu shots, the annual rates do not provide information on why the rate declines between the two years.

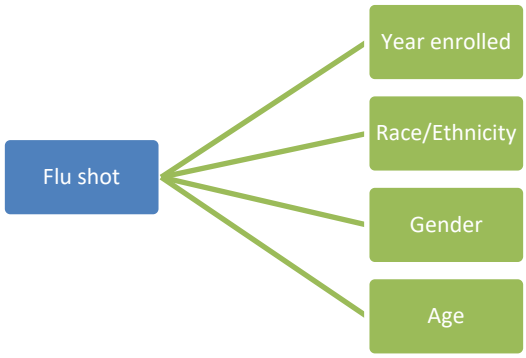
One possible explanation for changes in annual rates is a changing demographic mix of Gateway enrollees. Some types of services have large differences in utilization rates between men and women, or between younger or older enrollees. In monitoring the Gateway program, it is

[12] For simplicity of illustration, other racial/ethnic categories are not included in the example.

helpful to understand if changes in measures over time are associated with a changing demographic mix of enrollees, or other unmeasured factors, such as changes in policies or procedures.

Multiple regression analysis also isolates annual changes in evaluation measures after controlling for changes in the demographic mix of enrollees. In the flu shot rate example, the binary variable *Flu Shot* is the dependent variable in a linear regression model, and the binary year variables, the binary race and gender variables, and the continuous age variable are all independent variables, as noted in the following diagram.

Dependent Variable **Independent Variables**



A linear model of the relationship between the dependent and independent variables can be estimated with multiple regression analysis. The resulting slope coefficient for each independent variable, and their statistical significance, is generated in the analysis. In the case of the 2018 binary variable (flu shot), the corresponding slope coefficient represents the average difference in the dependent variable (flu shot) for 2018 observations as compared to the 2017 base year. The slope coefficient associated with the 2019 binary variable (flu shot) represents the average difference in the dependent variable for 2019 observations as compared to the 2017 base year, again controlling for differences in the demographic variables. These two slope coefficients measure year to year change in flu shot rates and provide the statistical significance of the differences.

Using a multiple regression has two key advantages as compared to simply calculating the 60% or 33% rates reported above. First, the estimation of year to year change with regression analysis is made *after controlling for differences in the other independent variables, including the race, gender and age variables.* [13] For program monitoring purposes, it is helpful to know if change is for reasons beyond Gateway's control, such as changing demographics, or if policy changes may have led to observed changes. Second, regression analysis provides the statistical

[13] See Wooldridge, J.(2002) Econometric Analysis of Cross Sections and Panel Data. Massachusetts Institute of Technology. 170-182

significance of the binary year variables, which may be used to identify if year to year change is statistically significant.

The form of the multiple regression analysis used is dependent upon the type of the dependent variable. In the flu shot example, the dependent variable is binary (received or reported receiving flu shot vs. did not receive or report receiving flu shot), so the specific form of the regression function is logistic. Finally, multiple regression analysis is also used to address the research question, *do health indicators, when calculated separately for African American, Caucasian and Hispanic Gateway enrollees, exhibit statistically significant differences?* An example of a health indicator is *Diabetes: HbA1c Control*, which is calculated with the following formula:

$$\frac{\text{[Number of enrollees with a diagnosis of Type I or Type II diabetes whose most recent hemoglobin A1c level during the measurement year is less than or equal to 9\%]}}{\text{[Number of enrollees year with a diagnosis of Type I or II diabetes and; who have been seen in the clinic for medical services at least twice during the reporting year]}}$$

The health indicators are calculated separately for each racial group to identify differences in rates. To determine statistically significant differences in these rates, logistic regression and client level data with a structure analogous to Table F is used. The data is limited to patients meeting the denominator condition (seen in the clinic twice), and the dependent variable will be a binary indicator satisfying the condition in the numerator (hemoglobin A1c less than or equal to 9%).

Using a logistic regression analysis, the estimated coefficient associated with each of the race variables indicates a change in the odds associated with meeting the health indicator condition, controlling for year of enrollment, gender and age. The coefficient's statistical significance measures if each of the races have statistically significant differences in the odds of meeting the health condition.

The regression equation for a measure Y is as follows, where the measure Y_{ij} for member i at measurement year j, is the sum of:

$$Y_{ij} = \beta_0 + \boldsymbol{T}'\boldsymbol{\beta}_{time} + \boldsymbol{R}'\boldsymbol{\beta}_{race} + \boldsymbol{G}'\boldsymbol{\beta}_{gender} + A_{ij}\beta_{age} + \varepsilon_{ij}$$

β_0	Baseline observation of the measure
$\boldsymbol{T}$	Vector of zeros with indictor 1 at time period j
$\boldsymbol{\beta}_{time}$	Vector of changes in measure associated with a time unit increase between baseline and measurement year
$\boldsymbol{R}$	Vector of zeros with indictor 1 at race/ethnicity of member i
$\boldsymbol{\beta}_{race}$	Vector of changes in measure associated with a race/ethnicity group versus a comparison race/ethnicity group

$\boldsymbol{G}$	Vector of zeros with indictor 1 at gender of member i
$\boldsymbol{\beta}_{gender}$	Vector of changes in measure associated with a gender group versus a comparison gender group
A_{ij}	Age of member i at time j
β_{age}	Change in measure associated with a one year increase in age
ε_{ij}	Random error term associated with the measure of member i at time period j

F. Summary Design Table for the Evaluation of the Demonstration

The following table outlines the core components of the program evaluation. Each of the three hypotheses is followed by supporting research questions as well as the measures and analytic approach for each question. A table with detailed measure specifications can be found in Attachment B.

Table E. Summary Program Evaluation Table

RESEARCH QUESTION	MEASURE	POPULATION /SUB-POPULATION	FREQUENCY	ANALYTIC METHOD
Hypothesis 1: The St. Louis Regional Health Commission Gateway project supports the availability of primary and specialty health care services to uninsured adults in St. Louis City and St. Louis County.				
Does the coverage approach to provider reimbursement and incentive payments provide a stable revenue stream?	Gateway provider revenue	Gateway Providers	Annually	Descriptive time series
What variance, if any, exists in primary care provider availability and primary care service array across the evaluation period?	Primary care clinic business hours/week	Gateway Providers	Annually	Descriptive time series
	Primary care clinic non-business hours/week	Gateway Providers	Annually	Descriptive time series
	Total primary care clinic hours/week	Gateway Providers	Annually	Descriptive time series
	Available primary care services	Gateway Providers	Annually	Descriptive time series
What variance, if any, exists in access to primary and specialty care across the evaluation period?	Primary care non-urgent and urgent wait times for new and established patients	Gateway Providers	Quarterly	Descriptive time series
	Specialty care wait times for patients	Gateway Providers	Annually	Descriptive time series
	Specialty care referrals	Gateway Providers	Biannually	Descriptive time series

Hypothesis 2: Connecting and engaging low-income uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.				
Have low-income uninsured adults in St. Louis City and St. Louis County connected to a primary care home?	Low-income uninsured adults newly enrolled in Gateway	Gateway enrollees	Biannually	Descriptive time series
	Percent low-income uninsured unique users	Gateway enrollees/All uninsured adults	Annually	Descriptive time series
	Percent of low-income uninsured adults enrolled in Gateway	Gateway enrollees/All uninsured adults	Annually	Descriptive time series
Has Gateway enrollment reduced the perception of barriers to primary and specialty care for enrollees and providers?	Barrier to healthcare self-report	Gateway enrollees	Annually	Descriptive time series
	Barrier to healthcare provider report	Gateway providers	Annually	Descriptive time series
Have Gateway members been engaged by their primary care with member education, outreach and follow-up?	Engagement self-report	Gateway Enrollees	Annually	Descriptive time series
	Newly Enrolled Office Visit	Gateway Enrollees	Biannually	Descriptive time series
Do Gateway enrollees connected to a primary care home demonstrate sustained or increased utilization of outpatient medical services year to year?	Medical service line average utilization	Gateway Enrollees	Annually	Descriptive time series

	Medical service line unique users penetration rate	Gateway Enrollees	Annually	Descriptive time series
Do Gateway enrollees connected to a primary care home demonstrate sustained or increased utilization of outpatient substance use services year to year?	Substance use service line unique users penetration	Gateway Enrollees	Annually	Descriptive time series
	Four AUD and OUD withdrawal and maintenance pharmacotherapies described in Attachment B	Gateway Enrollees	Annually	Descriptive time series
Do Gateway enrollees with pain-related diagnoses connected to a primary care home demonstrate increased utilization of outpatient physical function improvement services year to year?	Physical function improvement service line unique users penetration	Gateway Enrollees	Annually	Descriptive time series
Hypothesis 3: Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.				
Does using value-based purchasing for provider reimbursement correspond with providers meeting incentive criteria on health and quality of care indicators?	Primary care provider incentive payments	Gateway providers	Biannually	Descriptive Time Series
	P4P incentive criteria score	Gateway providers	Biannually	Descriptive Time Series
Do Gateway members perceive that their health outcomes have improved throughout the demonstration period?	Wellness self-report	Gateway enrollees	Annually	Descriptive Time Series
	Wellness provider report	Gateway providers	Annually	Descriptive Time Series

Have health outcomes for Gateway members improved each demonstration year?	1. Tobacco use assessment and cessation intervention 2. Hypertension: Blood Pressure Control 3. Diabetes: HbA1c control 4. Adult weight screening and follow-up 5. Flu Shot for adult patients 6. Use of appropriate medications for asthma	Gateway enrollees	Annually	Logistic Regression Analysis Control variables: Gender and Age
Do health indicators, when calculated separately for African American, Caucasian and Hispanic Gateway enrollees, exhibit statistically significant differences?	1. Tobacco use assessment and cessation intervention 2. Hypertension: Blood Pressure Control 3. Diabetes: HbA1c control 4. Adult weight screening and follow-up 5. Flu Shot for adult patients	Gateway enrollees Sub-populations: Race, Ethnicity	Annually	Logistic Regression Analysis Control variables: Gender and Age

	6. Use of appropriate medications for asthma			
Do Gateway enrollees with pain-related diagnoses treated under the physical function improvement service line report perceived improved physical function year over year?	Self-reported physical function improvement	Gateway Enrollees	Annually	Descriptive Time Series

IV. Methodological Limitations

Several sources of data are used to support the measures in this evaluation, including EHRs, provider self-report, census data, enrollment and claims data, and data from survey tools. The data is collected by multiple organizations (e.g. providers and various sub-contractors) and submitted to the SLRHC. The variety of data sources and data suppliers creates risk for inaccuracy. The SLRHC mitigates this risk by providing data collection instructions and requiring standardized collection procedures as well as engaging in data validation activities after the data is collected. To address potential sources of error related to data collection, the SLRHC provides templates and instructions that specify parameters to identify each data type. To address potential errors within the data itself, data validation activities are implemented in which the collected data is compared with historical data and data from external sources, where applicable.

The design of the study does not include a quasi-experimental design, with a comparison group, propensity scoring or other measure of comparison group comparability, and an analytic method to determine demonstration impact and effect size, (e.g. a Difference-in-Difference strategy). Several significant constraints prevent the SLRHC from implementing this type of research design. One challenge is lack of comparable and necessary data on uninsured individuals. For example, the most reasonable comparison group would be uninsured individuals whose income prevents them from enrolling in the Gateway program. However, no source of comparable healthcare data is available for these individuals.

Insured populations that could conceivably be a source of data do not match the uninsured population on important variables such as age and level of impairment. An additional impediment to comparability is that the Gateway program provides outpatient services, but is not insurance for all levels of care.

A third constraint on the research design is the longevity of the Gateway program, which started in 2012. Even if the barriers to a quasi-experimental design could be resolved, the threat to the validity of any effect size related design is the threat from history. Given the level of socio-economic changes, population movement and changes in healthcare, a comparison of current measures with those obtained prior to the implementation of the Gateway program, even if available, would not necessarily reflect the impact of the demonstration.

One strategy used in the current methodology to mitigate the lack of a comparison group and determination of demonstration effect size is the use of enrollee and provider reports of decreased barriers to healthcare and improved health through particular questions from the satisfaction surveys. Although neither report has the validity of an objective measure such as a health indicator, a consistency in enrollee and provider reports attesting to the impact of the demonstration provides useful information about the perception of demonstration impact for the two groups most closely involved in the program: enrollees and providers.

Attachments

A. Gateway Provider Survey Templates

Primary Care Template

Primary Care Data Request

Please provide the information requested for your institution for **calendar year 2016**. Please submit your responses electronically to mjohns@stlrhc.org by **July 31, 2017**. For questions, contact Marquisha Johns at 314-446-6454 x 1103 or mjohns@stlrhc.org.

Organization Information	
Name:	
Site	
Street:	
City:	
Zip:	

Survey Contact Person	
Name:	
Title:	
Phone/Ext.:	
Email:	

Key Definitions & Guidelines

When completing this survey, please follow the definitions and guidelines outlined below:

- **Encounter:** Encounters (or "visits") are defined as documented, face-to-face contacts between a patient and a provider who exercises independent professional judgement in the provision of services to the patient.
- **User:** Users (or "patients") are individuals who have had at least one encounter during the reporting year. Within a service category (i.e. medical, dental, etc.), an individual can only be counted once as a user. A person who received multiple types of services should be counted once (and only once) for each service.
- **Adult:** Users aged 18 and above.
- **Pediatric:** Users between the ages of 0-17.
- **Enabling Services:** Enabling services are non-clinical services that enable individuals to access health care and improve health outcomes, but do not include direct patient services. Enabling services can include case management, referrals, translation/interpretation, transportation, eligibility assistance, health education, environmental health risk reduction, health literacy, and outreach.
- The number of encounters should be greater than or equal to the number of users.
- Volumes provided should be unduplicated counts. If duplication exists, please note this for each line affected.
- **Volumes provided should match those submitted for calendar year 2016 UDS reporting** (for community health centers)

Reporting for RHC
<Insert Institution Name>
Statistical Information for the 12 Months Ending December 31, 2016

Duplication permitted across columns E-I on rows 10-14. In Column J, please provide unique users only.	Primary medical care	Dental	Mental health (primary or secondary diagnosis)	Substance Use (primary or secondary diagnosis)	Other	Clinical Total
Number of Users by Type:						
Pediatric (0-17)						
Obstetrics/Prenatal Care**						
Gynecology						
All other adult						
Total Users	-	-	-	-	-	-
New Users (office visit codes 99201-99205)						
All Users by Payor Category:						
Medicare (including Dual Eligibles)						-
Medicaid (Traditional FFS/Managed Medicaid)						-
Private/Commerical						-
Uninsured						
Gateway to Better Health						-
All Other Uninsured						-
Total Uninsured						-
Total Users	-	-	-	-	-	-
Number of Encounters by Type:						
Pediatric (0-17)						-
Preventative (cpt codes 99381-99385; 99391-99395)						-
All Other E/M Codes						-
OF ALL OTHER E/M CODES, how many enocunters were related to asthma management (J45 ICD10 Codes and/or 493.xx ICD9 Codes for ages 0-17)						-
Obstetrics/Prenatal Care						-
Gynecology						-
All other adult						-
Preventative (cpt codes 99381–99429)						-
All Other E/M Codes						-
OF ALL OTHER E/M CODES, how many encounters were related to chronic disease management for diabetes, hypertension, COPD/asthma, CVD/CHF/Heart Disease (see table 1 for diagnosis codes)						-
Other encounters:						
Podiatry						-
Optometry						-
Other (please specify): _____						-
Enabling services encounters						-
Total	-	-	-	-	-	-
All Encounters by Payor Category:						
Medicare (including Dual Eligibles)						-
Medicaid (Traditional FFS/Managed Medicaid)						-
Private/Commerical						-
Uninsured						
Gateway to Better Health						-
All Other Uninsured						-
Total Uninsured						-
Total	-	-	-	-	-	-
Cost per User & Encounter*:						
User						
Encounter						

Table 1. Diagnosis Categories for Chronic Condit

Chronic Conditions	ICD9 Category	ICD10 Category
Diabetes	250	E08 - E11, E13
Hypertension	401-405	I10-I15
COPD	490-496	J40 -J47
Heart Disease	420-429	I30-I52

Primary Care Data Request

Reporting for RHC
<Insert Institution Name>
Statistical Information for the 12 Months Ending December 31, 2016

Physical Plant Capacity	Site 1 <Enter Name>	Site 2 <Enter Name>	Site 3 <Enter Name>	Site 4 <Enter Name>	Total
Patient exam room					-
Patient procedure room					-
Patient counseling room					-
Dental chairs					-
Health education room					-

Hours of Operation (excluding urgent care):	Site 1 <Enter Name>	Site 2 <Enter Name>	Site 3 <Enter Name>	Site 4 <Enter Name>
Monday Hours of Operation				
Time of Last Available Appointment for NEW Patients				
Time of Last Available Appointment for ESTABLISHED Patients				
Tuesday Hours of Operation				
Time of Last Available Appointment for NEW Patients				
Time of Last Available Appointment for ESTABLISHED Patients				
Wednesday Hours of Operation				
Time of Last Available Appointment for NEW Patients				
Time of Last Available Appointment for ESTABLISHED Patients				
Thursday Hours of Operation				
Time of Last Available Appointment for NEW Patients				
Time of Last Available Appointment for ESTABLISHED Patients				
Friday Hours of Operation				
Time of Last Available Appointment for NEW Patients				
Time of Last Available Appointment for ESTABLISHED Patients				
Saturday Hours of Operation				
Time of Last Available Appointment for NEW Patients				
Time of Last Available Appointment for ESTABLISHED Patients				
Sunday Hours of Operation				
Time of Last Available Appointment for NEW Patients				
Time of Last Available Appointment for ESTABLISHED Patients				

Primary Care Data Request

Reporting for RHC
<Insert Institution Name>
Statistical Information for the 12 Months Ending December 31, 2016

Please complete wait time data as close to July 1, 2017 as possible.

Days until THIRD next NON-URGENT appointment as of DATE (please enter DATE as of):	New Patient	Established Patient
Pediatric		
Obstetrical		
Adult		
Dental		
Days until next URGENT appointment as of DATE (please enter DATE as of):	**New Patient**	**Established Patient**
Pediatric		
Obstetrical		
Adult		
Dental		
Number of Clinical FTEs* by Provider Type	**Non-Resident**	**Residents & Students**
Family Practicioner		
General Practicioner		
General Internist**		
General Internist (with subspecialties)*** <please specify which subspecialties>		
Obstetrician/Gynocologist		
Pediatrician		
Registered Nurse		
Nurse Practicioner		
Physician Assistant		
Certified Nurse Midwife		
Dentist		
Dental Hygienist		
Psychiatrist		
Psychologist		
Other Licensed Mental Health Provider (e.g., LCSW, LPC, etc.)		
Other Mental Health/Substance Use Staff		
Podiatrist		
Optometrist		
Pharmacist		
Chiropractor/Pain Management		
All Other		
What positions have been the most difficult to fill?		
How long have these positions been open?		

*Please provide method used to calculate FTE count.
**May be board certified in other subspecialties but only practice as an internist.
***Practices both subspecialty and as an internist.

Primary Care Data Request

Reporting for RHC
<Insert Institution Name>
Statistical Information for the 12 Months Ending December 31, 2016

Users by Payor Category:	Hispanic							Non-Hispanic							Unknown/ Refused Race and Ethnicity	Clinical Total
	White	Black/ African American	Asian	American Indian/Alaska Native	Native Hawaiian/ Other Pacific Islander	More than one race	Unknown Race	White	Black/ African American	Asian	American Indian/Alaska Native	Native Hawaiian/ Other Pacific Islander	More than one race	Unknown Race		
Medicare (including Dual Eligibles)																-
Medicaid (Traditional FFS/Managed Medicaid)																-
Private/Commerical																-
Uninsured																
Gateway to Better Health																-
All Other Uninsured																-
Total Uninsured																-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Number of Babies Delivered* *This data is only required of the community health centers and BJH OB/GYN.	Hispanic							Non-Hispanic							Unknown/ Refused Race and Ethnicity	Clinical Total
	White	Black/ African American	Asian	American Indian/Alaska Native	Native Hawaiian/ Other Pacific Islander	More than one race	Unknown Race	White	Black/ African American	Asian	American Indian/Alaska Native	Native Hawaiian/ Other Pacific Islander	More than one race	Unknown Race		
Number of live births																-
Very Low Birth Weight (<1500 grams)																-
Low Birth Weight (1500 - 2499 grams)																-
Normal Birth Weight (>2499)																-
Number of non-live births																-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Primary Care Data Request

Reporting for RHC
<Insert Institution Name>
Statistical Information for the 12 Months Ending December 31, 2016

**This data is only required for Myrtle Hilliard Davis, Affinia Healthcare and SSM Urgent Care.*

	Hispanic							Non-Hispanic								
	White	Black/ African American	Asian	American Indian/Alaska Native	Native Hawaiian/ Other Pacific Islander	More than one race	Unknown Race	White	Black/ African American	Asian	American Indian/Alaska Native	Native Hawaiian/ Other Pacific Islander	More than one race	Unknown Race	Unknown/ Refused Race and Ethnicity	Clinical Total
Number of URGENT CARE Users by Type:																
Pediatric (0-17)											-	-	-	-	-	-
Adult																-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Number of total existing health center medical users who've used urgent care at least once during 2016 calendar year																
URGENT CARE Users by Payor Category:																
Medicare (including Dual Eligibles)																-
Medicaid (Traditional FFS/Managed Medicaid)																-
Private/Commerical																-
Uninsured																
Gateway to Better Health																-
All Other																-
Total Uninsured																-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Number of URGENT CARE Encounters by Type:	
Urgent	
Non-Urgent (Preventative Care) (see table 2 below for codes)	
STI Screening	
Immunizations	
Physical Exams	
Other, please specify	
Total	-
URGENT CARE Encounters by Payor Category:	
Medicare (including Dual Eligibles)	
Medicaid (Traditional FFS/Managed Medicaid)	
Private/Commerical	
Uninsured	
Gateway to Better Health	
All Other	
Total Uninsured	
Total	-
URGENT CARE Left Without Being Seen Rates by Payor	**Total**
Medicare (including Dual Eligibles)	
Medicaid (Traditional FFS/Managed Medicaid)	
Private/Commerical	
Uninsured	
Gateway to Better Health	
All Other	
Total Uninsured	
Unknown Payor	
Total	-
URGENT CARE Fees	
Do you advertise your urgent care prices?	**__ Y or __ N**
What is your base rate for urgent care services for those patients who are uninsured (self-pay) or with high deductible plans?	
Hours of Operation:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
What day/time of day is the busiest (in terms of patient volume) for your urgent care site?	

Table 2. Codes for Preventative Visits

Preventative	CPT Codes/Diagnosis Codes
Immunizations	90281, 90283, 90287, 90291, 90296, 90371, 90375,
Physical Exams	99381–99429
STI Screening	ICD9: V74, V73.8, V73.9; ICD10: Z11.3, Z11.4, Z11.5

Primary Care Data Request

Reporting for RHC
<Insert Institution Name>
Statistical Information for the 12 Months Ending December 31, 2016

Policies	
In dollars, how much medical care did your organization write off as "bad debt" (see definition below) in 2016?	
In dollars, how much medical care did your organization write off as "charity care"/"sliding fee scale" (see definition below) in 2016?	
Scheduling	
Do you require payor information to schedule an appointment?	__ Y or __ N
What is the policy for scheduling appointments for patients with an outstanding balance? (Attach separate document, if necessary)	
Do you have a missed appointment/no-show policy?	__ Y or __ N
If yes, what is your missed appointment/no-show policy? (Attach separate document, if necessary)	
Financial Assistance	
What is the process for applying for financial assistance and/or sliding fee schedule, including documentation requirements? (Attach separate document, if necessary)	
What documents do you require?	
Do you require uninsured/self pay patients to apply for finanical assistance and/or coverage?	__ Y or __ N
Does your institution require a patient receive an invoice for services before applying for financial assistance?	__ Y or __ N
Does the application for financia assistance include information on the patient's medical condition?	__ Y or __ N
Is financial assistance and/or sliding fee scale schedule available to individuals with high deductible insurance plans?	__ Y or __ N
If yes, what is the policy for accessing this assistance? (Attach separate document, if necessary)	
How many applications were collected in CY2016 for financial assistance, charity care and/or sliding fee schedule?	
How many were approved for charity care or financial assisstance?	
Is staff available assist patients with completing applications for coverage (Medicaid, Marketplace, Gateway to Better Health)?	__ Y or __ N
If so, how many patients did you assist in applying for coverage during CY2016?	
Is staff available to assist patients in completing financial assistance applications?	__ Y or __ N
Interpreter Use	
Do you have a written policy around language access?	__ Y or __ N
If yes, what is your language access policy? (Attach separate document, if necessary)	
Interpreter services available for limited English proficient (LEP) or Deaf/Hard of Hearing (DHH) patients (Enter "X" next to YES or NO)	__ Y or __ N
Contracted	__ Y or __ N
If contracted, please list organization.	
How much notice is needed to acquire interpreter services?	
Employed In-House	__ Y or __ N
How many FTE in-house interpreters available?	
Number of clinical staff with non-English language skills	
Written materials available for non-English speakers (Enter "X" next to YES or NO)	__ Y or __ N
Are financial assistance policies and/or sliding fee schedules available in languages other than English?	__ Y or __ N
Are interpreters available to explain financial assistance policies and assisst patients in completing financial assistance applications?	__ Y or __ N
Total number of interpreter encounters	
Phone Encounters	
Video Ecnounters	
In Person Encounters	
Pharmacy Services	
Do you have an on-site pharmacy?	__ Y or __ N
If multiple locations, which of your locations have pharmacies on-site?	
Number of UNIQUE customers at your pharmacy	
Number of prescriptions filled during the calendar year at your pharmacy	
Do you have a retail pharmacy partner that offers your patients 340B pricing?	__ Y or __ N
If so, who and where are they located? (e.g., Walgreens)	
Do you assist patients in completing applications for prescription assistance programs?	__ Y or __ N
If yes, number of patients assisted?	

Charity Care and/or sliding fee
Charges for supplies and/or services that a healthcare provider or institution would normally expect collection, but due to an individual's indigent status (per the institution's charity care/sliding fee scale policy) the provider or institution has voluntarily chosen to write off. The organization has deemed that the patient meets certain financial criteria and is unable to pay for all or a portion of the services. Services that were written off during the reporting year (CY2016), regardless of when the service was provided, should be included. In addition, any automatic discounts applied to uninsured patients (self-pay discount), regardless of meeting certain charity care criteria, may be included. Also, include non-reimbursable expenses that are deemed as eligible for coverage by the organization's charity care policy.

Bad debt
Charges for supplies and/or services that a healthcare provider or institution would normally expect to collect from the patient, but was unable to collect, and as a result had to write off, either in part or in its entirety. Services that were written off during the reporting year (CY2016), regardless of when the service was provided, should be included. This includes unpaid non-reimbursable expenses, for which the patient was responsible (excluding those services eligible for charity care coverage). Bad debt expenses should be net of any recoveries received to date for debt written off during CY2016.

Primary Care Data Request

Reporting for RHC
<Insert Institution Name>
Statistical Information for the 12 Months Ending December 31, 2016

For community health centers only, please duplicate this exhibit and complete a table for each individual site within your organization.

Safety Net Users by Zip Code and Payor* (to be reported in aggregate across all reporting organizations)

Zip Code of Residence (please list all St. Louis City and County zip codes)	Medicare	Private/Commerical	Medicaid	Uninsured		Total
				Gateway to Better Health	All Other Uninsured	
63001						-
63005						-
63006						-
63011						-
63017						-
63021						-
63022						-
63024						-
63025						-
63026						-
63031						-
63032						-
63033						-
63034						-
63038						-
63040						-
63042						-
63043						-
63044						-
63045						-
63074						-
63088						-
63099						-
63101						-

Primary Care Data Request

Zip Code of Residence (please list all St. Louis City and County zip codes)	Medicare	Private/Commerical	Medicaid	Uninsured		Total
				Gateway to Better Health	All Other Uninsured	
63102						-
63103						-
63104						-
63105						-
63106						-
63107						-
63108						-
63109						-
63110						-
63111						-
63112						-
63113						-
63114						-
63115						-
63116						-
63117						-
63118						-
63119						-
63120						-
63121						-
63122						-
63123						-
63124						-
63125						-
63126						-
63127						-
63128						-
63129						-
63130						-
63131						-
63132						-

Primary Care Data Request

Zip Code of Residence (please list all St. Louis City and County zip codes)	Medicare	Private/Commerical	Medicaid	Uninsured		Total
				Gateway to Better Health	All Other Uninsured	
63133						-
63134						-
63135						-
63136						-
63137						-
63138						-
63139						-
63140						-
63141						-
63143						-
63144						-
63145						-
63146						-
63147						-
63150						-
63151						-
63155						-
63156						-
63157						-
63158						-
63160						-
63163						-
63164						-
63166						-
63167						-
63169						-
63171						-
63177						-
63178						-
63179						-
63180						-

Primary Care Data Request

Zip Code of Residence (please list all St. Louis City and County zip codes)	Medicare	Private/Commerical	Medicaid	Uninsured		Total
				Gateway to Better Health	All Other Uninsured	
63182						-
63188						-
63190						-
63195						-
63196						-
63197						-
63198						-
63199						-
All Other MO Zip Codes						-
All IL Zip Codes						-
All Other Zip Codes						-
TOTAL			-	-	-	-

**This data should only include those patients seen within the calendar year using their last known address as of December 31, 2016 or the time of their last encounter. Add additional rows as necessary or attach a separate document.*

Primary Care Data Request

Reporting for RHC
<Insert Institution Name>
Statement of Revenue and Expense for the year ending December 31, 2016

**This data is only required of the community health centers.*

			Clinical Operations	Other Programs	
			Total Clinical	(optional)	Total
				[Name]	
Revenues					
	HRSA Grants				
	Other Federal Revenue				
	Medicaid/Medicare				
	Other Patient Revenue				
	Gateway to Better Health				
	Other Funding				
	Contributed Services				
Total Revenues					
Expenses					
	Salaries, employee benefits and payroll taxes				
	Professional and contractual services				
	Supplies				
	Insurance				
	Pharmaceuticals				
	Occupancy				
	Depreciation				
	Contributed services				
	Other				
Total Expenses					
Surplus / (Deficit)					

Specialty Care Template

Specialty Care Data Request

Please provide the information requested for your institution for **calendar year 2016**. Please submit your responses electronically to mjohns@stlrhc.org by **July 31, 2017**. For questions, contact Marquisha Johns at 314-446-6454 x 1103 or mjohns@stlrhc.org.

Organization Information	
Name:	
Site	
Street:	
City:	
Zip:	

Survey Contact Person	
Name:	
Title:	
Phone/Ext.:	
Email:	

Key Definitions & Guidelines

When completing this survey, please follow the definitions and guidelines outlined below:

- **Encounter:** Encounters (or "visits") are defined as documented, face-to-face contacts between a patient and a provider who exercises independent professional judgement in the provision of services to the patient.
- **User:** Users (or "patients") are individuals who have had at least one encounter during the reporting year. Within a service category (i.e. medical, dental, etc.), an individual can only be counted once as a user. A person who received multiple types of services should be counted once (and only once) for each service.
- The number of encounters should be greated than or equal to the number of users.
- Volumes provided should be unduplicated counts. If duplication exists, please note this for each line affected.

Specialty Data Request

Specialty Care Template

Statistical Information for the 12 Months Ending December 31, 2016

All Users by Payor Category and Race:	Hispanic							Non-Hispanic							Unknown/ Refused Race and Ethnicity	Clinical Total
	White	Black/ African American	Asian	American Indian/Alaska Native	Native Hawaiian/ Other Pacific Islander	More than one race	Unknown Race	White	Black/ African American	Asian	American Indian/Alaska Native	Native Hawaiian/ Other Pacific Islander	More than one race	Unknown Race		
Medicare (including Dual Eligibles)																-
Medicaid (Traditional FFS/Managed Care Medicaid)																-
Private/Commerical																-
Uninsured																
Gateway to Better Health																-
All Other																-
Total Uninsured																-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

All Encounters by Payor Category	Total
Medicare (including Dual Eligibles)	
Medicaid (Traditional FFS/Managed Care Medicaid)	
Private/Commerical	
Uninsured	
Gateway to Better Health	
All Other	
Total Uninsured	
Total	-
STANDARD Hours of Operation:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Do some specialties consistently offer **evening** hours for appointments?	
If so, which specialties?	
Are these appointments available for safety net patients (Medicaid, Uninsured, Gateway to Better Health)?	
Do some specialties consistently offer **weekend** hours for appointments?	
If so, which specialties?	
Are these appointments available for safety net patients (Medicaid, Uninsured, Gateway to Better Health)?	

Specialty Care Template

Statistical Information for the 12 Months Ending December 31, 2016

Number of Clinical FTE's by Specialty:	Non-Resident	Resident
Cardiology		
Dermatology		
Endocrinology		
Endoscopy		
ENT/Otolaryngology		
Gastroenterology (GI)		
Gynecology ONLY		
Obstetrics/Prenatal Care ONLY		
Obstetrics/Gynecology		
Hematology		
Hepatology		
Infectious Disease		
Mental/Behavioral Health		
Nephrology		
Neurology		
Neurosurgery		
Oncology		
Ophthalmology/Eye Care		
Orthopedics		
Pain Management		
Physical Therapy		
Podiatry		
Pulmonology		
Rheumatology		
Surgery -- General		
Urology		
All Other		

*Please limit to those providers geographically located in St. Louis City and County AND provide method used to calculate FTE count.

Specialty Care Template

Statistical Information for the 12 Months Ending December 31, 2016

Please complete wait time data as close to July 1, 2017 as possible.

	Days until THIRD next available appointment as of DATE (please enter DATE as of):	New Patient	Returning Patient	Urgent Patient*
	Cardiology			
	Dermatology			
	Endocrinology			
	Endoscopy			
	ENT/Otolaryngology			
	Gastroenterology (GI)			
	Gynecology ONLY			
	Obstetrics/Prenatal Care ONLY			
	Obstetrics/Gynecology			
	Hematology			
	Hepatology			
	Infectious Disease			
	Adult Psychiatry			
	Pediatric/Youth Psychiatry			
	Nephrology			
	Neurology			
	Neurosurgery			
	Oncology			
	Ophthalmology/Eye Care			
	Orthopedics			
	Pain Management			
	Physical Therapy			
	Podiatry			
	Pulmonology			
	Rheumatology			
	Surgery -- General			
	Urology			
	All Other			

*Patients who need immediate access to assistance due to medical necessity, not urgent care or emergency dept.

Specialty Care Template

Statistical Information for the 12 Months Ending December 31, 2016

Policies, as of TODAY	
In dollars, how much medical care did your organization write off as "bad debt" (see definition below) in 2016?	
In dollars, how much medical care did your organization write off as "charity care"/"sliding fee scale" (see definition below) in 2016?	
Scheduling	
Do you require payor information to schedule an appointment?	__ Y or __ N
Do any of your specialty departments require uninsured patients to pay a deposit or upfront fee prior to or during check in for their appointment?	__ Y or __ N
If yes, which departments and how much is the standard fee?	
Are different appointments available to safety net patients -- defined as uninsured, Medicaid or Gateway patients -- compared to commercially insured patients?	__ Y or __ N
What is the policy for scheduling appointments for patients with an outstanding balance? (Attach separate document, if necessary)	
Do you have a missed appointment/no-show policy?	__ Y or __ N
If yes, what is your missed appointment/no-show policy? (Attach separate document, if necessary)	
If yes, does it vary by specialty?	__ Y or __ N
Financial Assistance (discounted fee structure)/Charity Care Policies (payment slides to zero dollars)	
What is the process for applying for financial assistance and/or sliding fee schedule, including documentation requirements? (Attach separate document, if necessary)	
What documents do you require for financial assistance?	
Are patients applying for financial assistance required to receive a bill before applying?	__ Y or __ N
What is the process for applying for charity care, if different from financial assistance, including documentation requirements? (Attach separate document, if necessary)	
What documents do you require for charity care?	
Are patients applying for charity care required to receive a bill before applying?	__ Y or __ N
Do individual departments have the ability to establish their own patient financial policies or opt out of institutional charity care/financial assistance policies?	__ Y or __ N
Does the application for financial assistance and/or charity care include information about the applicant's medical condition?	__ Y or __ N
Is financial assistance available to individuals with high deductible insurance plans?	__ Y or __ N
If yes, what is the policy for accessing this assistance? (Attach separate document, if necessary)	
Do "self pay" patients receive an automatic discount from billed charges?	__ Y or __ N
If yes, is there a standard discount for all "self pay" patients who do not receive financial assistance?	__ Y or __ N
If yes, what percentage of billed charges is the a standard discount for all "self pay" patients who do not receive financial assistance?	
If a patient qualifies for financial assistance with your institution, do your facility partners require additional documentation to qualify for their financial assistance?	__ Y or __ N
Do partnering providers (e.g. physician groups, lab services, radiology, etc.) offer financial assistance?	__ Y or __ N or __N/A
Are your partnering providers (e.g. lab, radiology) obligated to honor your financial assistance program for the services they provide to qualifying patients?	__ Y or __ N
Do you provide cost estimates to patients in advance of delivering care?	__ Y or __ N
How many applications were collected in CY2016 for financial assistance, charity care and/or sliding fee schedule?	
How many were approved for charity care?	
How many were approved for financial assistance (including sliding fee scale)?	
Patient Navigation	
Are financial assistance policies publically available online?	__ Y or __ N
Do ALL patients receive basic information about financial assistance?	__ Y or __ N
Is staff available to assist patients in understanding financial assistance policies?	__ Y or __ N
Is staff available to assist patients in completing financial assistance applications?	__ Y or __ N
Is staff available to assist patients in applying for insurance coverage?	__ Y or __ N
If so, how many patients did you assist in applying for coverage during CY2016?	
Do you inform patients about the availability of prescription assistance programs?	__ Y or __ N
If yes, do you assist patients in completing applications for prescription assistance programs?	__ Y or __ N
How many people did you assist in CY 2016?	
Interpreter Use	
Do you have a written policy around language access?	__ Y or __ N
If yes, what is your language access policy? (Attach separate document, if necessary)	
Interpreter services available for limited English proficient (LEP) or Deaf/Hard of Hearing (DHH) patients (Enter "X" next to YES or NO)	__ Y or __ N
Contracted (Enter "X" next to the appropiate option)	
if contracted, please list organization.	
Employed In-House (Enter "X" next to the appropiate option)	
How many FTEs in-house interpreters available?	
Written materials available for non-English speakers (Enter "X" next to YES or NO)	__ Y or __ N
Are financial assistance policies available in languages other than English?	__ Y or __ N
Are interpreters available to explain financial assistance policies and assist patients in completing financial assistance applications?	__ Y or __ N
Total number of interpreter encounters	
Phone Encounters	
Video Ecnounters	
In Person Encounters	

Charity Care and/or sliding fee

Charges for supplies and/or services that a healthcare provider or institution would normally expect collection, but due to an individual's indigent status (per the institution's charity care/sliding fee scale policy) the provider or institution has voluntarily chosen to write off. The organization has deemed that the patient meets certain financial criteria and is unable to pay for all or a portion of the services. Services that were written off during the reporting year (CY2016), regardless of when the service was provided, should be included. In addition, any automatic discounts applied to uninsured patients (self-pay discount), regardless of meeting certain charity care criteria, may be included. Also, include non-reimbursable expenses that are deemed as eligible for coverage by the organization's charity care policy.

Bad debt

Charges for supplies and/or services that a healthcare provider or institution would normally expect to collect from the patient, but was unable to collect, and as a result had to write off, either in part or in its entirety. Services that were written off during the reporting year (CY2016), regardless of when the service was provided, should be included. This includes unpaid non-reimbursable expenses, for which the patient was responsible (excluding those services eligible for charity care coverage). Bad debt expenses should be net of any recoveries received to date for debt written off during CY2016.

Specialty Care Template

Statistical Information for the 12 Months Ending December 31, 2016

Safety Net Users by Zip Code and Payor* (to be reported in aggregate across all reporting organizations)

Zip Code of Residence (please list all St. Louis City and County zip codes)	Medicare	Private/Commerical	Medicaid	Uninsured		Total
				Gateway to Better Health	All Other Uninsured	
63001						-
63005						-
63006						-
63011						-
63017						-
63021						-
63022						-
63024						-
63025						-
63026						-
63031						-
63032						-
63033						-
63034						-
63038						-
63040						-
63042						-
63043						-
63044						-
63045						-
63074						-
63088						-
63099						-
63101						-
63102						-
63103						-
63104						-
63105						-
63106						-
63107						-
63108						-
63109						-
63110						-
63111						-
63112						-
63113						-
63114						-
63115						-
63116						-
63117						-
63118						-
63119						-
63120						-
63121						-
63122						-
63123						-
63124						-
63125						-
63126						-
63127						-
63128						-
63129						-
63130						-
63131						-
63132						-
63133						-
63134						-
63135						-
63136						-
63137						-
63138						-
63139						-
63140						-
63141						-

Zip Code of Residence (please list all St. Louis City and County zip codes)	Medicare	Private/Commerical	Medicaid	Uninsured		Total
				Gateway to Better Health	All Other Uninsured	
63143						-
63144						-
63145						-
63146						-
63147						-
63150						-
63151						-
63155						-
63156						-
63157						-
63158						-
63160						-
63163						-
63164						-
63166						-
63167						-
63169						-
63171						-
63177						-
63178						-
63179						-
63180						-
63182						-
63188						-
63190						-
63195						-
63196						-
63197						-
63198						-
63199						-
All Other MO Zip Codes						-
All IL Zip Codes						-
All Other Zip Codes						-
TOTAL	-	-	-	-	-	-

**This data should only include those patients seen within the calendar year using their last known address as of December 31, 2016 or the time of their last encounter. Add additional rows as necessary or attach a separate document.*

B. Measure Specifications

MEASURE	MEASURE SPECIFICATION
Gateway provider revenue	Total amount of claims-based revenue for all primary care services received across all Gateway providers from January 1 through December 31.
Primary clinic business hours/week	[Sum of open clinic hours between 8:00 a.m. and 5:00 p.m. Monday-Friday] / [Total number of clinic locations across all Gateway providers].
Primary clinic non business hours/week	[Sum of clinic hours before 8:00 a.m. and after 5:00 p.m. Monday-Friday] + [Sum of open clinic hours on Saturday and Sunday]
Total primary clinic hours/week	[Total number of primary clinic business hours open clinic hours] + [Total number of primary clinic non-business hours]
Available primary care services[14]	Sum [Number of "core" primary care services X number of clinics] + Sum [Number of "additional" primary care services X number of clinics]
Primary care non-urgent wait times new patients	[Sum of all non-urgent wait times for new patients for primary care services in one quarter] / [Total number of clinics]
Primary care non-urgent wait times established patients	[Sum of all non-urgent wait times for established patients for primary care services in one quarter] / [Total number of clinics]
Primary care urgent wait times new patients	[Sum of all urgent wait times for new patients for primary care services in one quarter] / [Total number of clinics]
Primary care urgent wait times established patients	[Sum of all urgent wait times for established patients for primary care services in one quarter] / [Total number of clinics]
Specialty care wait times for patients	[Sum of all non-urgent wait times for patients for specialty services reported annually] / [Total number of clinics]
Specialty care referrals	Total number of specialty referrals made by primary care providers in one year
Number of low-income uninsured adults newly enrolled in Gateway	Total number of low-income uninsured adults newly enrolled in Gateway program in one year
Percent low-income uninsured unique users	[Total number of unique users who received at least one primary care service in the Gateway program between January 1 and December 31] / [Total number of eligible[15] uninsured adults between 19 and 64 years of age in St. Louis city and county between January 1 and December 31]
Percent uninsured adults enrolled in Gateway	[Total number of adults enrolled in the Gateway program between January 1 and December 31] / [Total number of eligible uninsured adults between 19

[14] See full service array options below

[15] Adults whose incomes are 100% of the FPL

MEASURE	MEASURE SPECIFICATION
	and 64 years of age in St. Louis city and county between January 1 and December 31]
Barrier to healthcare self-report	[Total number of responses that endorse "not at all confident" and "not too confident" on each components of item five of the Enrollee Satisfaction survey] / [Total number of responses on each component of item five on the Enrollee Satisfaction survey]
Barrier to healthcare provider report	[Total number of responses that endorse "not at all confident" and "not too confident" on each component of item two of the Provider survey] / [Total number of responses on each component of Provider survey]
Engagement self-report	[Total number of responses that endorse "good" and "very good" on each components of item four of the Enrollee Satisfaction survey] / [Total number of responses on each component of item four on the Enrollee Satisfaction survey]
Newly Enrolled Office Visit	[Number of newly enrolled Gateway members who receive at least one office visit, within one year (6 months before or after reporting period start date)] / [Total number of newly enrolled Gateway members]
Medical service line average utilization	[Number of medical service line encounters for Gateway members for services received between January 1 and December 31] / [Total number of medical service line unique users between January 1 and December 31]
Medical service line unique users penetration	[Number of medical service line unique users between January 1 and December 31]/ [Number of Gateway enrollees between January 1 and December 31]
Substance use service line unique users penetration	[Number of substance use service line unique users between January 1 and December 31]/ [Number of Gateway enrollees between January 1 and December 31]
Alcohol withdrawal medication management	[Number of enrollees prescribed at least one medication[16] to manage withdrawal from alcohol between January 1 and December 31]/ [Number of enrollees with AUD diagnosis between January 1 and December 31]
Opioid withdrawal medication management	[Number of enrollees prescribed at least one medication[17] to manage withdrawal from opioids between January 1 and December 31]/ [Number of enrollees with OUD diagnosis between January 1 and December 31]
AUD medication maintenance	[Number of enrollees prescribed Disulfiram or Naltrexone HCL between January 1 and December 31]/ [Number of enrollees with AUD diagnosis between January 1 and December 31]
OUD medication maintenance	[Number of enrollees prescribed Buprenorphine HCI or Naltrexone HCL between January 1 and December 31]/ [Number of enrollees with OUD diagnosis between January 1 and December 31]

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

MEASURE	MEASURE SPECIFICATION
Physical function improvement service line unique users penetration	[Number of unique users with a primary pain-related diagnosis[18] who received at least one service under the physical function improvement service line between January 1 and December 31]/ [Number of unique users with a primary pain-related diagnosis[18] between January 1 and December 31]
Primary care provider incentive payments	Total amount of revenue from incentive payment received across all Gateway providers from January 1 through December 31.
P4P incentive criteria scores	[Sum of all criteria met by Gateway providers across one year]/ [Total number of providers]
Wellness self-report	[Total number of responses that endorse "better" on item six of the Enrollee Satisfaction survey] / [Total number of responses on each component of item six on the Enrollee Satisfaction survey]
Wellness provider report	[Total number of responses that endorse "improved" on item one of the Provider survey] / [Total number of responses on each component of item one on the Provider Satisfaction survey]
Self-reported physical function improvement	[Total number of patients with a primary pain-related diagnosis[18] with an overall score indicating a positive detectable change[19] on the PSFS between January 1 and December 31][21] / [Total number of patients with a primary pain-related diagnosis[18] that completed[20] the PSFS between January 1 and December 31][21]
Tobacco use assessment and cessation intervention	[Number of enrollees for whom documentation demonstrates that patients were queried about their tobacco use at least once within 24 months of their last visit (during measurement year) about any and all forms of tobacco use AND received tobacco cessation counseling intervention and/ or pharmacotherapy if identified as a tobacco user]/ [Number of Gateway enrollees during the measurement year with at least one medical visit during the reporting year, and with at least two medical visits ever]
Hypertension: Blood Pressure Control	[Number of enrollees whose last systolic blood pressure measurement was less than 140 mm Hg and whose diastolic blood pressure was less than 90 mm Hg] / [Number of enrollees with a diagnosis of hypertension (HTN); who were first diagnosed by the health center as hypertensive at some point before June 30 of the measurement year, and; who have been seen for medical services at least twice during the reporting year.
Diabetes: HbA1c control	[Number of enrollees with a diagnosis of Type I or Type II diabetes whose most recent hemoglobin A1c level during the measurement year is less than or equal to 9%]/ [Number of enrollees year with a diagnosis of Type I or II

[18] Gateway enrollees with a primary pain-related diagnosis as specified in Attachment F

[19] Initial patient assessment and most recent patient assessment will be assessed for change. Comparison assessment score must fall within 6 months of initial assessment. Minimum positive detectable change for single activity score is defined as a 3 point increase or greater, and minimum positive detectable change for average score (more than one defined activity) is defined as a 2 point increase or greater, as defined by Stratford, P., Gill, C., Westaway, M., & Binkley, J. (1995). Assessing disability and change on individual patients: a report of a patient specific measure. Physiotherapy Canada, 47, 258-263.

[20] A completed PSFS is defined as a patient being assessed at least 2 times between January 1 and December 31.

[21] This measure is based on patient reports. One patient may make multiple reports.

MEASURE	MEASURE SPECIFICATION
	diabetes and; who have been seen in the clinic for medical services at least twice during the reporting year]
Adult weight screening and follow-up	[Number of enrollees who had their BMI (not just height and weight) documented during their most recent visit or within 6 months of the most recent visit and if the most recent BMI is outside parameters, a follow-up plan is documented]/ [Number of enrollees who had at least one medical visit during the reporting year]
Flu Shot for adult patients	[Number of enrollees who received an influenza immunization OR who reported previous receipt of an influenza immunization]/ [Number of enrollees seen for a visit between October 1 and March 31 of the measurement year]
Use of appropriate medications for asthma	[Number of enrollees with asthma diagnosis who were ordered at least one prescription for a preferred therapy during the measurement period] / [Number of Gateway enrollees with persistent asthma and a visit during the measurement period EXCEPT enrollees with a diagnosis of emphysema, COPD, obstructive chronic bronchitis, cystic fibrosis or acute respiratory failure that overlaps the measurement period]

Service Array

Core Services
Primary Medical Care
Dental Care
Mental Health Services, *(please specify types of services available)*
Substance Abuse Services, *(please specify types of services available)*
Podiatry
Optometry
Enabling Services
Pharmacy
Chronic Disease Management
Ophthalmology
Case Management
Social Services
Referral to Specialty Care
Eligibility Assistance Services
Radiology
Clinical Laboratory Services, *(please indicate whether in-house or contracted)*

Additional Services
Nutrition
Youth Behavioral Health Services, *(please specify types of services available)*
WIC
Community Health Homeless Services
Prenatal classes/Centering Pregnancy
HIV Counseling
Urgent Care
Specialty Care, *(please specify specialties available)*
STD Clinic Services
Social Services
Other not listed, *(please specify)*

C. Enrollee Satisfaction Survey

Today's Date:

As you think about your visit today, how would you rate the following:

1. How well the staff and doctor listened to your needs and explained things in a way that was easy to understand	Poor	Fair	Okay	Good	Very Good
2. The quality of services received	Poor	Fair	Okay	Good	Very Good

3. Would you recommend [insert Health Center] to a family member or friend?	Yes	No

In an effort to better understand your Gateway experience and health center relationship, we want to know how you would answer the following:

4. Please rate your health center's communication with you:

a. How promptly we answer your phone calls	Poor	Fair	Okay	Good	Very Good
b. Information from our website and other materials to help you get the healthcare you need	Poor	Fair	Okay	Good	Very Good
c. Getting advice or help from the clinic when needed during office hours	Poor	Fair	Okay	Good	Very Good
d. Helpfulness of our health information materials	Poor	Fair	Okay	Good	Very Good

5. **<u>If the Gateway program ended</u>**, how confident are you that you could:

a. Afford to see a doctor	Not at all confident	Not too confident	Somewhat confident	Very confident
b. Afford prescription medicines	Not at all confident	Not too confident	Somewhat confident	Very confident
c. Coordinate all of your health care needs	Not at all confident	Not too confident	Somewhat confident	Very confident
d. Get necessary medical tests	Not at all confident	Not too confident	Somewhat confident	Very confident
e. Follow the treatments your doctor recommends	Not at all confident	Not too confident	Somewhat confident	Very confident

6. Since you have been enrolled in the Gateway program, do you think your overall physical health is:	Worse	Stayed the same	Better

(Continue on Back)

In an effort to better understand chronic pain in our community, we want to know how you would answer the following:

1. In the past six months, how often did you have pain?
    a. Never
    b. Some days
    c. Most days
    d. Every day

If you answered **NEVER** to question #1, please skip the remaining questions

2. In the past six months, how often did pain make personal or work activities harder to complete? (Examples: working at your job, cooking, cleaning, taking care of children, etc.)
    a. Never
    b. Some days
    c. Most days
    d. Every day

3. Does your pain ever make you feel anxious or depressed?
    a. Never
    b. Some days
    c. Most days
    d. Every day

NOTE

If your pain causes anxiety or depression, please tell someone at your health center today if you feel comfortable doing so.

4. Does your pain **get worse** when you feel anxious or depressed?
    a. Yes
    b. No
    c. N/A – I never get anxious or depressed

5. How often do you move for at least 30 minutes? (Examples: walking, stretching, swimming, etc.)
    a. Almost never
    b. 1-2 times a **month**
    c. 1-2 times a **week**
    d. 3 or more times a **week**

6. Have you talked to your doctor about your pain?
    a. No. Why not? _____
    b. Yes, and I did feel understood and supported
    c. Yes, but I did **NOT** feel understood and supported

7. What do you wish your doctor understood about your pain?

_____

_____

_____

D. Provider Survey

GBH 2018 and 2019 Referring Provider Survey

Medical Provider Survey Changes:

Continue prompting for written feedback when a provider is rated as "average" or "needs improvement"

Add Mercy cardiology and GI/hepatology to the list of providers.

Remove Dr. Theordore Otti from the list of providers.

The following questions address Gateway's impact on patient health and access to care:

1. Do you think the overall health of your patients has improved, worsened or stayed the same after enrolling in Gateway?
    - Improved
    - Worsened
    - Stayed the same

2. If the Gateway program ended, how confident are you that current Gateway enrollees could:

a. Could keep their overall health the same	Not at all confident	Not too confident	Somewhat confident	Very confident
b. Could access quality medical care	Not at all confident	Not too confident	Somewhat confident	Very confident
c. Could afford to see a primary care provider	Not at all confident	Not too confident	Somewhat confident	Very confident
d. Could afford prescription medicines	Not at all confident	Not too confident	Somewhat confident	Very confident
e. Could afford to see a specialist doctor	Not at all confident	Not too confident	Somewhat confident	Very confident

2018 - The following questions are designed to better understand the provider's perspective on chronic pain in our community:

1. Approximate the percentage of your adult encounters in which chronic pain (pain persisting for at least 3 months) is a major focus of the visit?
    - 0-25%
    - 26-50%
    - 51-75%
    - 75-100%

2. Which of the following methods do your patients utilize, in order to manage chronic pain and increase function? Choose any/all that apply:
    - Primary Care Encounters
    - Behavioral Health Consultant Encounters
    - Prescription Medication
    - Physical Therapy
    - Exercise Program with Trainer
    - Pain Doctor for Injection Therapies
    - Orthopedist or Physical Medicine
    - Chronic Pain Therapy & Support Group
    - Comprehensive Multidisciplinary Pain Management Program
    - Other (Ex: Rheumatologist, Chiropractic, Acupuncture, Massage, Weight Loss Management, Family/Friend/Community Support/Counseling/Validation)
        - Open Text Box for Comments

3. What else do you still need to help your patients in chronic pain? Choose the top 3:
    - Physical Therapy
    - Exercise Program with Trainer
    - Pain Doctor for Injection Therapies
    - Orthopedist or Physical Medicine
    - Chronic Pain Therapy & Support Group
    - Comprehensive Multidisciplinary Pain Management Program
    - Other (Ex: Massage, Rheumatologist, Chiropractic, Acupuncture, Weight Loss Management, Family/Friend/Community Support/Counseling/Validation)
        - Open Text Box for Comments

4. If you could integrate one more professional in your health home model in order to help with chronic pain, what would be your top priority?

5. If your patients had greater access to services you prioritized in questions 3 and 4, would this result in you prescribing fewer controlled substances for pain such as opioids?

2019 Additions/Changes: ***The following additional questions are designed to better understand the provider's perspective on chronic pain in our community:***

1. Approximately how many of your Gateway patients experience chronic pain? (Chronic pain is defined as pain on most days or every day in the past 6 months
    a. 0%
    b. 1-25%
    c. 26-50%
    d. 51-75%
    e. 76-100%

If you answered 0%, please skip the remaining questions

2. For what percentage of your encounters for patients with chronic pain do you request a behavioral health expert and/or community health worker to work with the patient as well??
    a. 0%
    b. 1-25%
    c. 26-50%
    d. 51-75%
    e. 76-100%

3. For what percentage of your encounters for patients with chronic pain do you refer to a chiropractor for care within your health center? (Affinia & CareSTL)
    a. 0%
    b. 1-25%
    c. 26-50%
    d. 51-75%
    e. 76-100%

4. For your patients presenting with chronic pain, do you feel you have adequate ***time*** to address their pain?
    a. Yes
    b. No

5. For your patients presenting with chronic pain, do you feel you have adequate ***training*** to address their pain?
    a. Yes
    b. No

6. Which specialty care departments presented access barriers to pain treatment services? Check all that apply:

    a. Neurology - SLUCare
    b. Neurology - WUSM
    c. Neurosurgery - SLUCare
    d. Neurosurgery - WUSM
    e. Orthopedic/Physiatry/Sports-Medicine - SLUCare
    f. Orthopedic/Physiatry/Sports-Medicine - WUSM
    g. Pain Management – WUSM
    h. Rheumatology - SLUCare
    i. Rheumatology - WUSM
    j. SLUCare Other: SLUCare Other: GI, Gynecology, Surgery, Urology
    k. WUSM Other: GI, Gynecology, Surgery, Urology
    l. Other - Write In
    m. Not Applicable/Unknown

7. Any specifics or examples you'd like to share about specialty care departments presenting access barriers to pain treatment services for your patients?

8. What do you wish specialty care providers knew about your chronic pain patients?

<u>Support Staff Survey Changes:</u>

Continue prompting for written feedback when a provider is rated as "average" or "needs improvement."

For Washington University, notate that we are asking for feedback on the Streamlined Referrals Department for two questions: overall ease of scheduling and helpfulness and courtesy of staff when scheduling.

Remove Dr. Theodore Otti from the list of providers.

2019 Additions/Changes: ***The following questions are designed to better understand the provider's perspective on chronic pain in our community:***

1. Which specialty care departments presented access barriers to pain treatment services? Check all that apply:

    a. Neurology - SLUCare
    b. Neurology - WUSM
    c. Neurosurgery - SLUCare
    d. Neurosurgery - WUSM
    e. Orthopedic/Physiatry/Sports-Medicine - SLUCare
    f. Orthopedic/Physiatry/Sports-Medicine - WUSM
    g. Pain Management – WUSM
    h. Rheumatology - SLUCare
    i. Rheumatology - WUSM
    j. **SLUCare Other**: SLUCare Other: GI, Gynecology, Surgery, Urology
    k. **WUSM Other:** GI, Gynecology, Surgery, Urology
    l. Other - Write In
    m. Not Applicable/Unknown

2. If you've been given feedback from specialty care departments as to why there are access barriers to pain treatment services, please share that feedback here. (Example: Specialty care provider requires physical therapy prior to an intervention)

Medical Providers

NOTE: Only answer questions about providers that you actively use for GBH patient referrals.

For questions contact us at GBHISSUES@stlrhc.org.

1. BJC Medical Group (ENT, cardiology & orthopedics) @ Christian NE Hospital

	N/A	Needs Improvement	Average	Above Average	Excellent
Timeliness of available appointments	○	○	○	○	○
Report from consultation provider, did you receive it?	○	○	○	○	○
Report from consultation provider, was it meaningful?	○	○	○	○	○
Rendering specialist, available to speak with you?	○	○	○	○	○

2. Washington University

	N/A	Needs Improvement	Average	Above Average	Excellent
Timeliness of available appointments	○	○	○	○	○
Report from consultation provider, did you receive it?	○	○	○	○	○
Report from consultation provider, was it meaningful?	○	○	○	○	○
Rendering specialist, available to speak with you?	○	○	○	○	○

3. Barnes-Jewish Hospital Resident Clinic

	N/A	Needs Improvement	Average	Above Average	Excellent
Timeliness of available appointments	○	○	○	○	○
Report from consultation provider, did you receive it?	○	○	○	○	○

	N/A	Needs Improvement	Average	Above Average	Excellent
Report from consultation provider, was it meaningful?	○	○	○	○	○
Rendering specialist, available to speak with you?	○	○	○	○	○

4. Saint Louis University (SLU) Care

	N/A	Needs Improvement	Average	Above Average	Excellent
Timeliness of available appointments	○	○	○	○	○
Report from consultation provider, did you receive it?	○	○	○	○	○
Report from consultation provider, was it meaningful?	○	○	○	○	○
Rendering specialist, available to speak with you?	○	○	○	○	○

5. Eye Associates

	N/A	Needs Improvement	Average	Above Average	Excellent
Timeliness of available appointments	○	○	○	○	○
Report from consultation provider, did you receive it?	○	○	○	○	○
Report from consultation provider, was it meaningful?	○	○	○	○	○
Rendering specialist, available to speak with you?	○	○	○	○	○

6. Dr. Mwintshi (nephrology) @ Nephrology & Hypertension Associates, LLC

	N/A	Needs Improvement	Average	Above Average	Excellent
Timeliness of available appointments	○	○	○	○	○
Report from consultation provider, did you receive it?	○	○	○	○	○
Report from consultation provider, was it meaningful?	○	○	○	○	○
Rendering specialist, available to speak with you?	○	○	○	○	○

7. SSM (cardiology & GI) @ St. Mary's & DePaul

	N/A	Needs Improvement	Average	Above Average	Excellent
Timeliness of available appointments	○	○	○	○	○
Report from consultation provider, did you receive it?	○	○	○	○	○
Report from consultation provider, was it meaningful?	○	○	○	○	○
Rendering specialist, available to speak with you?	○	○	○	○	○

8. Dr. Theodore Otti (nephrology) @ St. Mary's & St. Alexius

	N/A	Needs Improvement	Average	Above Average	Excellent
Timeliness of available appointments	○	○	○	○	○
Report from consultation provider, did you receive it?	○	○	○	○	○
Report from consultation provider, was it meaningful?	○	○	○	○	○
Rendering specialist, available to speak with you?	○	○	○	○	○

9. Mercy (cardiology & GI/hepatology)

	N/A	Needs Improvement	Average	Above Average	Excellent
Timeliness of available appointments	○	○	○	○	○
Report from consultation provider, did you receive it?	○	○	○	○	○
Report from consultation provider, was it meaningful?	○	○	○	○	○
Rendering specialist, available to speak with you?	○	○	○	○	○

9. Is there anything else you'd like us to know about GBH today?

Submit

Support Staff

NOTE: Only answer questions about providers that you actively use for GBH patient referrals.

For questions contact us at GBHISSUES@stlrhc.org.

1. BJC Medical Group (ENT, cardiology & orthopedics) @ Christian NE Hospital

	N/A	Needs Improvement	Average	Above Average	Excellent
Overall ease of scheduling a consultation	○	○	○	○	○
Ease of contacting the rendering provider	○	○	○	○	○
Helpfulness and courtesy of staff when scheduling	○	○	○	○	○
Timeliness of available appointments	○	○	○	○	○

2. Washington University

	N/A	Needs Improvement	Average	Above Average	Excellent
Overall ease of scheduling a consultation					
Ease of contacting the rendering provider					
Helpfulness and courtesy of staff when scheduling					
Timeliness of available appointments					

3. Barnes-Jewish Hospital Resident Clinic

	N/A	Needs Improvement	Average	Above Average	Excellent
Overall ease of scheduling a consultation					
Ease of contacting the rendering provider					
Helpfulness and courtesy of staff when scheduling					
Timeliness of available appointments					

4. Saint Louis University (SLU) Care

	N/A	Needs Improvement	Average	Above Average	Excellent
Overall ease of scheduling a consultation					
Ease of contacting the rendering provider					
Helpfulness and courtesy of staff when scheduling					

	N/A	Needs Improvement	Average	Above Average	Excellent
Timeliness of available appointments	○	○	○	○	○

5. Eye Associates

	N/A	Needs Improvement	Average	Above Average	Excellent
Overall ease of scheduling a consultation	○	○	○	○	○
Ease of contacting the rendering provider	○	○	○	○	○
Helpfulness and courtesy of staff when scheduling	○	○	○	○	○
Timeliness of available appointments	○	○	○	○	○

6. Dr. Mwintshi (nephrology) @ Nephrology & Hypertension Associates, LLC

	N/A	Needs Improvement	Average	Above Average	Excellent
Overall ease of scheduling a consultation	●	○	○	○	○
Ease of contacting the rendering provider	○	○	○	○	○
Helpfulness and courtesy of staff when scheduling	○	○	○	○	○
Timeliness of available appointments	○	○	○	○	○

7. Mercy (cardiology & GI/hepatology)

	N/A	Needs Improvement	Average	Above Average	Excellent
Overall ease of scheduling a consultation					
Ease of contacting the rendering provider					
Helpfulness and courtesy of staff when scheduling					
Timeliness of available appointments					

8. SSM (cardiology & GI) @ St. Mary's & DePaul

	N/A	Needs Improvement	Average	Above Average	Excellent
Overall ease of scheduling a consultation					
Ease of contacting the rendering provider					
Helpfulness and courtesy of staff when scheduling					
Timeliness of available appointments					

9. Dr. Theodore Otti (nephrology) @ St. Mary's & St. Alexius

	N/A	Needs Improvement	Average	Above Average	Excellent
Overall ease of scheduling a consultation					
Ease of contacting the rendering provider					
Helpfulness and courtesy of staff when scheduling					

	N/A	Needs Improvement	Average	Above Average	Excellent
Timeliness of available appointments	○	○	○	○	○

10. On the following scale, how would you rate Logisticare's scheduling process?

	1	2	3	4	5	
Very difficult	○	○	○	○	○	Not difficult

11. On the following scale, how would you rate your overall satisfaction with Logisticare's services?

	1	2	3	4	5	
Not satisfied	○	○	○	○	○	Very satisfied

12. Is there anything else you'd like us to know about GBH today?

Next

E. The Patient Specific Functional Scale

The Patient-Specific Functional Scale

This useful questionnaire can be used to quantify activity limitation and measure functional outcome for patients with any orthopaedic condition.

Clinician to read and fill in below: Complete at the end of the history and prior to physical examination.

Initial Assessment:

I am going to ask you to identify up to three important activities that you are unable to do or are having difficulty with as a result of your _____ problem. Today, are there any activities that you are unable to do or having difficulty with because of your _____ problem? (Clinician: show scale to patient and have the patient rate each activity).

Follow-up Assessments:

When I assessed you on (state previous assessment date), you told me that you had difficulty with (read all activities from list at a time). Today, do you still have difficulty with: (read and have patient score each item in the list)?

Patient-specific activity scoring scheme (Point to one number):

0 1 2 3 4 5 6 7 8 9 10

Unable to perform activity

Able to perform activity at the same level as before injury or problem

(Date and Score)

Activity	**Initial**					
1.						
2.						
3.						
4.						
5.						
Additional						
Additional						

Total score = sum of the activity scores/number of activities
Minimum detectable change (90%CI) for average score = 2 points
Minimum detectable change (90%CI) for single activity score = 3 points

PSFS developed by: Stratford, P., Gill, C., Westaway, M., & Binkley, J. (1995). Assessing disability and change on individual patients: a report of a patient specific measure. Physiotherapy Canada, 47, 258-263.

F. ICD-10-CM Diagnostic Codes for Conditions Commonly Associated with Chronic Pain

ICD-10-CM Diagnosis Code	Code Description
M545	Low back pain
M549	Dorsalgia, unspecified
M25562	Pain in left knee
M25561	Pain in right knee
M542	Cervicalgia
M1990	Unspecified osteoarthritis, unspecified site
M25511	Pain in right shoulder
M79672	Pain in left foot
M79671	Pain in right foot
M25512	Pain in left shoulder
M25569	Pain in unspecified knee
G894	Chronic pain syndrome
M25572	Pain in left ankle and joints of left foot
M25551	Pain in right hip
M2550	Pain in unspecified joint
M25552	Pain in left hip
M797	Fibromyalgia
G8929	Other chronic pain
M25571	Pain in right ankle and joints of right foot
M79641	Pain in right hand
M5430	Sciatica, unspecified side
M722	Plantar fascial fibromatosis
M179	Osteoarthritis of knee, unspecified
M79642	Pain in left hand
M5432	Sciatica, left side
M5442	Lumbago with sciatica, left side
M5412	Radiculopathy, cervical region
M5441	Lumbago with sciatica, right side
M25531	Pain in right wrist
M25519	Pain in unspecified shoulder
M5416	Radiculopathy, lumbar region
M79605	Pain in left leg
M25532	Pain in left wrist
M1712	Unilateral primary osteoarthritis, left knee
M170	Bilateral primary osteoarthritis of knee
M5136	Other intervertebral disc degeneration, lumbar region
M79604	Pain in right leg
R52	Pain, unspecified
M9903	Segmental and somatic dysfunction of lumbar region
M5440	Lumbago with sciatica, unspecified side
M79644	Pain in right finger(s)
M79674	Pain in right toe(s)
M25579	Pain in unspecified ankle and joints of unspecified foot
M130	Polyarthritis, unspecified
M7661	Achilles tendinitis, right leg
M5030	Other cervical disc degeneration, unsp cervical region
M79652	Pain in left thigh
M76822	Posterior tibial tendinitis, left leg
M654	Radial styloid tenosynovitis [de Quervain]
M1711	Unilateral primary osteoarthritis, right knee
M1710	Unilateral primary osteoarthritis, unspecified knee
M7662	Achilles tendinitis, left leg
M259	Joint disorder, unspecified
M169	Osteoarthritis of hip, unspecified
M79662	Pain in left lower leg
M79606	Pain in leg, unspecified
M79601	Pain in right arm
M25521	Pain in right elbow
M25559	Pain in unspecified hip
M222X2	Patellofemoral disorders, left knee
M4807	Spinal stenosis, lumbosacral region
M479	Spondylosis, unspecified

ICD-10-CM Diagnosis Code	Code Description
G8921	Chronic pain due to trauma
M1289	Oth specific arthropathies, NEC, multiple sites
M62838	Other muscle spasm
M25522	Pain in left elbow
M79675	Pain in left toe(s)
M79651	Pain in right thigh
M79621	Pain in right upper arm
M546	Pain in thoracic spine
M79673	Pain in unspecified foot
M79609	Pain in unspecified limb
M19011	Primary osteoarthritis, right shoulder
M1991	Primary osteoarthritis, unspecified site
M5431	Sciatica, right side
M9902	Segmental and somatic dysfunction of thoracic region
M4802	Spinal stenosis, cervical region
S86911A	Strain of unsp musc/tend at lower leg level, right leg, init
M7061	Trochanteric bursitis, right hip
M62830	Muscle spasm of back
M75101	Unsp rotatr-cuff tear/ruptr of right shoulder, not trauma
M129	Arthropathy, unspecified
M7520	Bicipital tendinitis, unspecified shoulder
M5000	Cervical disc disorder with myelopathy, unsp cervical region
M5116	Intervertebral disc disorders w radiculopathy, lumbar region
M5117	Intvrt disc disorders w radiculopathy, lumbosacral region
M7712	Lateral epicondylitis, left elbow
M7740	Metatarsalgia, unspecified foot
S83241D	Oth tear of medial meniscus, current injury, r knee, subs
S83204D	Oth tear of unsp meniscus, current injury, left knee, subs
M5489	Other dorsalgia
M7582	Other shoulder lesions, left shoulder
M7581	Other shoulder lesions, right shoulder
M5380	Other specified dorsopathies, site unspecified
M79645	Pain in left finger(s)
M79622	Pain in left upper arm
M79643	Pain in unspecified hand
M79659	Pain in unspecified thigh
M25539	Pain in unspecified wrist
M150	Primary generalized (osteo)arthritis
M5410	Radiculopathy, site unspecified
M419	Scoliosis, unspecified
M9901	Segmental and somatic dysfunction of cervical region
M9904	Segmental and somatic dysfunction of sacral region
M4800	Spinal stenosis, site unspecified
M47816	Spondylosis w/o myelopathy or radiculopathy, lumbar region
S39012S	Strain of muscle, fascia and tendon of lower back, sequela
M7062	Trochanteric bursitis, left hip
M1611	Unilateral primary osteoarthritis, right hip
S46002S	Unsp inj musc/tend the rotator cuff of l shoulder, sequela
M7500	Adhesive capsulitis of unspecified shoulder
M7521	Bicipital tendinitis, right shoulder
M160	Bilateral primary osteoarthritis of hip
M7551	Bursitis of right shoulder
M719	Bursopathy, unspecified
M5093	Cervical disc disorder, unspecified, cervicothoracic region
S300XXA	Contusion of lower back and pelvis, initial encounter
M539	Dorsopathy, unspecified
M7710	Lateral epicondylitis, unspecified elbow
M7701	Medial epicondylitis, right elbow
M7742	Metatarsalgia, left foot
M7741	Metatarsalgia, right foot
M189	Osteoarthritis of first carpometacarpal joint, unspecified
M12862	Oth specific arthropathies, NEC, left knee

ICD-10-CM Diagnosis Code	Code Description
M7501	Adhesive capsulitis of right shoulder
M12812	Oth specific arthropathies, NEC, left shoulder
M12811	Oth specific arthropathies, NEC, right shoulder
M24812	Oth specific joint derangements of left shoulder, NEC
M216X2	Other acquired deformities of left foot
M216X1	Other acquired deformities of right foot
M7071	Other bursitis of hip, right hip
M71562	Other bursitis, not elsewhere classified, left knee
M5033	Other cervical disc degeneration, cervicothoracic region
M5020	Other cervical disc displacement, unsp cervical region
M7752	Other enthesopathy of left foot
M4185	Other forms of scoliosis, thoracolumbar region
M4127	Other idiopathic scoliosis, lumbosacral region
M238X2	Other internal derangements of left knee
M238X9	Other internal derangements of unspecified knee
M5137	Other intervertebral disc degeneration, lumbosacral region
M5186	Other intervertebral disc disorders, lumbar region
M5187	Other intervertebral disc disorders, lumbosacral region
M13861	Other specified arthritis, right knee
M67814	Other specified disorders of tendon, left shoulder
M0680	Other specified rheumatoid arthritis, unspecified site
M4712	Other spondylosis with myelopathy, cervical region
M4722	Other spondylosis with radiculopathy, cervical region
M47896	Other spondylosis, lumbar region
M79632	Pain in left forearm
M79661	Pain in right lower leg
M25529	Pain in unspecified elbow
M79629	Pain in unspecified upper arm
M222X9	Patellofemoral disorders, unspecified knee
M19071	Primary osteoarthritis, right ankle and foot
M19041	Primary osteoarthritis, right hand
M19031	Primary osteoarthritis, right wrist
M5417	Radiculopathy, lumbosacral region
M24411	Recurrent dislocation, right shoulder
M2211	Recurrent subluxation of patella, right knee
M533	Sacrococcygeal disorders, not elsewhere classified
M153	Secondary multiple arthritis
M19272	Secondary osteoarthritis, left ankle and foot
M4317	Spondylolisthesis, lumbosacral region
M25642	Stiffness of left hand, not elsewhere classified
M25641	Stiffness of right hand, not elsewhere classified
S46811A	Strain of musc/fasc/tend at shldr/up arm, right arm, init
S46012A	Strain of musc/tend the rotator cuff of left shoulder, init
S39012A	Strain of muscle, fascia and tendon of lower back, init
S96912A	Strain of unsp msl/tnd at ank/ft level, left foot, init
S46919S	Strain unsp musc/fasc/tend at shldr/up arm, unsp arm, sqla
M1612	Unilateral primary osteoarthritis, left hip
S46009A	Unsp inj musc/tend the rotator cuff of unsp shoulder, init
M21949	Unspecified acquired deformity of hand, unspecified hand
M67912	Unspecified disorder of synovium and tendon, left shoulder
M2392	Unspecified internal derangement of left knee
S4990XA	Unsp injury of shoulder and upper arm, unsp arm, init encntr

G. Pay for Performance Criteria and Benchmarks

PERFORMANCE CRITERIA	BENCHMARK
All Newly Enrolled Patients – Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date).	80%
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%
Patients with Diabetes – Have one HgbA1c test within 6 months of reporting period start date.	85%
Patients with Diabetes – Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period. (estimated start date for change to metric January 1, 2021)	70%
Patients with Pain-Related Diagnoses[22] – Have received a service under the physical function improvement service line and completed a patient specific functional scale questionnaire[23] (estimated start date for new metric January 1, 2021)	40%
Patients with Substance Use Diagnoses[24] – Are prescribed a maintenance medication[25] under the substance use service line (estimated start date for new metric January 1, 2021)	50%
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%
Rate of Referral to Specialist among Tier 1/Tier 2 Enrollees	680/1000

[22] Gateway enrollees with a primary pain-related diagnosis as specified in Attachment F
[23] Patient Specific Functional Scale Questionnaire can be found in Attachment E
[24] Gateway enrollees with a diagnosis of ICD-10 Code F11
[25] Buprenorphine HCL or Naltrexone HCL

H. Independent Evaluator

As part of the Standard Terms and Conditions (STCs), as set forth by the Centers for Medicaid and Medicare Services (CMS), the demonstration project is required to hire an independent party to conduct an evaluation of the program and to ensure that the necessary data is collected to research approved hypotheses and evaluation questions. To fulfill this requirement, the SLRHC released a request for proposals (RFP) on August 23, 2017. Proposals were due back to the SLRHC by October 31, 2017. Below is the list of qualifications for the external evaluator, as expressed in the RFP.

Desired Qualifications

- Experience working with federal programs and/or demonstration waivers
- Experience with evaluating effectiveness of complex, multi-partnered programs
- Familiarity with CMS federal standards and policies for program evaluation
- Familiarity with nationally-recognized data sources
- Analytical skills and experience with statistical testing methods

A total of six proposals were submitted to the RHC and were ranked based on the following criteria: cost, experience, evaluation approach, and overall flexibility and culture fit. Based on these criteria, Mercer Government Human Services Consulting was selected as the external evaluator.

Mercer developed the final evaluation design for the 2018-2022 approval period. SLRHC staff will implement the research design, calculate the results of the study, evaluate the results for conclusions, and write the Interim and Summative Evaluation Reports. Mercer will review the research, results and report for its alignment with the research design and verify the appropriateness of the reported results.

Mercer has over 25 years assisting state governments with the design, implementation and evaluation of publicly sponsored health care programs. Mercer currently has over 25 states under contract and has worked with over 35 different states in total. They have assisted states like Arizona, Connecticut, Missouri and New Jersey in performing independent evaluations of their Medicaid programs; many of which include 1115 demonstration waiver evaluation experience. Mercer also has unique knowledge of the State of Missouri given they're experience with the MO HealthNet Division, where they provide annual evaluation reports for the Children's Health Insurance Program (CHIP) and the 1115 demonstration Women's Health program. These evaluations include the collection and analysis of eligibility, enrollment, encounter and financial data and production of year-over-year comparisons. Additionally, they have extensive experience in conducting 1915(b) waiver design and cost effectiveness analyses. In 2010, in cooperation with MO HealthNet staff, the Commission selected Mercer to perform the initial Gateway to Better Health program evaluation. Given their previous work with the Gateway program and their current work the MO HealthNet, the Mercer team is well-equipped to work effectively as the external evaluator for the Gateway program. Below is contact information for the lead coordinators from Mercer for the Gateway to Better Health evaluation:

Wendy Woske
Engagement Leader
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Heather Huff, MA
Program Manager
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Brenda Jenney, PhD
Lead Evaluator
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I. Conflict of Interest Statement

The St. Louis Regional Health Commission has taken steps to ensure that the selected external evaluator does not have any conflicts of interest in completing an impartial evaluation of the Gateway to Better Health program. Mercer is a national company, with contracts for multiple State Medicaid programs and demonstration waivers. Mercer has no vested interest in the State of Missouri, the St. Louis Regional Health Commission or the Gateway to Better Health demonstration wavier. Additionally, Mercer has signed a contract with the SLRHC that includes a "no conflict" clause, as outlined below:

"No Conflict. MERCER currently does not have or has not had a business or other relationship with any entity or individual that (i) could give rise to an economic or ethical conflict, or (ii) could reasonably be determined to impact the independence of MERCER."

J. Evaluation Budget

Appendix III
Evaluation Budget

GATEWAY TO BETTER HEALTH

Evaluation Budget

2018-2022

	2018	2019	2020	2021	2022	Total
Salaries, Benefits & Taxes						
Total Salaries, Benefts & Taxes	$ 214,570	$ 225,300	$ 236,570	$ 248,390	$ 260,820	$ 1,185,650
Office Expense						
Occupancy	$ 16,600	$ 17,100	$ 17,610	$ 18,140	$ 18,680	$ 88,130
Supplies & Printing	$ 3,000	$ 3,150	$ 3,310	$ 3,480	$ 3,650	$ 16,590
Technology & Equipment	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 25,000
Total Office Expense	$ 24,600	$ 25,250	$ 25,920	$ 26,620	$ 27,330	$ 129,720
Professional fees						
Mercer	$ 125,000	$ 51,000	$ 51,000	$ 51,000	$ 51,000	$ 329,000
MPCA	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 50,000
AHS	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 750,000
Accounting	$ 27,000	$ 28,350	$ 29,770	$ 31,260	$ 32,820	$ 149,200
Total Professional Fees	$ 312,000	$ 239,350	$ 240,770	$ 242,260	$ 243,820	$ 1,278,200
Total Cost	$ 676,170	$ 540,900	$ 554,260	$ 568,270	$ 582,970	$ 2,922,570

K. Timeline and Major Milestones

The table below highlights key milestones evaluation milestones and activities for the Gateway program and their timelines for completion.

Milestone	STC Reference	Date
Procure external vendor for evaluation services	Section XI (#39)	12/1/2017
Submit Amended Evaluation Design	Section XI (#40)	12/30/2017
Finalize Evaluation Design	Section XI, (#41)	4/30/2018
Submit Quarterly Reports	Section IX (#34)	Ongoing – due 60 days at the end of each quarter
Submit Draft Annual Report for DY9 (October 2017 – September 2018)	Section IX (#34/#35)	- 12/31/2018
Submit Draft Annual Report for DY10 (October 2018 – September 2019)	Section IX (#34/#35)	- 12/31/2019
Submit Draft Annual Report for DY11 (October 2019 – September 2020)	Section IX (#34/#35)	- 12/31/2020
Submit Interim Evaluation (January 2018 – December 2020)	Section XI (#47)	12/31/2021
Submit Draft Annual Report for DY12 (October 2020 – September 2021)	Section IX (#34/#35)	- 12/31/2021
Submit Draft Annual Report for DY13 (October 2021 – September 2022)	Section IX (#34/#35)	- 12/31/2022
Submit Summative Evaluation Report	Section XI (#48)	6/30/- 2024
Submit Draft Final Report	Section IX (#34/#35)	9/1/2022