

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

Demonstration Year: 13 (October 1, 2021 – September 30, 2022)

Federal Fiscal Quarter: 3/2022 (April 1, 2022 – June 30, 2022)

Introduction:

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

On July 28, 2010, CMS approved the State of Missouri’s “Gateway to Better Health” demonstration, which built upon the “St. Louis Model” to preserve access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net population maintained access to primary and specialty care. CMS approved one-year extensions of the demonstration on September 27, 2013, July 16, 2014, December 11, 2015, June 16, 2016, and again on September 1, 2017, for a five-year extension. In February 2015, the State of Missouri, Department of Social Services (DSS), requested authority to amend the Gateway program to provide coverage for brand name insulin and inhalers where a generic alternative was otherwise unavailable. This request was approved with an implementation date of January 1, 2016. In August 2018, the State of Missouri requested authority to amend the demonstration to include a substance use treatment benefit. The amendment request was approved with an implementation date of February 1, 2019, to cover outpatient substance use services in the primary care home, including pharmacotherapy, for Substance Use Disorder (SUD) treatment of Gateway enrollees. In October 2019, DSS requested authority to further amend the Gateway program to include a physical function improvement benefit. The amendment request was approved in October 2020, with an implementation date of January 1, 2021, to cover office visits for physical therapy, occupational therapy, chiropractic, and acupuncture services for Gateway enrollees with pain-related diagnoses. All physical function services are to be provided by the primary care home and are considered a core primary care service. The state has been authorized to spend up to \$30 million (total computable) annually to preserve and improve primary and specialty care in St. Louis, in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). This demonstration includes the following main objectives:

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

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

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

The primary goal of the Gateway to Better Health Pilot Program is to provide a bridge for safety net providers and their uninsured patients in St. Louis City and St. Louis County until coverage options become available through federal health care reform. In 2017, CMS approved a five-year extension of the demonstration program, or until Missouri Medicaid eligibility is expanded to include the waiver population. In August 2020, Missouri voters approved to expand MO HealthNet (Missouri Medicaid) benefits to adults aged 19-64 who meet certain income guidelines, thereby providing Medicaid benefits to St. Louis City and St. Louis County residents that are currently receiving Gateway to Better Health via the newly established Adult Expansion Group Medicaid category. The Gateway to Better Health Program will end after MO HealthNet benefits are explored for all current Gateway members, and once the continuous enrollment requirements established under the Public Health Emergency (PHE), end in the state. The review process for Gateway members began October 1, 2021.

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

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

The information provided below details Pilot Program process outcomes and key developments for the third quarter of Demonstration Year 13 (April 1, 2022 –June 30, 2022).

Enrollment Information:

As of July 1, 2022, 5,973 unique individuals were enrolled in Gateway to Better Health. The demonstration’s enrollment target, established to preserve budget neutrality for the project, is to maintain an average of 16,000 member months across the given fiscal year. There were no program wait lists during this quarter of the Pilot Program.

The Gateway to Better Health application became obsolete as of October 1, 2021. At that time, uninsured individuals that would typically qualify for Gateway services were encouraged to complete an application for MO HealthNet coverage. Applicants that are deemed ineligible for Medicaid coverage, but eligible for benefits under Gateway to Better Health, can still be processed for enrollment into the demonstration program by the Missouri Department of Social Services Family Support Division (FSD). However, direct Gateway applications are no longer a mechanism for this review process, as most individuals will qualify for expansion coverage and should be screened for enrollment through a Medicaid application. As of June 2022, FSD began reviewing Gateway members that have not returned review forms or submitted a full Medicaid application, using income information available to the state. Transitioning these members from the Gateway program to Medicaid coverage in good faith of eligibility, ensures continuity of care for these members in anticipation of comprehensive eligibility reviews that will take place at the close of the PHE.

DSS continued its suspension of Gateway to Better Health disenrollment this quarter as outlined in the Families First Coronavirus Response Act and will continue to defer any disenrollment until the conclusion of the Federal Emergency or until the expiration of the Gateway to Better Health waiver, whichever comes first. This suspension initially resulted in an increase in the number of Gateway enrolled members over the course of the past two Demonstration Years. However, as the review process for Gateway members’ Medicaid eligibility continues, the demonstration project experienced an average monthly loss of 2,297 members across the quarter. The majority of Gateway members enrolled at the beginning of the current fiscal year have successfully transitioned to full insurance coverage under Medicaid.

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

Health Center	Unique Individuals Enrolled as of July 1, 2022	Enrollment Months April – June 2022
BJK People’s Health Centers	1,044	4,946
Family Care Health Centers	615	2,775
Affinia Healthcare	2,366	11,557
CareSTL Health	1,182	5,423
St. Louis County Dept. of Health	766	3,482
Total	5,973	28,183

**Enrollment numbers are based on MO HealthNet enrollment data as of July 1, 2022.*

Outreach/Innovation Activities:

Each month the SLRHC shares information and gathers input about the demonstration from its 20-member board, 30-member Community and Provider Services Advisory boards, and 15-member Patient Advisory board. Full rosters of these boards may be found at www.stlrhc.org.

The SLRHC shares monthly financial, enrollment, and customer service reports about the Pilot Program with these advisory boards in addition to the Pilot Program Planning Team and the committees that report to this team; these committees include the Operations and Finance subcommittees. Members of the community, health center leadership, health center medical staff, and representatives from other medical providers in the St. Louis region are represented on these committees. Full rosters can be found in Appendix I of this report. The SLRHC was able to hold regularly scheduled virtual meetings for its public Advisory Boards to gather input around the Demonstration.

Public meetings held virtually during the third quarter are listed below:

Team	Meeting Date
Provider Services Advisory Board Meeting	April 5, 2022
Community Advisory Board Meeting	April 19, 2022
Patient Advisory Board Meeting	April 25, 2022
Joint Advisory Board Meeting and Gateway Public Forum (Provider Services, Community, and Patient Advisory Boards)	May 17, 2022
SLRHC Commission Meeting	May 18, 2022
Provider Services Advisory Board Meeting	June 7, 2022
SLRHC Commission Meeting	June 15, 2022
Community Advisory Board Meeting	June 21, 2022
Patient Advisory Board Meeting	June 27, 2022

This quarter, the SLRHC partnered closely with its advisory boards to keep them well-informed of changes in coverage. Gateway providers are reminded to continue operations as normal as the Medicaid expansion process is carried out. Providers are also encouraged to connect Gateway patients with education and assistance on the Medicaid enrollment process as individuals visit their clinics. Additionally, the Gateway to Better Health call center, Automated Health Systems (AHS), executed an outreach campaign in April 2022 to remind and inform members of Medicaid expansion changes. Of members with accessible telephone numbers, 72% were reached either by a live telephone conversation or by leaving a voice message. AHS staff encouraged members to complete a Medicaid application or submit their member review forms. SLRHC staff also performed a medical claims review to identify the program’s high utilizers that had not yet transitioned to Medicaid expansion. These members were contacted directly through a project with University of Missouri-St. Louis nursing students to further encourage their movement to improved coverage under Medicaid expansion.

The SLRHC also continues to work alongside regional health care advocates to educate the community on expanded Medicaid benefits. Legal Services of Eastern Missouri (LSEM), Saint Louis University (SLU) School of Law Center for Health Law Studies, and the SLRHC continued to staff a Medicaid Expansion HelpLine throughout the quarter, overseen by trained volunteers primarily from the SLU school of law, to answer the public's questions on Medicaid expansion changes and to help individuals complete applications over the phone. This partnership expanded to a community-wide educational campaign called CoverSTL (www.CoverSTL.org). Housed on the SLRHC's website, the campaign includes information on how to reach the Medicaid Expansion HelpLine, a step-by-step video on how to complete an application at home, a map directing the community to in-person application assistors across the region, and a resource library detailing how to utilize Medicaid coverage once secured.

Operational/Policy Development/Issues:

As noted above, DSS suspended Medicaid disenrollment through the end of the Federal Emergency as outlined in the Families First Coronavirus Response Act. This also resulted in a disenrollment suspension for the Gateway to Better Health demonstration, as eligibility and enrollment in the program is determined by DSS. This pause in disenrollment continued throughout the entirety of the third quarter of the federal fiscal year and ensures that continuity of care remains stable for Gateway patients throughout the public health crisis.

Gateway providers continue to operate throughout the COVID-19 pandemic. However, providers report multiple barriers as they work to sustain normal operations, and balance community needs around COVID-19 testing and vaccination as infection rates vacillate. Providers described staffing shortages due to COVID-19 and gaps in the available health care workforce, particularly around primary care dental services. These staffing shortages have been a continuous issue for Gateway to Better Health providers throughout the pandemic response. These issues continued throughout the current fiscal quarter and are reflective of reported patient wait times shared in future sections of this report.

Finally, the Demonstration held its annual post award public forum this quarter. Full results of the forum, including a summary of public comment, is outlined in Appendix II.

Financial/Budget Neutrality Development/Issues:

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

Consumer Issues:

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

From April 1, 2022 – June 30, 2022, the call center answered 1,011 calls, averaging approximately 16 calls per business day. Of calls answered during this time, 3 (<1%) resulted in a consumer complaint. Each consumer issue was resolved directly with the patient and associated provider(s).

All sources of complaint for this quarter were related to access to care. The type and number of complaints received during this period are outlined below:

*Table 2. Summary of Consumer Complaints, April 1, 2022 – June 30, 2022**

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	3	Patient (1) reported difficulty getting prescriptions filled. The patient was scheduled for a timely appointment and prescriptions were filled. Patient (1) reported difficulty scheduling a sick visit appointment. The patient was scheduled for a timely appointment. Patient (1) reported difficulty scheduling a dental appointment. A manager reached out to the patient. The patient was scheduled for a timely appointment.

**Reported consumer complaints are based on Automated Health Systems data as of July 7, 2022.*

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

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

Quality Assurance/Monitoring Activity:

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

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

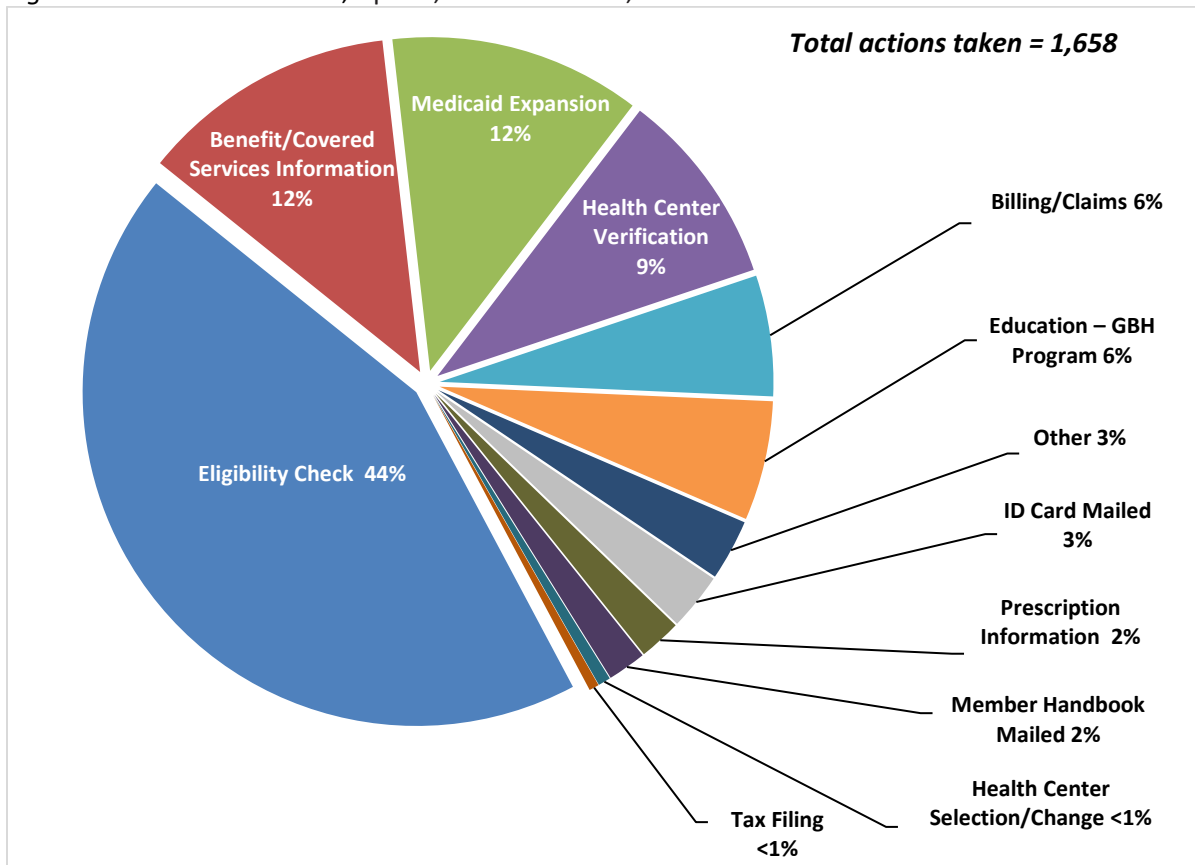
Call Center Performance

Table 3. Call Center Performance, April 1, 2022 – June 30, 2022*

Performance Measure	Outcome
Calls received	1,025
Calls answered	1,011
Average abandonment rate	1.32%
Average answer speed (<i>seconds</i>)	4
Average length of time per call (<i>minutes: seconds</i>)	5:26

*Call center performance metrics are based on Automated Health Systems data as of July 7, 2022.

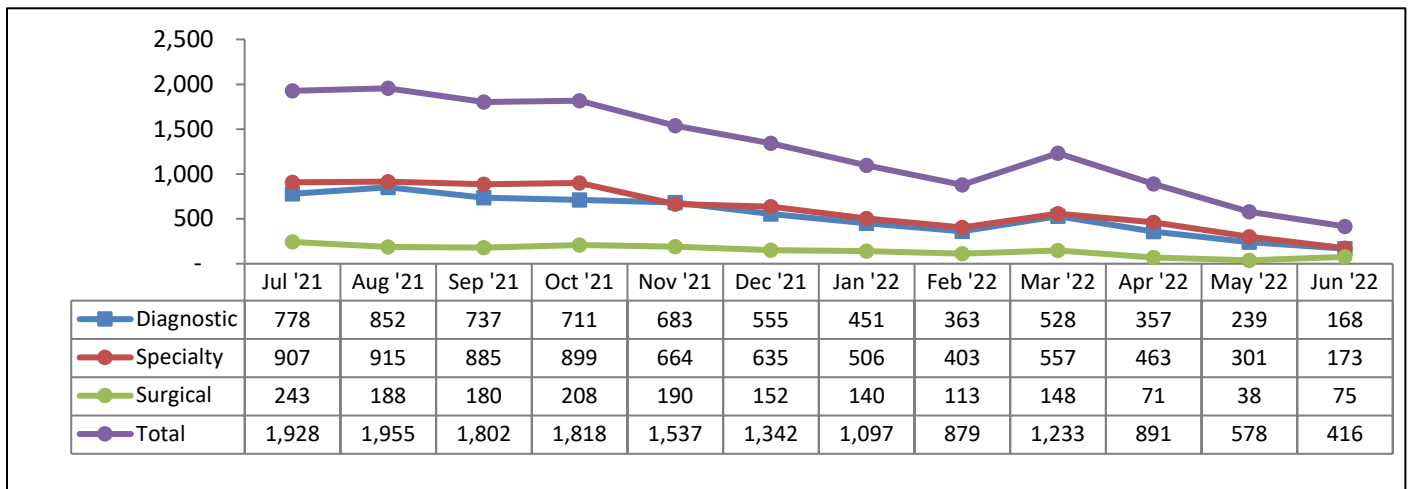
Figure 1. Call Center Actions, April 1, 2022 – June 30, 2022*



*Reported call center actions are based on Automated Health Systems data as of July 7, 2022.

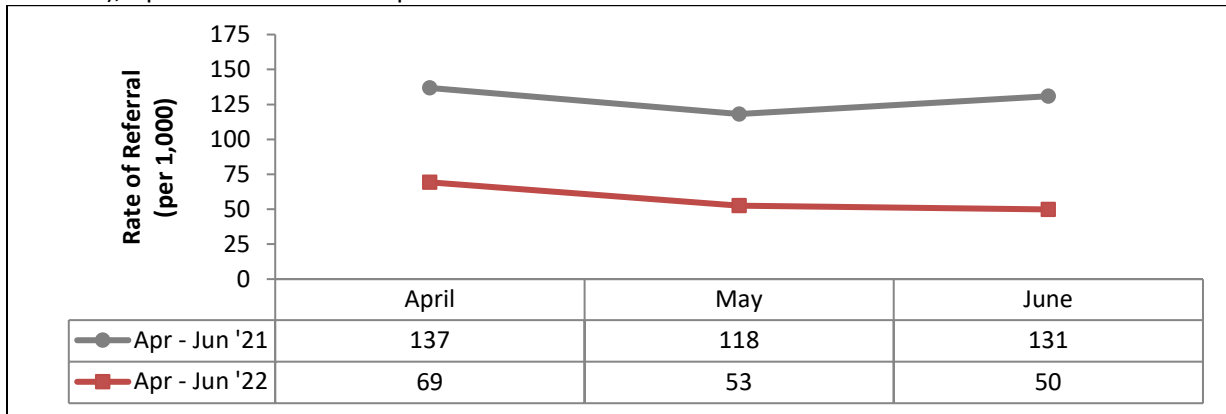
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, July 2021 – June 2022*



*Reported call center actions are based on Automated Health Systems data as of July 7, 2022.

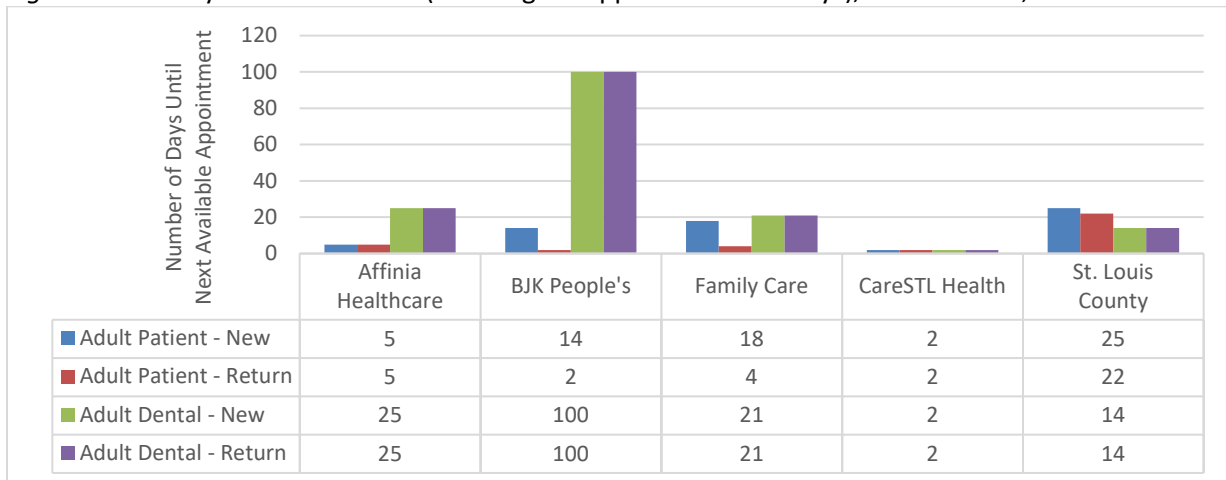
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), April – June 2021 vs. April – June 2022*



*Reported rates of medical referrals are based on Automated Health Systems data as of July 7, 2022. Referral types include diagnostic, specialty, and surgical procedures. Rate of referral is determined by using the total referrals divided by the average monthly enrollment.

Primary Care Appointment Wait Times

Figure 4. Primary Care Wait Times (Non-Urgent Appointments in Days), as of June 30, 2022*



* Wait times are self-reported as a point in time metric by individual health centers as of June 30, 2022 and calculated for Gateway patients only. Gateway primary care providers continue to report dental staffing shortages this quarter. However, clinics are also reporting same day access to urgent/emergent dental appointments when necessary as they navigate delays in routine care.

Updates on Provider Incentive Payments:

*Table 4. Summary of Provider Payments and Withholds, April – June 2022**

Providers	Provider Payments Withheld	Provider Payments Earned**
Affinia Health Centers	\$58,908	\$812,756
BJK People’s Health Centers	\$25,224	\$348,003
CareSTL Health	\$27,649	\$381,517
Family Care Health Centers	\$14,179	\$195,973
St. Louis County Department of Public Health	\$17,734	\$244,803
Voucher Providers	N/A	\$1,203,264
Total for All Providers	\$143,695	\$3,186,316

** Payments in the table above are subject to change as additional claims are submitted by providers. Reported provider payments and withholds are based on data as of July 8, 2022, for reporting period April – June 2022.*

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

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

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

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

As the COVID-19 pandemic continues to unfold, the SLRHC recognizes the burden placed on our health care community to respond to our most vulnerable populations during this crisis. Due to these impacts, holding the Demonstration’s health center partners to the pay-for-performance criteria and

methodologies outlined in the Protocol was not feasible as the project comes to a close. The SLRHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to bolster health center stability. As such, the incentive payment amounts withheld from providers during the January 1, 2022 – June 30, 2022 reporting period will be returned in full. The complete report detailing the repayment structure for this period is pending at this time and will be shared in the fourth quarterly report.

Updates on Budget Neutrality Worksheets:

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

Evaluation Activities and Interim Findings:

Alongside the demonstration's independent evaluator, Mercer Government (Mercer), the SLRHC and the State of Missouri continue to track outcomes for the Gateway to Better Health demonstration project. As health care providers navigate their continued COVID-19 response, the SLRHC will rely on the stakeholders represented on the Pilot's Program Planning Team to establish capacity levels around evaluation collaboration for the demonstration. As the project comes to a close, the measures and outcomes guaranteed in the demonstration's evaluation design will continue to be delivered on schedule.

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

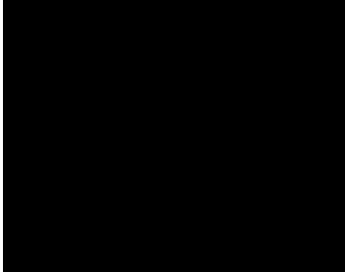
Date – Specific	Milestone	STC Reference	Date Submitted
12/1/2017	Procure external vendor for evaluation services	Section XI (#39)	Ongoing
12/30/2017	Submit Amended Evaluation Design	Section XI (#40)	12/30/2017
12/30/2017	Submit Draft Annual Report for DY8 (October 2016-September 2017)		12/30/2017
5/31/2018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

Enclosures/Attachments

Appendix I: Gateway Team Rosters

Appendix II: Post Award Forum Summary

State Contact(s):



Submitted to CMS by August 29, 2022



Pilot Program Planning Team

Dwayne Butler

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

Angela Clabon

Chief Executive Officer
CareSTL Health

Caroline Day, MD, MPH

Chief Medical Officer
Family Care Health Centers

Ron Finnan

Chief Operating Officer
St. Louis County Department of Public Health

Alan Freeman, PhD

President and Chief Executive Officer
Affinia Healthcare

Todd Richardson

Director, MO HealthNet Division
Missouri Department of Social Services

Joe Yancey

Mental Health Advocate
Places for People (retired)



Pilot Team Operations Subcommittee

Tony Amato

Assistant Director, Managed Care
SLUCare

Yvonne Buhlinger

Vice President, Development and
Community Relations
Affinia Healthcare

Felecia Cooper

Nursing Supervisor
North Central Community Health Center

Kitty Famous

Manager, CH Orthopedic & Spine Surgeons
BJC Medical Group

Cindy Fears

Director, Patient Financial Services
Affinia Healthcare

Gina Ivanovic

Manager, Referral Programs
Washington University School of Medicine

Andrew Johnson

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

Lynn Kersting

Chief Operating Officer
Family Care Health Centers

Danielle Landers

Community Referral Coordinator Supervisor
St. Louis Integrated Health Network

Antonie Mitrev

Director of Operations
Family Care Health Centers

Dr. James Paine

Chief Operating Officer
CareSTL Health

Jacqueline Randolph

Director, Ambulatory Services
BJH Center for Outpatient Health

Renee Riley

Managed Care Operations Manager
MO HealthNet Division (MHD)

Vickie Wade

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

Jody Wilkins

Clinical Services Manager
St. Louis County Department of Public Health



Pilot Team Finance Subcommittee

Mark Barry

Fiscal Director

St. Louis County Department of Health

Andrew Johnson

Senior Director, A/R Management

Washington University School of Medicine

Kevin Maddox

Chief Financial Officer

Family Care Health Centers

Rebecca Mankin

Interim Chief Financial Officer

Betty Jean Kerr People's Health Centers

Connie Sutter

Pharmacy Fiscal and Rate Setting Director

MO HealthNet Division

Missouri Department of Social Services

Janet Voss

Vice President and Chief Financial Officer

Affinia Healthcare

Jason Ware

Chief Financial Officer

CareSTL Health

Denise Lewis-Wilson

Financial Records/Revenue Manager

St. Louis County Department of Health



Post Award Forum Summary

On May 17, 2022, a post-award public hearing was held, pursuant to 42 C.F.R. § 431.420(c). This meeting was held virtually as part of a joint meeting of the St. Louis Regional Health Commission's (SLRHC) Community, Patient, and Provider Services Advisory Boards. Forty-seven people attended the meeting.

Current membership of the program was presented, alongside an update on the progress of Gateway to Better Health members' transition to Medicaid expansion coverage. The SLRHC also presented interim evaluation findings, highlighting health outcome data for the Gateway patient population.

Attendees were given the opportunity to provide feedback on the program's progress to date. Their feedback and questions raised during this meeting are presented below.

Attendee Feedback Regarding the Demonstration:

- *"GBH has been a much needed, albeit limited, lifeline for people not eligible for Medicaid or Marketplace insurance plans. The RHC has been an excellent steward of the program and has not only responded to community need but has also proactively sought input from community stakeholders to optimize resources". – Physician, Provider Services Advisory Board member*
- *"I think that GBH, while not insurance, also served as a socializer to healthcare and healthcare systems for folks who may not have ever had to navigate those spaces and negotiate what is covered and what isn't. I could see that folks on GBH would better navigate the Medicaid system". - Provider Services Advisory Board member*
- *"Gateway was a bridge. A much longer bridge than we anticipated when we started. The data demonstrates a sobering reality. Access alone does not equate to positive health outcomes. Gateway helps us to understand that as we move into Medicaid expansion and access to coverage". – Community Advisory Board member*
- *"Some members complained of difficulty navigating the provider network. But, overall, they appreciated having coverage". – Patient Advisory Board member*