

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

Demonstration Year: 11 (October 1, 2019 – September 30, 2020)

Federal Fiscal Quarter: 3/2020 (April 1, 2020 – June 30, 2020)

Introduction:

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

On July 28, 2010, CMS approved the State of Missouri’s “Gateway to Better Health” Demonstration, which built upon “the St. Louis Model” to preserve access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net population maintained access to primary and specialty care. CMS approved one-year extensions of the Demonstration on September 27, 2013, July 16, 2014, December 11, 2015, June 16, 2016, and again on September 1, 2017, for a five-year extension. In August 2018, the State of Missouri requested authority to amend the Demonstration to include a substance use treatment benefit. The amendment request was approved with an implementation date of February 1, 2019 to cover outpatient substance use services in the primary care home, including pharmacotherapy, for Substance Use Disorder (SUD) treatment of Gateway enrollees. The State has been authorized to spend up to \$30 million (total computable) annually to preserve and improve primary and specialty care in St. Louis, in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). This Demonstration includes the following main objectives:

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

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

From July 1, 2012 to December 31, 2013, the Pilot Program provided primary, urgent, and specialty care coverage to uninsured adults in St. Louis City and St. Louis County, aged 19-64, who were below

133% of the Federal Poverty Level (FPL). The Demonstration was scheduled to expire December 31, 2013. On September 27, 2013, July 16, 2014, December 11, 2015, and June 16, 2016, CMS approved one-year extensions of the Gateway Demonstration program for patients up to 100% FPL. On September 1, 2017, CMS approved a five-year extension of the Demonstration program.

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

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

The information provided below details Pilot Program process outcomes and key developments for the third quarter of Demonstration Year 11 (April 1, 2020 – June 30, 2020).

Enrollment Information:

As of July 1, 2020, 14,231 unique individuals were enrolled in Gateway to Better Health. The Gateway enrollment cap is set at 16,000, which leaves room for approximately 1,769 new members under 100% FPL. There were no program wait lists during this quarter of the Pilot Program.

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

Health Center	Unique Individuals Enrolled as of July 1, 2020	Enrollment Months April – June 2020
BJK People’s Health Centers	2,368	7,075
Family Care Health Centers	1,448	4,317
Affinia Healthcare	5,965	17,729
CareSTL Health	2,557	7,514
St. Louis County Dept. of Health	1,893	5,579
Total	14,231	42,214

**Enrollment numbers are based on MO HealthNet enrollment data as of July 1, 2020*

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 Attachment I of this report.

The SLRHC conducts orientation sessions for members of the Pilot Program on a regular basis. The sessions are open to all members but targeted toward those members newly enrolled in the program during the last six months. To date, more than 1,651 members have attended orientation sessions since its implementation in March 2015. Member orientations provide an avenue for the SLRHC to explain the program to new Gateway members and to gather feedback from patients. As of January 2017, member orientations are held twice a year at each site. Due to the Coronavirus (COVID-19) pandemic, all member orientation sessions were canceled during the third quarter of the year (April 1, 2020 – June 30, 2020). However, the SLRHC was able to virtually hold the regularly scheduled meetings for its public Advisory Boards to gather input around the Demonstration. Public meetings held during the third quarter are listed below:

Team	Meeting Date
SLRHC Commission Meeting	April 15, 2020
Joint Advisory Board Meeting (Provider Services, Community, and Patient Advisory Boards)	May 19, 2020
SLRHC Commission Meeting	May 20, 2020
Provider Services Advisory Board Meeting	June 2, 2020
Community Advisory Board Meeting	June 16, 2020
SLRHC Commission Meeting	June 17, 2020
Patient Advisory Board Meeting	June 22, 2020

On average, the Gateway program accepted 324 applications per month during the quarter. Application levels were considerably lower than amounts typically seen across any given period throughout the Demonstration’s history, due to the uncharacteristic patient volumes attributed to the COVID-19 pandemic. A substantial portion of Gateway to Better Health patients enroll in the program when visiting the Demonstration’s primary care provider sites to access care. To ensure the safety of patient and clinical staff during the COVID-19 pandemic, partner sites offered reduced hours and location availability for their patients. Although the program experienced a considerably lower rate of application than is typically seen, the Missouri Department of Social Services’ suspension of

disenrollment resulted in the program experiencing an average monthly gain of 265 members across the quarter.

Additionally, four outreach meetings providing COVID-19 education were held virtually this quarter for Gateway to Better Health members. A mailer outlining meeting details was sent to each member announcing the availability of SLRHC and health center staff to address their concerns and questions about coverage options, COVID-19 safety precautions, and testing availability. A total of 256 members attended the sessions outlined below:

Virtual Patient Meetings	Meeting Date
Zoom Video Conference Meeting	May 27, 2020
Teleconference Meeting	May 27, 2020
Teleconference Meeting	May 28, 2020
Zoom Video Conference Meeting	May 28, 2020

In addition to these outreach meetings, the SLRHC joined forces with other local healthcare organizations to ensure the most vulnerable residents of the St. Louis region, including the Gateway to Better Health population, had access to up-to-date and accurate information concerning the spread of COVID-19. These partners established a collaborative campaign, PrepareSTL, which is powered by the Missouri Foundation for Health (MFH) in partnership with the SLRHC, the City of St. Louis Department of Health, the St. Louis County Department of Public Health, and other community health organizations. The goal of the campaign is to prepare St. Louisans for the effects of COVID-19, how to stop its spread, and how to survive the pandemic physically, emotionally, and economically. PrepareSTL targets disproportionately impacted community members, specifically African Americans, immigrants, low to moderate income residents, and seniors living in St. Louis City and County.

To accomplish its mission, PrepareSTL activated more than 75 community volunteers, outfitted in personal protective equipment (PPE), for a large-scale canvassing effort to distribute laminated posters and sandwich boards in more than 700 public places in North County and City. This effort targeted areas of the virus' highest impact in the St. Louis Community, where the majority of Gateway members reside. The following outreach efforts were provided:

- Education around hygiene, social distancing, and hand washing techniques necessary to prevent virus spread
- Promotion of free COVID- 19 testing through community health centers
- Dispersal of over 100,000 PPE kits to community members

In addition to the PrepareSTL campaign, the SLRHC agreed to serve as the fiscal agent overseeing the collection of private community funds to support and manage the region's response to COVID-19. The "SLRHC COVID-19 Emergency Fund" covered the costs of urgent medical supplies and equipment, testing for uninsured patients, and the expansion of capacity across community healthcare organizations, primarily Federally Qualified Health Centers (FQHC). The emergency fund served as a bridge in care, supporting health centers in the effort to sustain their patient base until further emergency federal and local funding could be accessed. As of June 2020, the SLRHC was able to partner alongside the City of St. Louis Department of Health and FQHCs to offer free COVID-19 testing to all residents of St. Louis City.

Operational/Policy Development/Issues:

The SLRHC has several operational updates to report during the third quarter (April 1, 2020 – June 30, 2020) as a result of the necessary response to the COVID-19 pandemic.

As outlined in previous reports, community health centers instituted several protective measures for their patient populations in response to the pandemic that were necessary to continue throughout the third quarter (April 1, 2020 – June 30, 2020). Health centers operated with reduced hours and location availability, putting their primary focus on seeing patients with emergent medical needs. When appropriate, telehealth video visits were made available to patients as a safer means of treatment. At the close of this quarter, clinics are operating at nearly full capacity, ensuring Gateway to Better Health members can gain access to care at their primary care health home clinic. Furthermore, the Missouri Department of Social Services (DSS) has suspended disenrollment from the MO HealthNet (Medicaid) program through the end of the Federal Emergency as outlined in the Families First Coronavirus Response Act. This also resulted in a disenrollment suspension for the Gateway to Better Health Demonstration, as eligibility and enrollment in the program is determined by DSS. This pause in disenrollment continued throughout the entirety of the third quarter of the federal fiscal year and ensured that continuity of care remains stable for Gateway patients throughout this crisis.

Additionally, the Demonstration has one provider update to convey this quarter. Effective June 2020, an existing ophthalmology services provider, Eye Associates, has merged with Washington University School of Medicine's Ophthalmology Department. As both providers were previously contracted to provide service under the Demonstration, this merger will not affect the referral process or services provided for Gateway to Better Health enrollees.

Financial/Budget Neutrality Development/Issues:

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

Consumer Issues:

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

From April – June 2020, the call center answered 2,230 calls, averaging approximately 35 calls per business day. Of calls answered during this time, 6 (<1%) resulted in a consumer complaint. The six consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints 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, 2020 – June 30, 2020**

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	6	Patient (1) reported difficulty scheduling an appointment. The patient was scheduled for a timely appointment. Patients (3) reported difficulty scheduling new patient appointments. In all cases, the patients were scheduled for timely appointments. Patient (1) reported being provided incorrect information about an appointment date and location. The clinic manager apologized and made sure the patient was scheduled according to their requests for future appointments. Patient (1) reported difficulty accessing care at the health center. The patient was scheduled for a timely appointment.

**Reported consumer complaints are based on Automated Health Systems data as of July 6, 2020.*

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:

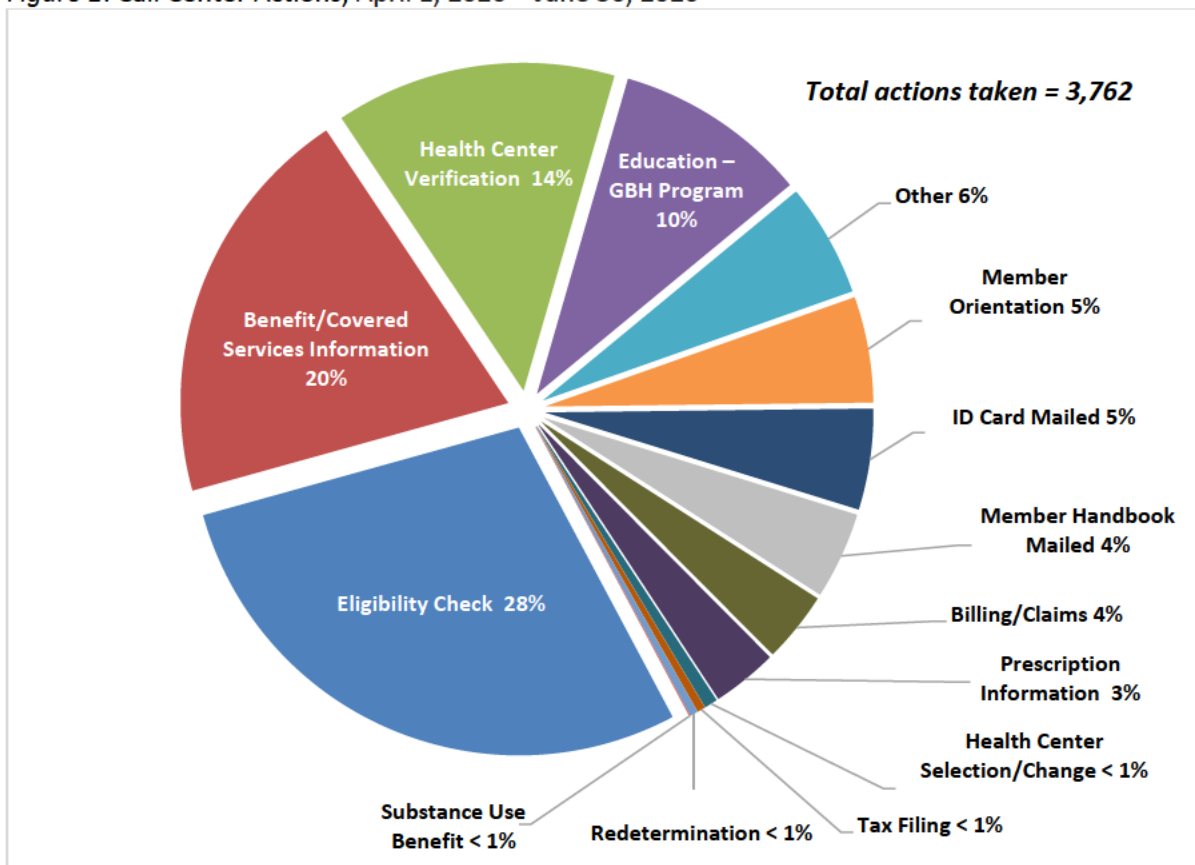
Call Center Performance

Table 3. Call Center Performance, April 1, 2020 – June 30, 2020*

Performance Measure	Outcome
Calls received	2,230
Calls answered	2,183
Average abandonment rate	2.25%
Average answer speed (seconds)	7
Average length of time per call (minutes: seconds)	4:03

*Call center performance metrics are based on Automated Health Systems data as of July 6, 2020.

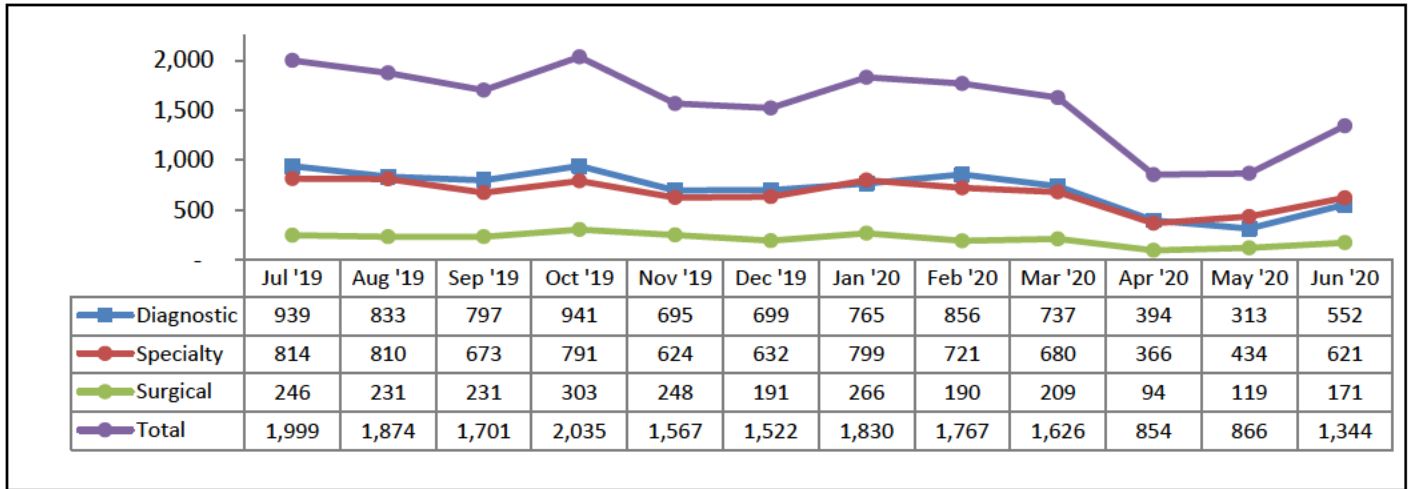
Figure 1. Call Center Actions, April 1, 2020 – June 30, 2020*



*Reported call center actions are based on Automated Health Systems data as of July 6, 2020.

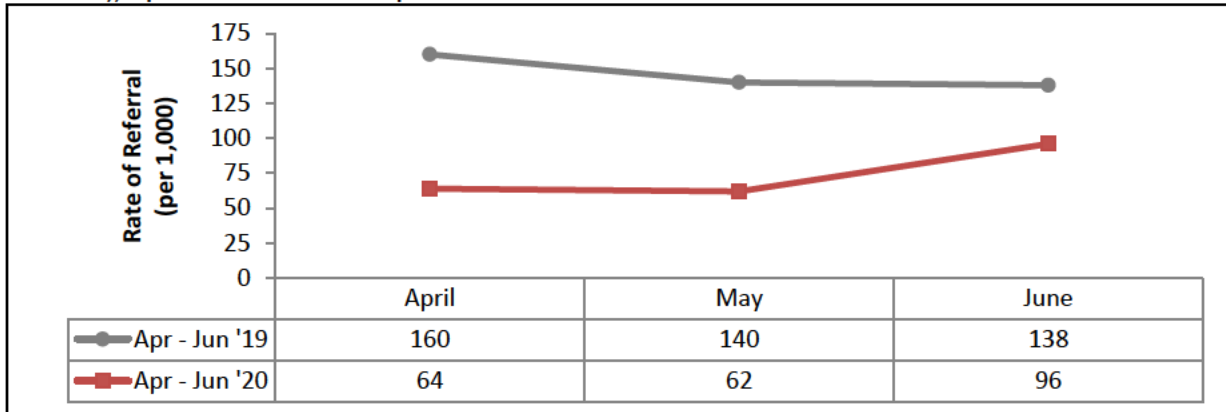
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, July 2019 – June 2020*



*Reported call center actions are based on Automated Health Systems data as of July 6, 2020.

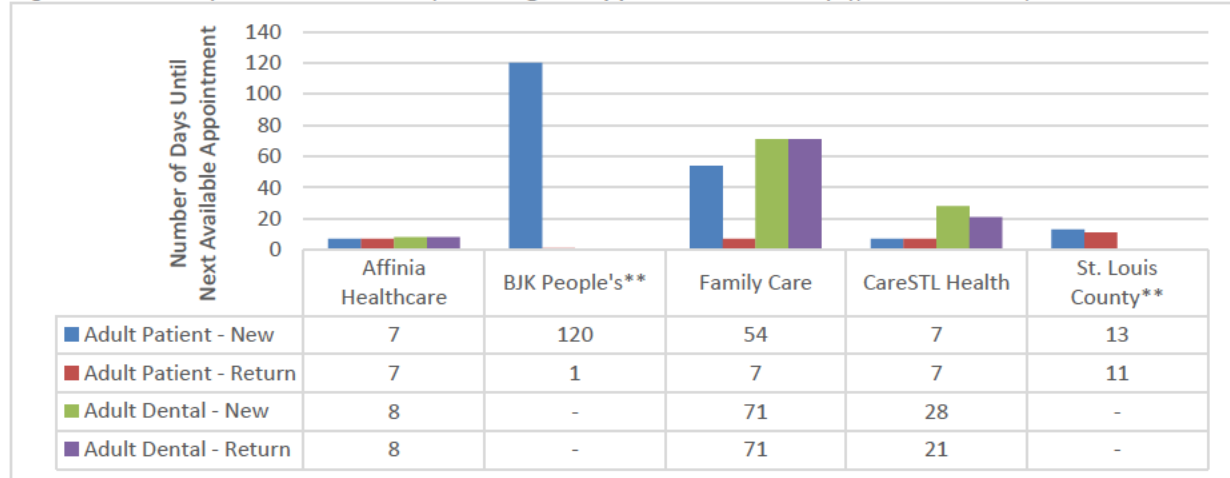
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), April – June 2019 vs. April - June 2020*



*Reported rates of medical referrals are based on Automated Health Systems data as of July 6, 2020. 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, 2020*



*Wait times are self-reported by individual health center as of June 30, 2020 and calculated for Gateway patients only. Due to the Coronavirus (COVID-19) pandemic, health centers experienced abnormal wait times this quarter.

**Due to measures aimed at preventing the spread of COVID-19, Betty Jean Kerr People’s Health Center reported that all dental visits are triaged for urgency, with only emergent requests receiving accommodation. Additionally, the St. Louis County Department of Public Health reported that dental visits at their centers are primarily treated via phone triage and that visits are restricted to emergent appointments only until the center is able to install the proper sanitization equipment required for safe, routine treatment.

Updates on Provider Incentive Payments:

Table 4. Summary of Provider Payments and Withholds, April – June 2020*

Providers	Provider Payments Withheld	Provider Payments Earned**
Affinia Health Centers	\$87,633.32	\$1,212,441.32
BJK People’s Health Centers	\$35,077.44	\$485,302.48
CareSTL Health	\$37,250.89	\$515,365.10
Family Care Health Centers	\$21,189.07	\$293,172.65
St. Louis County Department of Public Health	\$27,683.31	\$383,011.71
Voucher Providers	N/A	\$1,892,681.73
Total for All Providers	\$208,834.03	\$4,781,974.99

* Payments in the table above are subject to change as additional claims are submitted by providers. Reported provider payments and withholds are based on data as of July 7, 2020 for reporting period April – June 2020.

**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 the healthcare community to respond to our most vulnerable populations during this crisis. The procurement of urgent medical supplies and equipment, costs of testing patients, transitional staffing, and expanding capacity and navigation services to meet the needs of the increased demand has been paramount for our community healthcare organizations. Due to the guidelines to limit occupancy capacity as mandated by the local governing bodies, holding the Demonstration’s health center partners to the Pay-for-Performance criteria and methodologies outlined in the Incentive Protocol would not be feasible. The SLRHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to bolster health center stability and to ensure the successful return to normal business operations during this unprecedented time. As such, the incentive payment amounts withheld from providers during the January 1, 2020 – June 30, 2020 reporting period will be returned in full. The complete report outlining the payment structure for this reporting period is pending at this time and will be provided in the fourth quarterly report of the federal fiscal year.

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 external evaluator for the Gateway to Better Health Demonstration, Mercer Government Human Services Consulting (Mercer), the SLRHC and the State of Missouri continue to track outcomes for the Gateway to Better Health Demonstration project. The metrics outlined in the evaluation design of the Demonstration will be reported in the annual report of the current demonstration year.

An additional update exists this quarter around the annual Demonstration survey collection period for patients and providers connected to the project. The SLRHC conducts satisfaction surveys with referring physicians (including support staff) and Gateway to Better Health enrollees on a regular basis. Patient and provider satisfaction evaluations are typically conducted in the summer of each federal fiscal year. Results from these evaluations are provided in the Demonstration's annual report. As the COVID-19 pandemic struck the St. Louis community, the region's healthcare system transitioned into crisis management mode. Clinics consolidated their locations, triaged the most urgent needs first, and prioritized staff and patient safety in reaction to the many unknown factors of this virus. In order to collect patient data, the Demonstration relies upon support staff at each clinic location to disperse and collect survey materials during the normal course of patient registration. With uncharacteristic patient volumes, enforcement of additional COVID-19 screening measures, and reduced clinic locations and staff, it was determined that the collection of this data would place an undue burden upon clinic partners. The SLRHC consulted Mercer and determined that the suspension of the survey period for Demonstration Year 11 would be the most sensible course of action. The data collected annually throughout the Demonstration has remained consistent over the course of the evaluation period, assuring that the disruption in data collection for this federal fiscal year will not negatively impact the approved evaluation design. The measures and outcomes guaranteed in the Demonstration's evaluation design will be delivered on schedule.

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

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

Enclosures/Attachments:

Attachment I: Gateway Team Roster
Attachment II: Post Award Forum Summary

State Contact(s):



Submitted to CMS by August 31, 2020