

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

Demonstration Year: 12 (October 1, 2020 – September 30, 2021)

Federal Fiscal Quarter: 3/2021 (April 1, 2021 – June 30, 2021)

**Introduction:**

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

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

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

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

ConnectCare, Affinia Healthcare, and CareSTL Health. The program transitioned to a coverage model pilot on July 1, 2012.

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

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

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

The information provided below details Pilot Program process outcomes and key developments for the third quarter of Demonstration Year 12 (April 1, 2021 – June 30, 2021).

### **Enrollment Information:**

As of July 1, 2021, 16,171 unique individuals were enrolled in Gateway to Better Health. The Demonstration's enrollment target, established to preserve budget neutrality for the project, is to maintain an average of 16,000 member months across the given fiscal year. For the current fiscal year, the program's average is presently 15,534 member months. The SLRHC will continue to monitor enrollment as the fiscal year progresses. There were no program wait lists during this quarter of the Pilot Program.

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

Health Center	Unique Individuals Enrolled as of July 1, 2021	Enrollment Months April – June 2021
BJK People’s Health Centers	2,785	8,173
Family Care Health Centers	1,654	4,867
Affinia Healthcare	6,669	19,769
CareSTL Health	2,914	8,579
St. Louis County Dept. of Health	2,149	6,337
<b>Total</b>	<b>16,171</b>	<b>47,725</b>

\*Enrollment numbers are based on MO HealthNet enrollment data as of July 1, 2021.

**Outreach/Innovation Activities:**

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

The SLRHC shares monthly financial, enrollment, and customer service reports about the Pilot Program with these advisory boards in addition to the Pilot Program Planning Team and the committees that report to this team; these committees include the Operations and Finance subcommittees. Members of the community, health center leadership, health center medical staff, and representatives from other medical providers in the St. Louis region are represented on these committees. Full rosters can be found in Appendix I of this report.

The SLRHC typically conducts orientation sessions for members of the Pilot Program on a regular basis. The sessions are open to all members but targeted toward those members newly enrolled in the program during the last six months. To date, more than 1,651 members have attended orientation sessions since its implementation in March 2015. Member orientations provide an avenue for the SLRHC to explain the program to new Gateway members and to gather feedback from patients. As of January 2017, member orientations are held twice a year at each site. Due to the Coronavirus (COVID-19) pandemic, no member orientation sessions were held during the third quarter of the fiscal year (April 1, 2021 – June 30, 2021). However, the SLRHC was able to virtually hold the regularly scheduled meetings for its public Advisory Boards to gather input around the Demonstration. Public meetings held during the third quarter are listed below:

<b>Team</b>	<b>Meeting Date</b>
Provider Services Advisory Board Meeting	April 6, 2021
Community Advisory Board Meeting	April 20, 2021
Patient Advisory Board Meeting	April 26, 2021
Joint Advisory Board Meeting (Provider Services, Community, and Patient Advisory Boards)	May 18, 2021
SLRHC Commission Meeting	May 19, 2021
Provider Services Advisory Board Meeting	June 1, 2021
Community Advisory Board Meeting and Post Award Public Forum	June 15, 2021
SLRHC Commission Meeting	June 16, 2021
Patient Advisory Board Meeting	June 28, 2021

On average, the Gateway program received 477 applications per month during the quarter. The Demonstration continues to experience lower application rates than is typically observed. This dip in applications is attributed to uncharacteristic patient volumes across Gateway to Better Health provider locations due to the COVID-19 pandemic. A substantial portion of Gateway to Better Health patients enroll in the program when visiting the Demonstration’s primary care provider sites to access care. Although the program experienced a lower application rate than is typically seen, the Missouri Department of Social Services’ (DSS) suspension of disenrollment resulted in the program experiencing an average monthly gain of 144 members across the quarter.

This quarter, the SLRHC continued its support of collaborative efforts aimed at ensuring the most vulnerable residents across the region continue to have access to up-to-date and accurate information concerning the spread of COVID-19. This work, a cooperative initiative called PrepareSTL, targets disproportionately impacted community members including Gateway to Better Health enrollees, African Americans, immigrants, low to moderate income residents, and seniors living in St. Louis City and County. The SLRHC partnered with regional hospitals, the St. Louis Metropolitan Pandemic Task Force, the COVID-19 Regional Response Team (RRT), and PrepareSTL to establish communication strategies that provide cohesive vaccine education. VaccinateSTL.org, housed on the SLRHC’s website, provides local vaccine roll-out information, connects vulnerable patients to vaccine education, and directs visitors to vital community resources. This quarter, Vaccinate STL implemented a communication platform that connects community organizations to local medical providers that can sponsor COVID-19 vaccination events within the community. This effort was developed in response to feedback received around regional vaccination tables noting that reaching vulnerable populations was becoming more difficult, even as vaccine availability became more prevalent. Outreach spearheaded by the SLRHC and its partners will continue to bolster recovery efforts for those across the St. Louis region that are disproportionately affected by COVID-19, including Gateway to Better Health patients.

### **Operational/Policy Development/Issues:**

The SLRHC has several operational updates to report during the third quarter (April 1, 2021 – June 30, 2021).

Gateway providers continue to operate with slightly reduced hours and location availability as they balance the demand to provide COVID-19 testing, while accommodating community vaccination needs. When appropriate, telehealth visits continue to be offered to patients as a safer means of treatment to reduce unnecessary in person contact. As was shared in the previous quarterly report, the St. Louis County Department of Public Health consolidated its three primary care clinic locations down to two sites last quarter, in order to devote one location entirely to regional vaccination efforts. At the time of this reporting, all three St. Louis County primary care locations are again providing typical service, as the demand for vaccination appointments has decreased. Currently, all Gateway to Better Health patients can access a free COVID-19 vaccine through their primary care health home. All five primary care partners also continue to provide access to free COVID-19 testing for Gateway to Better Health members.

The Missouri Department of Social Services (DSS) suspended disenrollment from the MO HealthNet (Medicaid) program through the end of the Federal Emergency as outlined in the Families First Coronavirus Response Act. This also resulted in a disenrollment suspension for the Gateway to Better Health Demonstration, as eligibility and enrollment in the program is determined by DSS. This pause in disenrollment continued throughout the entirety of the third quarter of the federal fiscal year and ensured that continuity of care remains stable for Gateway patients throughout this crisis.

Finally, the Demonstration held its annual post award public forum this quarter. Full results of the forum, including a summary of public comment, are 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, 2021 – June 30, 2021, the call center answered 2,417 calls, averaging approximately 38 calls per business day. Of calls answered during this time, 25 (1%) resulted in a consumer complaint. Each consumer issue was resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter was 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, 2021 – June 30, 2021\*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Member Services	2	<p>Patient (1) is dissatisfied with treatment received at the health center. The patient was seen for a dental procedure not covered by Gateway. Confusion occurred around requested documentation. The patient acknowledged understanding.</p> <p>Patient (1) was charged a co-pay outside of the Gateway scale. The patient was issued a refund.</p>
Access to Care	13	<p>Patient (1) reported difficulty scheduling an appointment. A timely appointment was scheduled.</p> <p>Patient (1) reported difficulty obtaining chiropractic services. The patient was referred to Logan Chiropractic via BJK People's agreement. An appointment was scheduled.</p> <p>Patient (1) reported difficulty scheduling an appointment. The patient was previously dismissed by the health center. The patient selected a new health center.</p> <p>Patient (1) reported difficulty getting prescriptions filled. The patient opted to change health centers.</p> <p>Patient (1) reported difficulty getting a prescription filled. The provider made a phone assessment and the prescription was ordered.</p> <p>Patient (1) reported difficulty scheduling an eye exam. Washington University Eye Center scheduled a timely appointment.</p> <p>Patient (1) reported difficulty obtaining test results. The health center was waiting on the test results. A referral was entered for another issue.</p> <p>Patient (1) reported difficulty obtaining podiatry services. The patient had an x-ray and was referred to Orthopedics.</p> <p>Patient (1) reported difficulty obtaining podiatry services. The patient opted to change health centers.</p> <p>Patient (1) reported difficulty getting in contact with their PCP. The health center left a message for the patient about test results. The patient had an upcoming appointment scheduled.</p> <p>Patient (1) reported difficulty obtaining a referral. The patient had an upcoming appointment scheduled. The referral will be discussed.</p> <p>Patient (1) reported difficulty getting a prescription filled. The provider sent the prescription to the health center pharmacy to be filled at the Gateway co-pay rate.</p> <p>Patient (1) reported dissatisfaction with dental services received. Patient was scheduled a timely appointment and provided additional service.</p>

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Transportation	10	<p>Patient (1) was assigned the wrong type of transportation provider. ModivCare confirmed the wrong transportation provider was assigned. The information was forwarded to Customer Advocate leadership for coaching and care coordination.</p> <p>Provider (1) reported transportation provider was unaware of round-trip coordination for patient. ModivCare confirmed patients should use "Where's My Ride" number to activate return rides. The patient was added to care coordination for future trip monitoring.</p> <p>Patient (1) reported difficulty scheduling transportation through the health center. The health center scheduled transportation.</p> <p>Patient (1) reported transportation was a no-show for a scheduled pick-up. ModivCare apologized for the no-show. They placed a call to Affinia on behalf of the patient advising the missed appointment was due to a transportation issue.</p> <p>Providers (2) reported difficulty scheduling transportation for a patient. ModivCare apologized to the provider. The trip was scheduled. CSR and Supervisor coaching was provided regarding future Gateway reservations.</p> <p>Patient (1) reported difficulty scheduling transportation through the health center. The patient's appointment was rescheduled along with transportation.</p> <p>Patient (1) reported transportation had been cancelled without reason. ModivCare apologized for the no-show. They placed a call to Affinia on behalf of the patient advising the missed appointment was due to a transportation issue.</p> <p>Patient (1) reported difficulty scheduling transportation through the health center. The patient was calling the wrong number. The health center reached out to schedule transportation.</p> <p>Patient (1) reported difficulty scheduling transportation through the health center. The patient asked the incorrect department to schedule transportation. The appointment staff reached out to the patient to schedule transportation.</p>

*\*Reported consumer complaints are based on Automated Health Systems data as of July 7, 2021.*

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

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

**Quality Assurance/Monitoring Activity:**

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

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

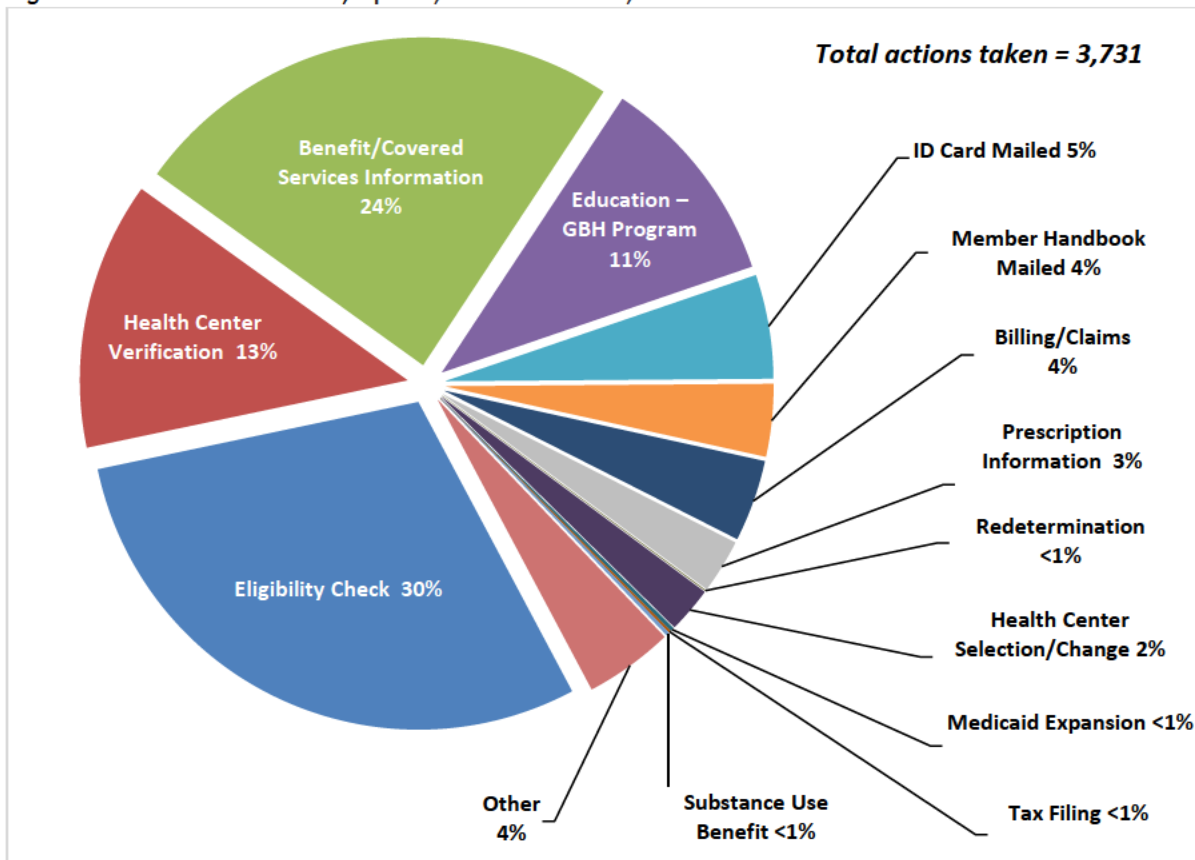
Call Center Performance

Table 3. Call Center Performance, April 1, 2021 – June 30, 2021\*

Performance Measure	Outcome
Calls received	2,454
Calls answered	2,417
Average abandonment rate	1.51%
Average answer speed (seconds)	7
Average length of time per call (minutes: seconds)	3:29

\*Call center performance metrics are based on Automated Health Systems data as of July 7, 2021.

Figure 1. Call Center Actions, April 1, 2021 – June 30, 2021\*

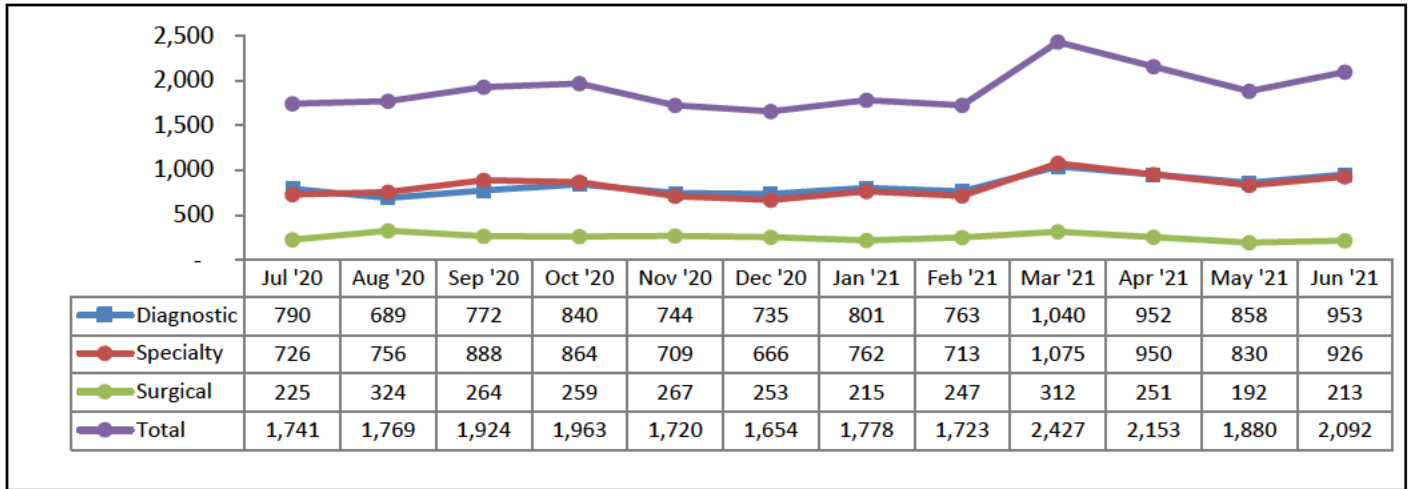


\*Reported call center actions are based on Automated Health Systems data as of July 7, 2021.



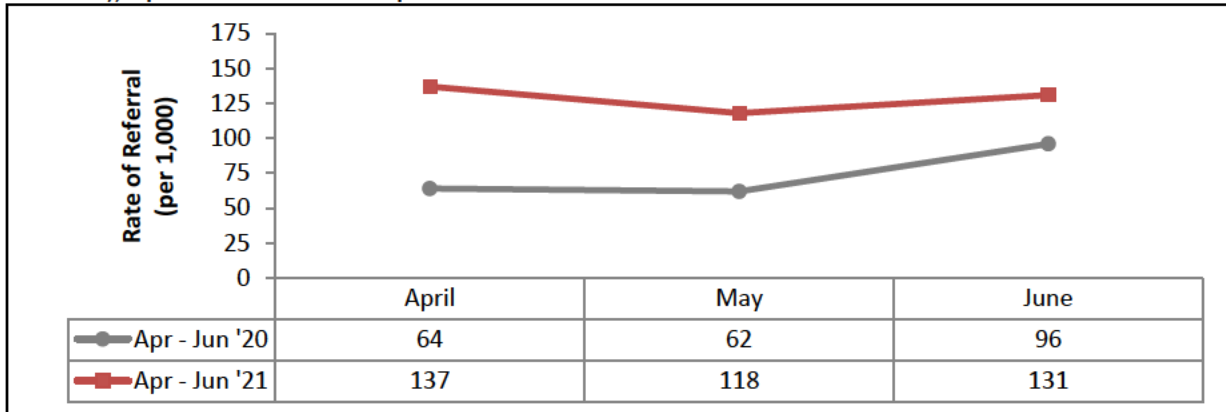
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, July 2020 – June 2021\*



\*Reported call center actions are based on Automated Health Systems data as of July 7, 2021.

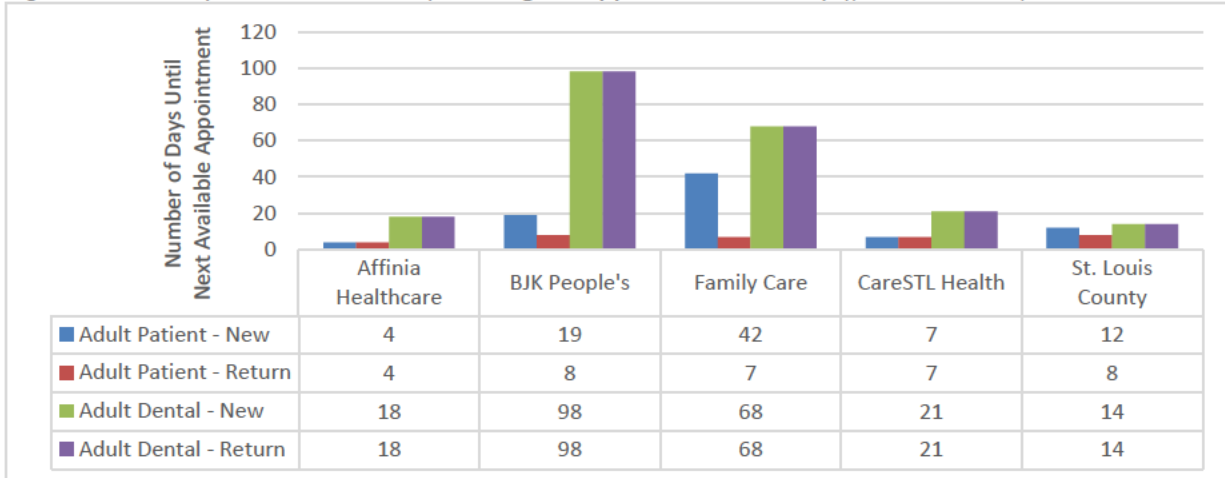
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), April – June 2020 vs. April – June 2021\*



\*Reported rates of medical referrals are based on Automated Health Systems data as of July 7, 2021. Referral types include diagnostic, specialty, and surgical procedures. Rate of referral is determined by using the total referrals divided by the average monthly enrollment.

Primary Care Appointment Wait Times

Figure 4. Primary Care Wait Times (Non-Urgent Appointments in Days), as of June 30, 2021\*



\*Wait times are self-reported by individual health centers as of June 30, 2021 and calculated for Gateway patients only. Due to the COVID-19 pandemic, health centers continued to experience abnormal wait times this quarter.

**Updates on Provider Incentive Payments:**

*Table 4. Summary of Provider Payments and Withholds, April – June 2021\**

<b>Providers</b>	<b>Provider Payments Withheld</b>	<b>Provider Payments Earned**</b>
Affinia Healthcare	\$201,012	\$1,396,619
BJK People’s Health Centers	\$81,022	\$579,870
CareSTL Health	\$87,131	\$608,028
Family Care Health Centers	\$49,229	\$344,551
St. Louis County Department of Public Health	\$64,386	\$448,282
Voucher Providers	N/A	\$2,727,065
<b>Total for All Providers</b>	<b>\$482,780</b>	<b>\$6,104,415</b>

*\* 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 1, 2021 for reporting period April – June 2021.*

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

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

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

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

As the COVID-19 pandemic continues to unfold, the SLRHC recognizes the burden placed on our health care community to respond to our most vulnerable populations during this crisis. The procurement of urgent medical equipment, costs of testing and vaccinating patients, and the hiring of additional staff required to expand capacity and meet the needs of increased demand, has been paramount for our community health care organizations. Holding the Demonstration’s health center

partners to the pay-for-performance criteria and methodologies outlined in the Protocol was not feasible. The SLRHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to bolster health center stability and to ensure the successful return to normal business operations during this unprecedented time. As such, the incentive payment amounts withheld from providers during the January 1, 2021 – June 30, 2021 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.

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. 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:**

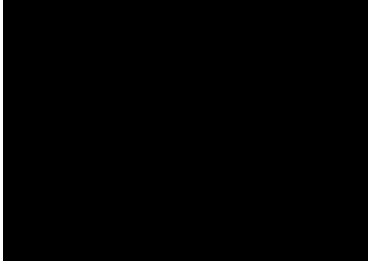
<b>Date – Specific</b>	<b>Milestone</b>	<b>STC Reference</b>	<b>Date Submitted</b>
12/1/2017	Procure external vendor for evaluation services	Section XI (#39)	Ongoing
12/30/2017	Submit Amended Evaluation Design	Section XI (#40)	12/30/2017
12/30/2017	Submit Draft Annual Report for DY8 (October 2016-September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

**Enclosures/Attachments**

Appendix I: Gateway Team Rosters

Appendix II: Post Award Forum Summary

**State Contact(s):**



**Submitted to CMS by August 30, 2021**



**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*

**Will Bogan**

Business Manager  
*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*

**Bernard Ceasor**

GBH Section Supervisor  
*Family Support Division*

**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*

**Linda Hickey**

Practice Manager  
*Mercy Clinic Heart & Vascular*

**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*

**Benjamin Washington**

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 June 15, 2021, a post-award public hearing was held, pursuant to 42 C.F.R. § 431.420(c). This meeting was held virtually as part of the Community Advisory Board of the St. Louis Regional Health Commission (SLRHC). Twenty-four people attended the meeting.

Attendees received information on the total number of patients served throughout the history of the Gateway to Better Health program, as well as a summary of the medical services rendered to date. Current membership of the program was presented, including the distribution of chronic conditions across patients and a demographic profile of Gateway members. Additionally, the SLRHC gave an overview of impacts on Gateway program evaluation as a result of the COVID-19 pandemic.

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:*

- *"I applaud everything that the RHC has been doing with GBH (Gateway to Better Health) and especially want to appreciate that some of the intensive outreach teams that the BHN (Behavioral Health Network of Greater St. Louis) works with have been empowered to also do GBH enrollments and expedite those. It's a non-traditional route instead of the health centers. I appreciate the flexibility to meet vulnerable clients where they are."*
- *"I don't know how long the feedback mechanism has been in place, but it is really impressive data. It speaks to the program itself. Those who utilize it find the program extremely useful."*
- *"One of the most impressive things about the GBH program is its ability to pivot. To pivot with the pandemic, to recognize need not being addressed and move to make those things inclusive. It is not a static program; it is very much a fluid program and that's admirable. The way that Gateway has been able to pivot and be flexible in continuing to meet the needs of the uninsured and under-insured in our area has been incredible, particularly during the pandemic, and throughout its history."*
- *"The use of data in that report is really good. Could look at one chart and see comparable performance on hypertension and diabetes and see opportunities for improvement. Just the fact you can look at that information and really get an idea about where to focus. I know they're big projects, but that was good data for that reason."*