

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: 1/2021 (October 1, 2020 – December 31, 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. In October 2019, the Missouri Department of Social Services, requested authority to further amend the Gateway program to include a physical function improvement benefit. The amendment request was approved in October 2020, with an implementation date of January 1, 2021, to cover office visits for physical therapy, occupational therapy, chiropractic, and acupuncture services for Gateway enrollees with pain-related diagnoses. All physical function services are to be provided by the primary care home and are considered a core primary care service. The State has been authorized to spend up to \$30 million (total computable) annually to preserve and improve primary and specialty care in St. Louis, in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). This Demonstration includes the following main objectives:

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

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

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

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

Under the Demonstration, the State has authority to claim as administrative costs limited amounts incurred for the functions related to the design and implementation of the Demonstration pursuant to a Memorandum of Understanding (MOU) with the St. Louis Regional Health Commission (SLRHC). The SLRHC, formed in 2001, is a 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 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 first quarter of Demonstration Year 12 (October 1, 2020 – December 31, 2020).

Enrollment Information:

As of January 1, 2021, 15,346 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 15,038 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 January 1, 2021	Enrollment Months October – December 2020
BJK People’s Health Centers	2,566	7,533
Family Care Health Centers	1,550	4,559
Affinia Healthcare	6,403	18,775
CareSTL Health	2,774	8,218
St. Louis County Dept. of Health	2,053	6,029
Total	15,346	45,114

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

Outreach/Innovation Activities:

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

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

The SLRHC conducts orientation sessions for members of the Pilot Program on a regular basis. The sessions are open to all members but targeted toward those members newly enrolled in the program during the last six months. To date, more than 1,651 members have attended orientation sessions since its implementation in March 2015. Member orientations provide an avenue for the SLRHC to explain the program to new Gateway members and to gather feedback from patients. As of January 2017, member orientations are held twice a year at each site. Due to the COVID-19 Pandemic, all member orientation sessions were canceled during the first quarter of the year (October 1, 2020 – December 31, 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 first quarter are listed below:

Team	Meeting Date
Provider Services Advisory Board Meeting	October 6, 2020
Community Advisory Board Meeting	October 20, 2020
SLRHC Commission Meeting	October 21, 2020
Patient Advisory Board Meeting	October 26, 2020
Provider Services Advisory Board Meeting	November 3, 2020
Community Advisory Board Meeting	November 17, 2020
SLRHC Commission Meeting	November 18, 2020
Patient Advisory Board Meeting	November 23, 2020

On average, the Gateway program received 489 applications per month during the quarter. As was seen in Demonstration Year 11, application levels across the current reporting period remained considerably lower 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 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 200 members across the quarter.

This quarter, the SLRHC continued to support collaborative work across the region that ensures the most vulnerable residents, including the Gateway to Better Health population, have access to up-to-date and accurate information concerning the spread of COVID-19. The SLRHC, local Health Departments, and other public health organizations have joined forces around a cooperative communication campaign, PrepareSTL, to educate St. Louisans on the effects of COVID-19, how to stop its spread, and how to survive the pandemic physically, emotionally, and economically. PrepareSTL targets disproportionately impacted community members, specifically African Americans, immigrants, low to moderate income residents, and seniors living in St. Louis City and County. Additionally, the SLRHC serves on the steering committee for the COVID-19 Regional Response Team (RRT). The RRT is working to build a centralized system of response across the St. Louis region intended to strengthen the resilience and recovery of the populations most affected by COVID-19. This quarter, the SLRHC and RRT led the development of language to be used by local governing bodies and health care systems to provide clear and patient-centered education around the availability of the COVID-19 vaccine. This communication will continue in the coming months, as more vaccination opportunities become available to Gateway patients at the Demonstration’s primary care provider locations.

Operational/Policy Development/Issues:

The SLRHC has several operational updates to report during the first quarter (October 1, 2020 – December 31, 2020) as a result of the necessary response to the COVID-19 pandemic.

As was outlined in previous reports, Gateway to Better Health clinics are operating at nearly full capacity. Health centers continue to operate with slightly reduced hours and location availability across primary and specialty care locations, with a maintained focus on patients with emergent medical needs. When appropriate, telehealth visits continue to be offered to patients as a safer means of treatment. All five primary care partners are providing access to free COVID-19 testing for Gateway to Better Health members. At the close of this quarter, each center had also received their accreditation to provide COVID-19 vaccinations to eligible patients under the guidelines established by Missouri's Advisory Committee for Equitable COVID-19 Vaccine Distribution.

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

Finally, the Demonstration has one specialty care provider update to convey this quarter. As of November 1, 2020, BJC Medical Group's ENT Department merged with Washington University. 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 first 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 October 1, 2020 – December 31, 2020, the call center answered 2,611 calls, averaging approximately 43 calls per business day. Of calls answered during this time, 12 (<1%) resulted in a consumer complaint. Each consumer issue was resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter were related to transportation. The type and number of complaints received during this period are outlined below:

Table 2. Summary of Consumer Complaints, October 1, 2020 – December 31, 2020*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	5	<p>Patient (1) reported difficulty scheduling an eye exam. Due to COVID, optometry services are not being provided on-site at the health center. A referral was issued to Washington University Ophthalmology.</p> <p>Patient (1) reported difficulty scheduling a dental appointment. The patient was scheduled for a timely dental appointment.</p> <p>Patient (1) reported difficulty getting a prescription rewritten. The provider saw the patient and the prescription was written.</p> <p>Patient (1) reported difficulty obtaining referrals for a surgical procedure and physical therapy. Referrals were entered in a timely manner.</p> <p>Patient (1) reported difficulty getting a prescription filled. The patient changed their pharmacy. They were able to get their prescription filled.</p>
Transportation	7	<p>Patient (1) reported transportation was a no-show for a confirmed pick-up. LogistiCare followed up with the patient to advise there was no trip reserved.</p> <p>Patient (1) reported transportation was a no-show for a confirmed pick-up. LogistiCare apologized for the missed pick-up. Information about "Where's My Ride" was provided.</p> <p>Provider (1) reported patient missed multiple appointments due to transportation issues. LogistiCare apologized for the ongoing transportation issues. The patient was placed on VIP 3 status.</p> <p>Provider (1) reported transportation was a no-show for multiple confirmed patient pick-ups. The health center worked with LogistiCare to get transportation to the member on the dates of the appointments. LogistiCare spoke to their Customer Advocate Manager to ensure future trips are handled correctly.</p> <p>Provider (1) reported being denied transportation for physical therapy appointments. Transportation was scheduled and notes were entered in the patient's account to approve transportation for physical therapy.</p> <p>Patient (1) reported issues obtaining a return ride. LogistiCare apologized for the transportation issue. Lyft was added as a preferred transportation provider. The patient was added to VIP 2 status.</p> <p>Patient (1) reported difficulty scheduling transportation through the health center. The health center confirmed transportation was scheduled.</p>

*Reported consumer complaints are based on Automated Health Systems data as of January 6, 2021.

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

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

Quality Assurance/Monitoring Activity:

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

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

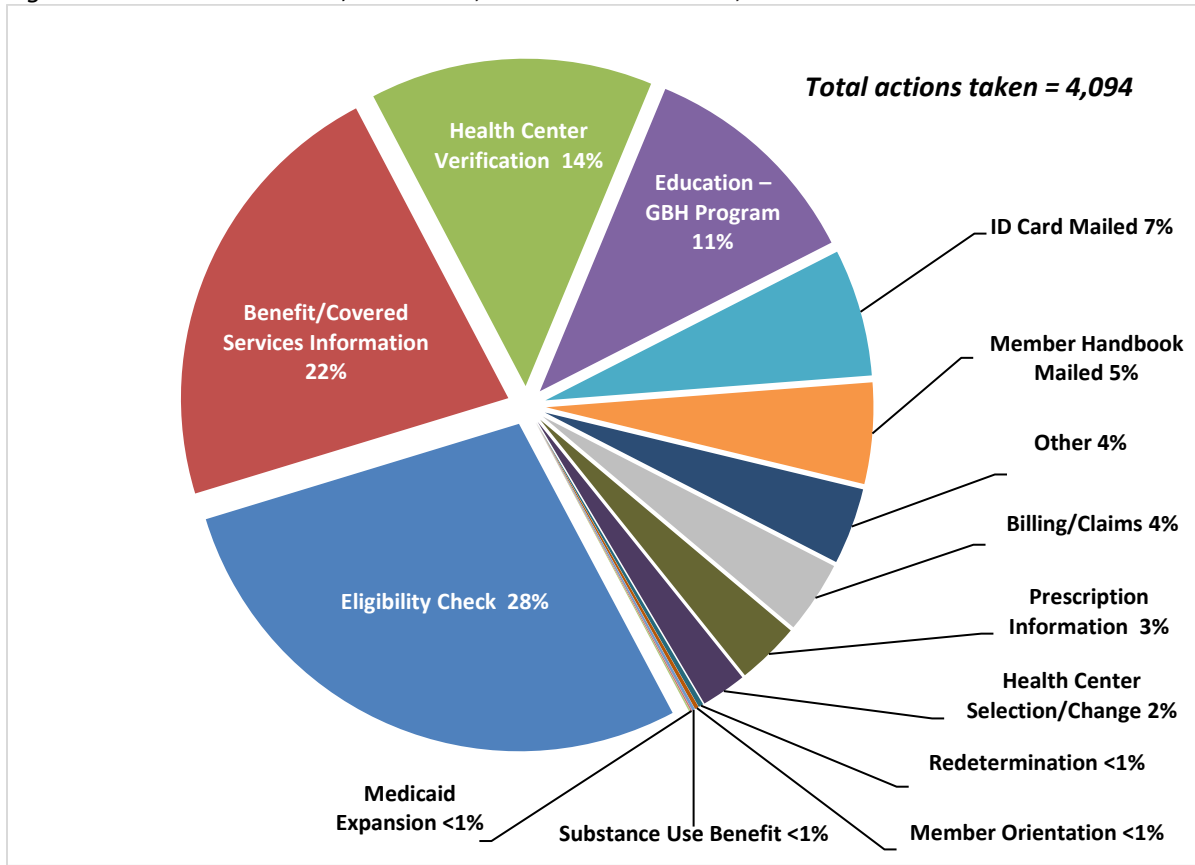
Call Center Performance

*Table 3. Call Center Performance, October 1, 2020 – December 31, 2020**

Performance Measure	Outcome
Calls received	2,679
Calls answered	2,611
Average abandonment rate	2.55%
Average answer speed (<i>seconds</i>)	12
Average length of time per call (<i>minutes: seconds</i>)	3:39

**Call center performance metrics are based on Automated Health Systems data as of January 6, 2021.*

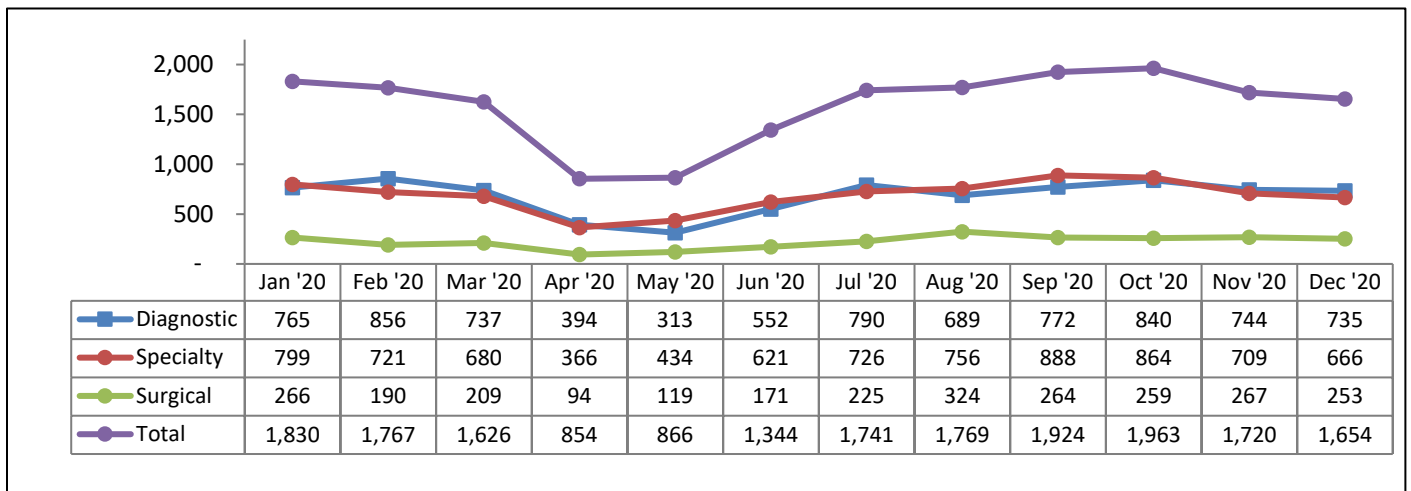
Figure 1. Call Center Actions, October 1, 2020 – December 31, 2020*



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

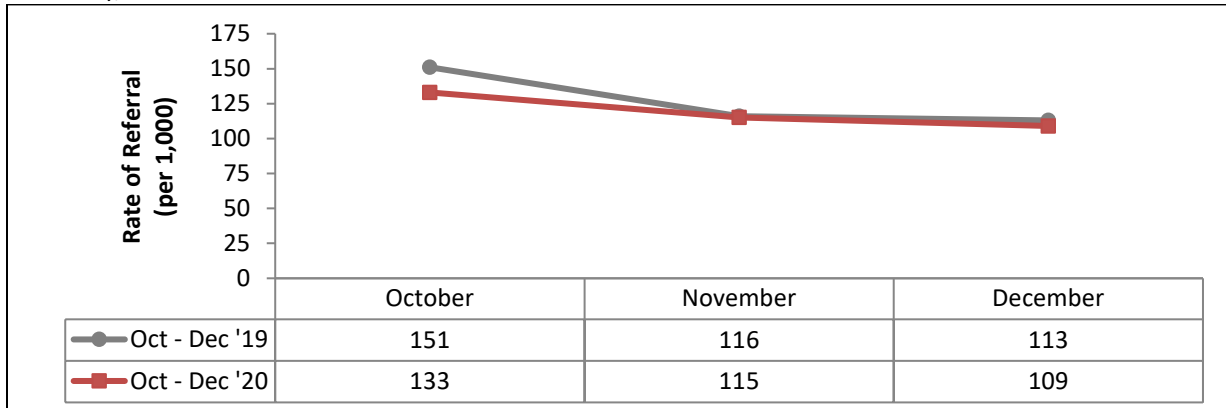
Access to Medical Referrals

Figure 2. Medical Referrals by Type and Pilot Program Month, January 2020 –December 2020*



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

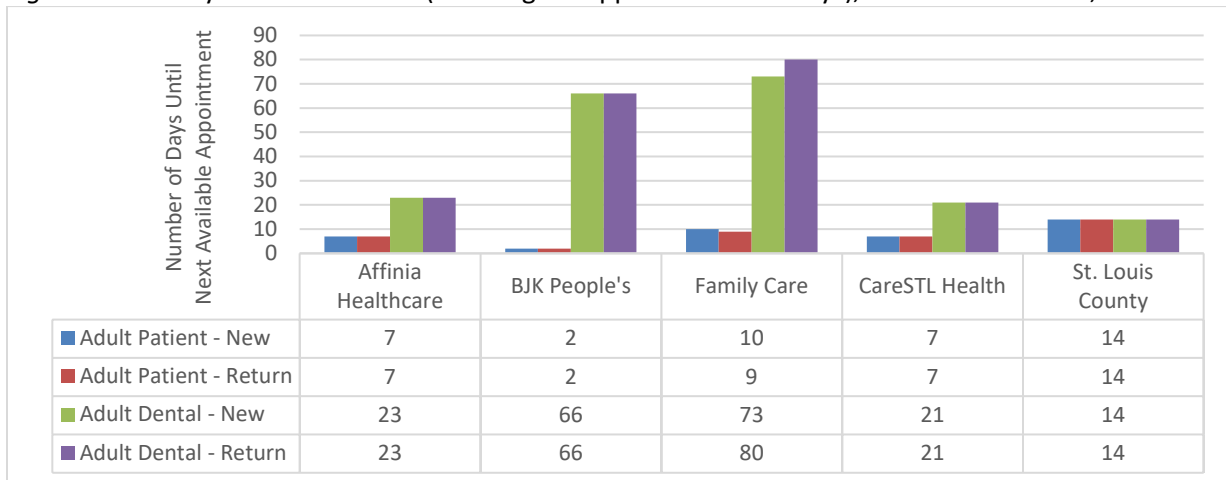
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), October – December 2019 vs. October – December 2020*



*Reported rates of medical referrals are based on Automated Health Systems data as of January 6, 2021. Referral types include diagnostic, specialty, and surgical procedures. Rate of referral is determined by using the total referrals divided by the average monthly enrollment.

Primary Care Appointment Wait Times

Figure 4. Primary Care Wait Times (Non-Urgent Appointments in Days), as of December 31, 2020*



*Wait times are self-reported by individual health center as of December 31, 2020 and calculated for Gateway patients only. Due to the Coronavirus (COVID-19) pandemic, health centers experienced abnormal wait times this quarter.

Updates on Provider Incentive Payments:

*Table 4. Summary of Provider Payments and Withholds, October – December 2020**

Providers	Provider Payments Withheld	Provider Payments Earned**
Affinia Health Centers	\$91,480	\$1,265,697
BJK People’s Health Centers	\$36,720	\$508,047
CareSTL Health	\$40,207	\$556,285
Family Care Health Centers	\$22,270	\$308,116
St. Louis County Department of Public Health	\$29,440	\$407,328
Voucher Providers	N/A	\$2,352,689
Total for All Providers	\$220,117	\$5,398,161

** 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 January 6, 2021 for reporting period October – December 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

Pay for performance results for the July 1, 2020 – December 31, 2020 reporting period are pending at this time and will be provided in the second quarterly report.

Updates on Budget Neutrality Worksheets:

The budget neutrality worksheet for the first 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.

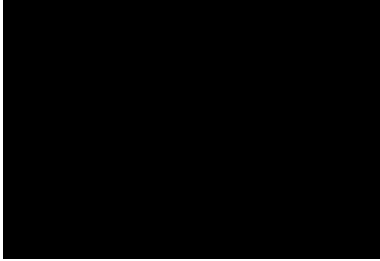
Updates on the State’s Success in Meeting the Milestones Outlined in Section XI:

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

Enclosures/Attachments

Appendix I: Gateway Team Rosters

State Contact(s):



Submitted to CMS by February 28, 2021