

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

Demonstration Year: 14 (October 1, 2022 – December 31, 2022)

Federal Fiscal Quarter: 1/2023 (October 1, 2022 – December 31, 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 asthma 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 include 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 review process to enroll Gateway members under Medicaid coverage options began October 1, 2021. The Gateway to Better Health Program ended December 31, 2022 after Missouri Medicaid benefits were explored and secured for all Gateway members. This evaluation and enrollment process was completed in accordance with the continuous enrollment requirements established under the Public Health Emergency (PHE).

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 first quarter of Demonstration Year 14 (October 1, 2022 – December 31, 2022). The project concluded on December 31, 2022 when all Gateway members were successfully transitioned to forms of Missouri Medicaid coverage.

Enrollment Information:

DSS continued its suspension of Gateway to Better Health disenrollment this quarter as outlined in the Families First Coronavirus Response Act, and therefore deferred any disenrollment throughout the expiration of the Gateway to Better Health waiver. As of January 1, 2023, all individuals formerly enrolled in Gateway to Better Health had moved to coverage under Missouri Medicaid. 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, 2023	Enrollment Months October – December 2022
BJK People’s Health Centers	0	130
Family Care Health Centers	0	61
Affinia Healthcare	0	293
CareSTL Health	0	134
St. Louis County Dept. of Health	0	91
Total	0	709

**Enrollment numbers are based on MO HealthNet enrollment data as of January 1, 2023.*

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 first quarter are listed below:

Team	Meeting Date
Joint Advisory Board Meeting (Community, Provider Services, and Patient Advisory Boards)	November 15, 2022
SLRHC Commission Meeting	November 16, 2022

This quarter, the SLRHC partnered closely with its advisory boards to keep them well-informed of changes in coverage as the project came to a close. Gateway providers continued operations as normal as the Medicaid enrollment process for members was carried out.

The SLRHC continued its efforts 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:

Gateway providers continue to operate throughout the COVID-19 pandemic. However, providers reported multiple barriers as they worked to sustain normal operations while balancing 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.

Financial/Budget Neutrality Development/Issues:

The state continues to monitor budget neutrality for this quarter as claims are processed.

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, 2022 – December 31, 2022, the call center answered 286 calls, averaging approximately 5 calls per business day. Of calls answered during this time, no calls resulted in a consumer complaint. Calls to the center substantially decreased over the course of the past fiscal year as members transitioned to other forms of medical coverage.

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. Member communication with the call center, as well as referrals for care, understandably declined this quarter in response to the project's decreases in enrollment. Recent available outcomes for these measures are detailed in the sections below:

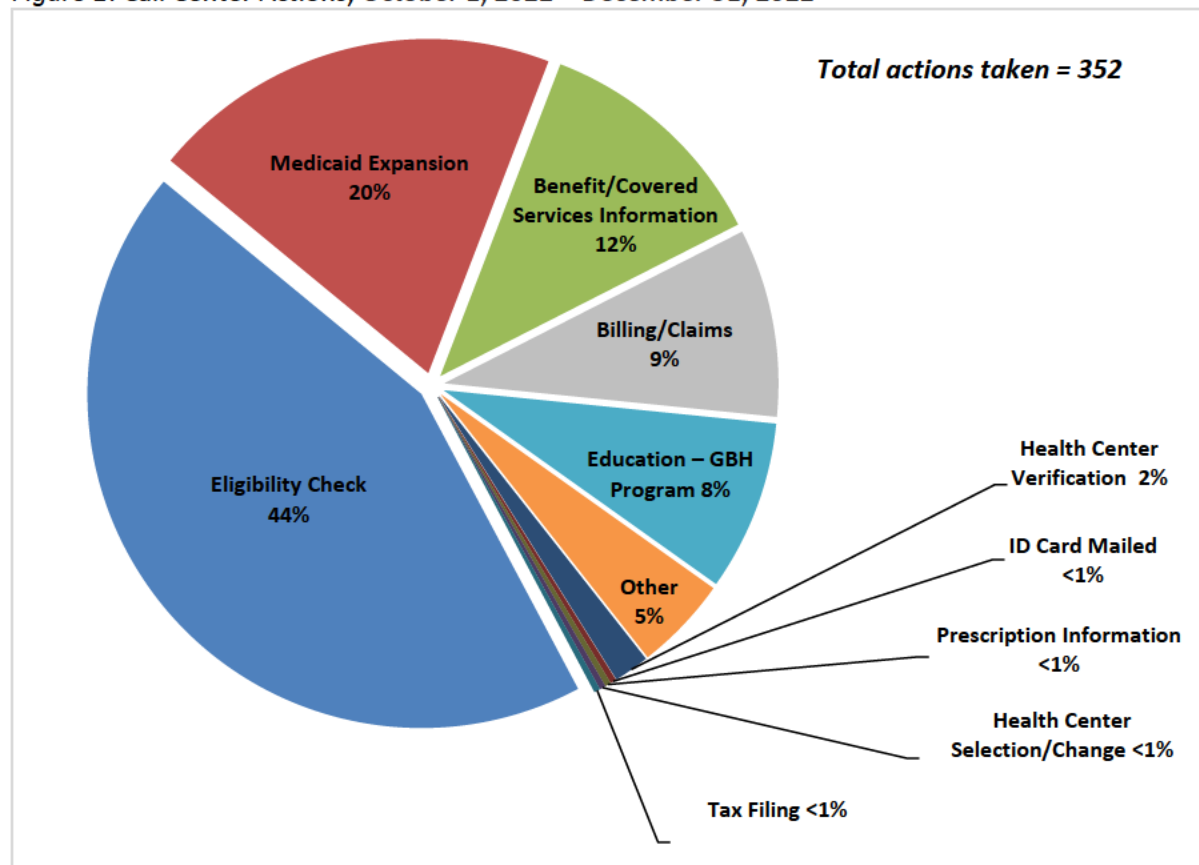
Call Center Performance

*Table 3. Call Center Performance, October 1, 2022 – December 31, 2022**

Performance Measure	Outcome
Calls received	289
Calls answered	286
Average abandonment rate	1.19%
Average answer speed (<i>seconds</i>)	1
Average length of time per call (<i>minutes: seconds</i>)	4:01

**Call center performance metrics are based on Automated Health Systems data as of January 5, 2023.*

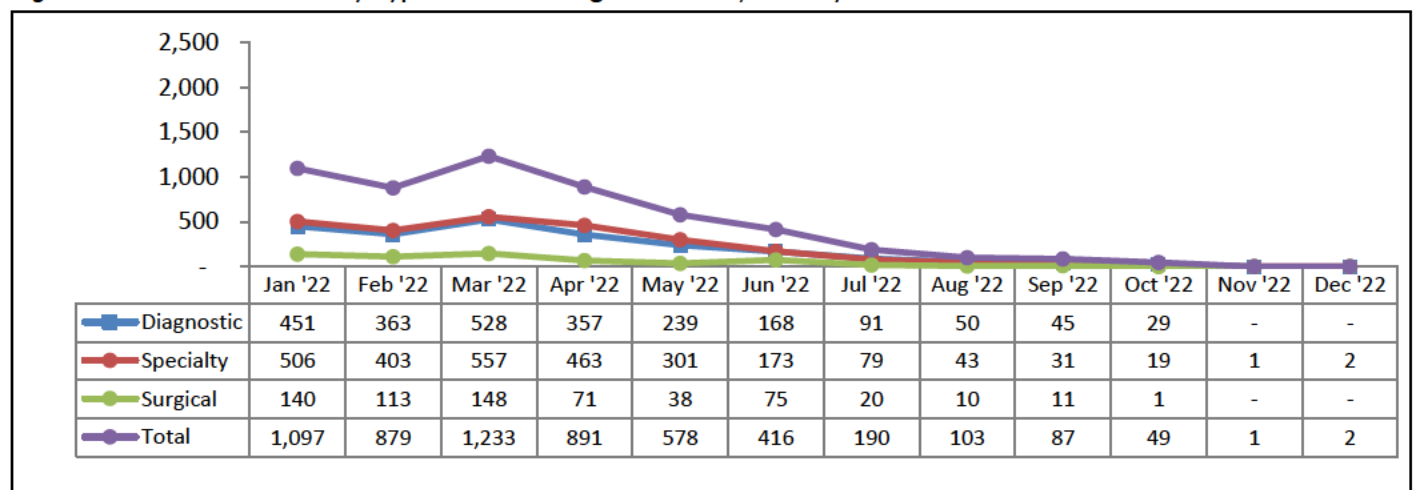
Figure 1. Call Center Actions, October 1, 2022 – December 31, 2022*



*Reported call center actions are based on Automated Health Systems data as of January 5, 2023.

Access to Medical Referrals

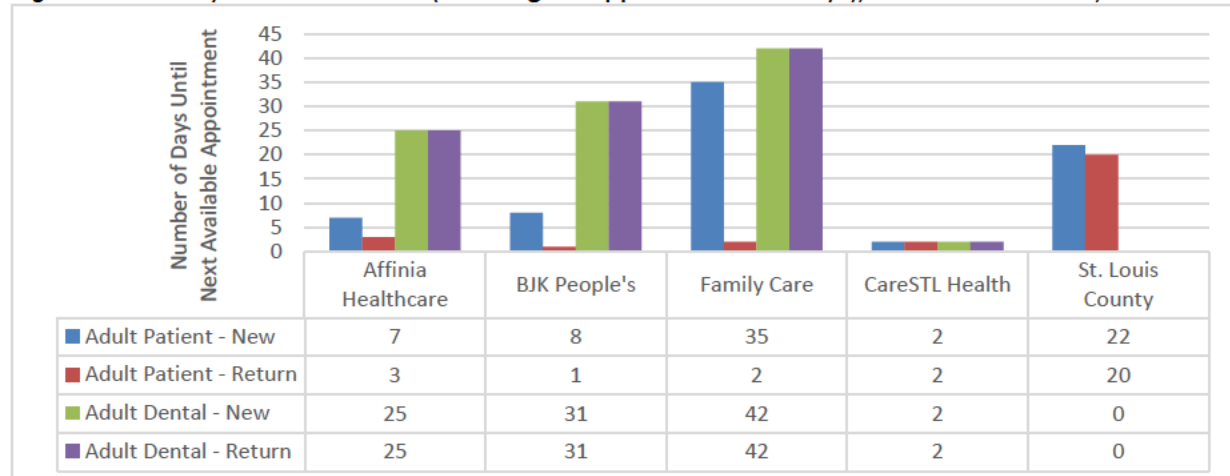
Figure 2. Medical Referrals by Type and Pilot Program Month, January 2022 –December 2022*



*Reported call center actions are based on Automated Health Systems data as of January 5, 2023.

Primary Care Appointment Wait Times

Figure 4. Primary Care Wait Times (Non-Urgent Appointments in Days), as of December 31, 2022*



* Wait times are self-reported as a point in time metric by individual health centers as of December 31, 2022 and calculated for Gateway patients only. Gateway primary care providers continue to report dental staffing shortages this quarter and therefore increased wait times for access.

Updates on Provider Incentive Payments:

Table 4. Summary of Provider Payments and Withholds, October – December 2022*

Providers	Provider Payments Withheld	Provider Payments Earned**
Affinia Health Centers	\$1,495	\$17,684
BJK People's Health Centers	\$663	\$8,897
CareSTL Health	\$687	\$8,670
Family Care Health Centers	\$312	\$4,548
St. Louis County Department of Public Health	\$467	\$6,405
Voucher Providers	N/A	\$27,699
Total for All Providers	\$3,625	\$73,903

* 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 2, 2023, for reporting period October – December 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 July 1, 2022 – December 31, 2022 reporting period will be returned in full.

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 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 be delivered in the project’s summative report.

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
12/30/2022	Submit Draft Annual Report for DY13 (October 2021 – September 2022)	Section IX (#34/#35)	12/30/2022
5/1/2023	Submit Draft Final Operational Report	Section IX (#34/#35)	
6/30/2024	Submit Summative Evaluation Report	Section XI (#48)	

Enclosures/Attachments

Appendix I: Gateway Team Rosters

State Contact(s):

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Submitted to CMS by March 2, 2023



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