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: 2/2020 (January 1, 2020 – March 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. 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 second quarter of Demonstration Year 11 (January 1, 2020 – March 31, 2020).

Enrollment Information:

As of April 1, 2020, 13,436 unique individuals were enrolled in Gateway to Better Health. The Gateway enrollment cap is set at 16,000, which leaves room for approximately 2,564 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 April 1, 2020	Enrollment Months January – March 2020
BJK People's Health Centers	2,248	6,897
Family Care Health Centers	1,393	4,285
Affinia Healthcare	5,623	17,257
CareSTL Health	2,423	7,464
St. Louis County Dept. of Health	1,749	5,387
Total	**13,436**	**41,290**

Enrollment numbers are based on MO HealthNet enrollment data as of April 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.

Sessions held during the second quarter (January 1, 2020 – March 31, 2020) are listed below:

Organization	Session Date
Family Care Health Centers	February 12, 2020
CareSTL Health	February 20, 2020

Two member orientations were held during the second quarter (January 1, 2020 – March 31, 2020), one at Family Care Health Centers and one at CareSTL Health. Participants from those sessions were asked to evaluate the effectiveness of the orientation session at its conclusion. As a result of the member orientation, 84% of respondents felt very confident or somewhat confident that they understood how to use their benefits. Additionally, 91% of respondents felt very confident or somewhat confident that they can navigate receiving health care services at their health center, and 97% of respondents felt the orientation session overall was very helpful or somewhat helpful.

In addition, the SLRHC regularly uses the infrastructure of its public Advisory Boards and Gateway Team meetings to gather input about the Demonstration. Public meetings held during the second quarter are listed below:

Team	Meeting Date
Provider Services Advisory Board Meeting	January 7, 2020
Community Advisory Board Meeting	January 21, 2020
Patient Advisory Board Meeting	January 27, 2020
Provider Services Advisory Board Meeting	February 4, 2020
Community Advisory Board Meeting	February 18, 2020
SLRHC Commission Meeting	February 19, 2020
Patient Advisory Board Meeting	February 24, 2020
Provider Services Advisory Board Meeting	March 3, 2020
SLRHC Commission Meeting	March 18, 2020

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program accepted 796 applications on average each month during the quarter. The program experienced an average monthly gain of 130 members across this quarter.

Operational/Policy Development/Issues:

In response to the COVID-19 coronavirus pandemic, community health centers have instituted several protective measures for their patient populations. Health centers are operating with reduced hours and location availability, with a primary focus on seeing patients with emergent medical needs. When appropriate, telehealth video visits have been made available to patients as a safer means of treatment. Should it be deemed necessary by a medical professional, each of the health centers have ensured access to COVID-19 testing is available for Gateway to Better Health patients.

As a result of the Missouri Department of Social Services suspension of disenrollment, the Gateway to Better Health Demonstration has also suspended disenrollment during this time as enrollment in the program is determined by the Missouri Department of Social Services. This action ensures that continuity of care remains stable for Gateway patients throughout the crisis.

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 second 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 January – March 2020, the call center answered 3,255 calls, averaging approximately 53 calls per business day. Of calls answered during this time, 20 (<1%) resulted in a consumer complaint. The 20 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 and transportation.

The type and number of complaints received during this period are outlined below:

Table 2. Summary of Consumer Complaints, January 1, 2020 – March 31, 2020*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Member Services	1	Patient (1) reported the pharmacy was charging full price for generic medications covered by Gateway. The pharmacy was notified of the error and the patient was issued a refund.
Access to Care	10	Patient (1) reported difficulty scheduling a post urgent care follow-up appointment. The SLRHC coordinated with the health center to schedule a next day appointment. Patient (1) reported difficulty getting lab work completed. The SLRHC clarified that the contract with the provider covers professional services, including lab work. The registration department was updated. Patients (2) reported difficulty getting medications. One patient opted to change health centers. The second patient was scheduled for a timely appointment to establish care. Patients (2) reported difficulty scheduling new patient appointments. In both cases, the patients were scheduled for timely appointments. Patient (1) reported difficulty getting in contact with their primary care provider. The patient was scheduled for a timely appointment with their provider. Patient (1) reported that the health center was not providing ongoing treatment. The patient changed health centers. Patients (2) reported difficulty scheduling an ED follow-up appointment. The patient was scheduled for a timely ED follow-up appointment.
Transportation	9	Patient (1) reported LogistiCare would not permit an additional passenger as an escort. LogistiCare apologized to the patient. They reached out to the transportation provider for a future ride to confirm an escort would be present. Patient (1) reported transportation was late for a scheduled pick-up. LogistiCare apologized to the patient. They followed up with the health center to ensure the patient was not penalized for the missed appointment. Patient (1) reported an issue with their return ride. The driver told the patient the ride had not been paid for. LogistiCare followed up with the patient. The patient was informed that the return ride would be paid through Gateway. Patients (6) reported difficulty scheduling transportation through the health center. In four cases, the health center was able to speak with the patient directly and schedule transportation for their appointments. In one case, the SLRHC call center was able to schedule transportation on behalf of the patient. In the final case, the patient did not have an active referral. The patient was issued a referral and transportation was scheduled.

Reported consumer complaints are based on Automated Health Systems data as of April 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.

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 will be conducted in the summer of 2020. Results from these evaluations will be provided in the Demonstration's annual report.

In addition, the State and SLRHC continually 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, January – March 2020

Performance Measure	Outcome
Calls received	3,318
Calls answered	3,255
Average abandonment rate	1.83%
Average answer speed (*seconds*)	12
Average length of time per call (*minutes: seconds*)	3:29

*Call center performance metrics are based on Automated Health Systems data as of April 6, 2020.
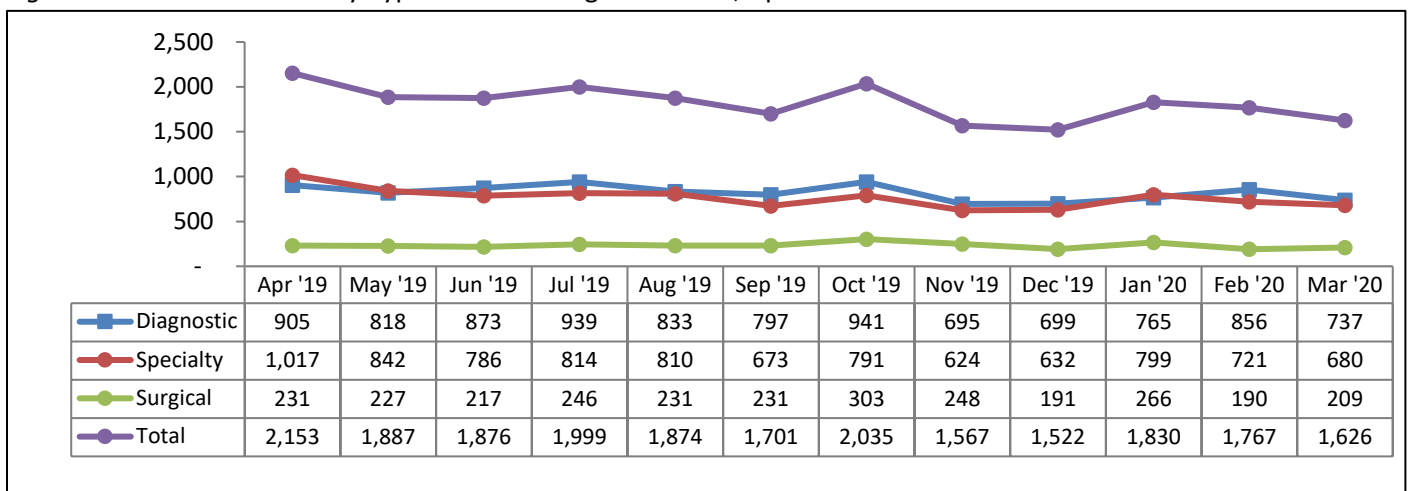
Figure 1. Call Center Actions, January – March 2020
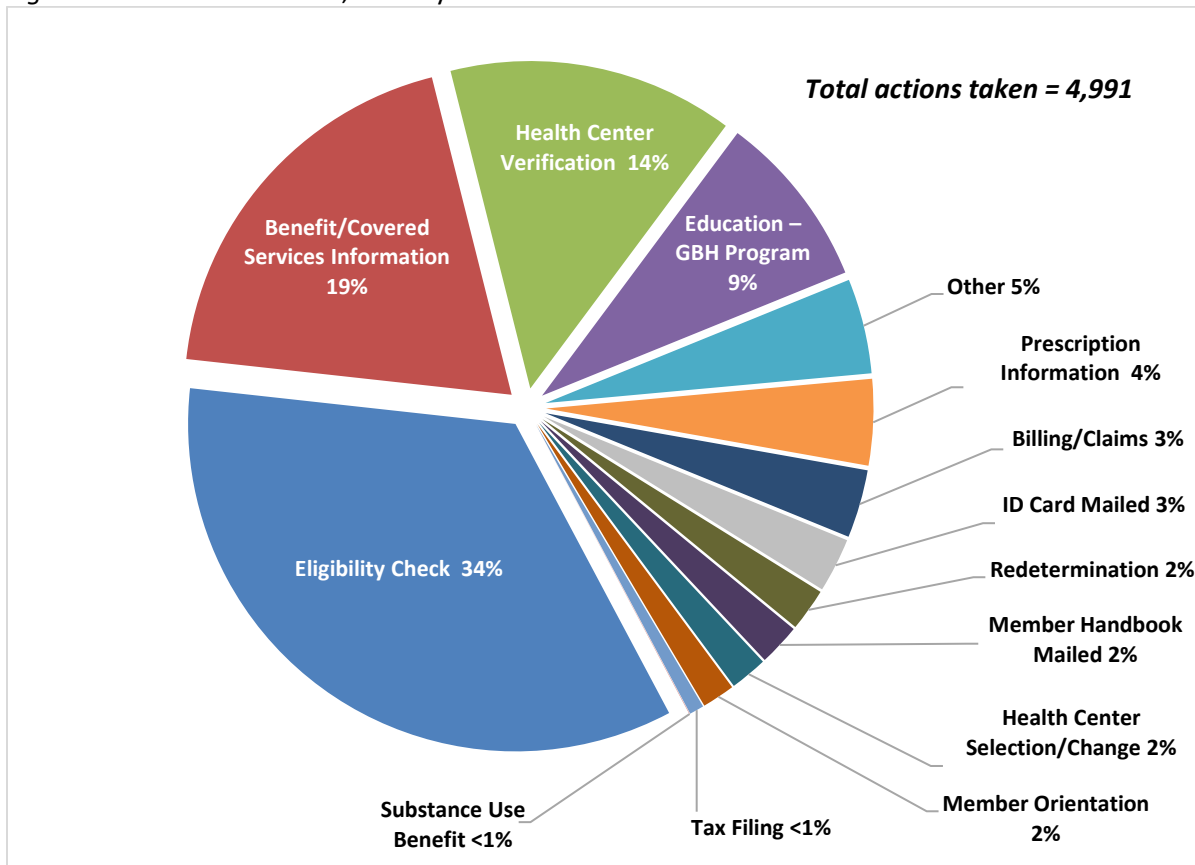
Total actions taken = 4,991

- Health Center Verification 14%
- Benefit/Covered Services Information 19%
- Education – GBH Program 9%
- Other 5%
- Prescription Information 4%
- Billing/Claims 3%
- ID Card Mailed 3%
- Redetermination 2%
- Member Handbook Mailed 2%
- Health Center Selection/Change 2%
- Member Orientation 2%
- Eligibility Check 34%
- Substance Use Benefit <1%
- Tax Filing <1%

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

Access to Medical Referrals

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

	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20
Diagnostic	905	818	873	939	833	797	941	695	699	765	856	737
Specialty	1,017	842	786	814	810	673	791	624	632	799	721	680
Surgical	231	227	217	246	231	231	303	248	191	266	190	209
Total	2,153	1,887	1,876	1,999	1,874	1,701	2,035	1,567	1,522	1,830	1,767	1,626

Reported call center actions are based on Automated Health Systems data as of April 6, 2020.
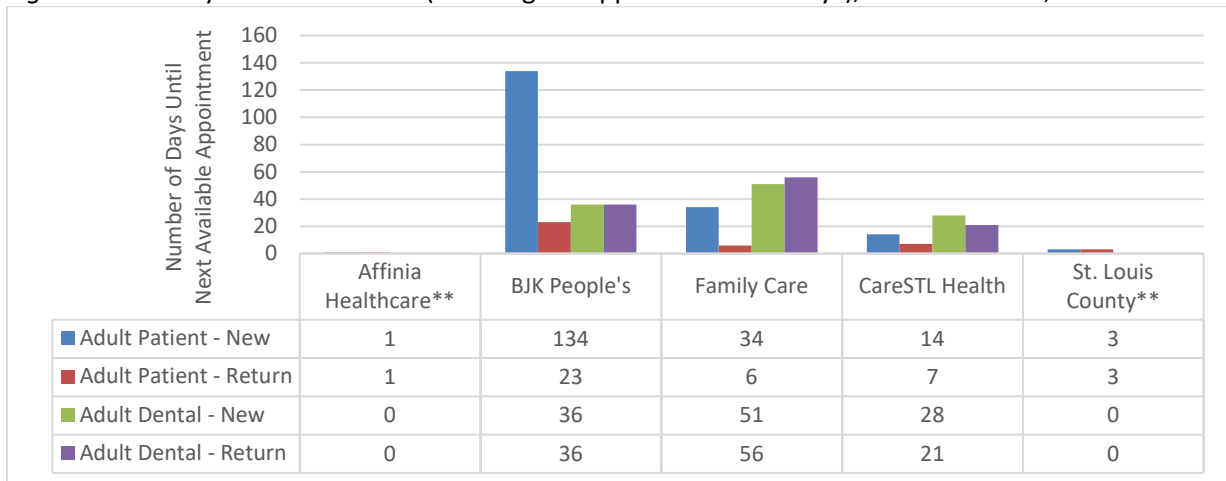
Figure 3. Comparison of Rate of Referral to Specialist by Pilot Program Month (per 1,000 Members Enrolled), January – March 2019 vs. January – March 2020*

	January	February	March
Jan - Mar '19	133	135	145
Jan - Mar '20	140	134	122
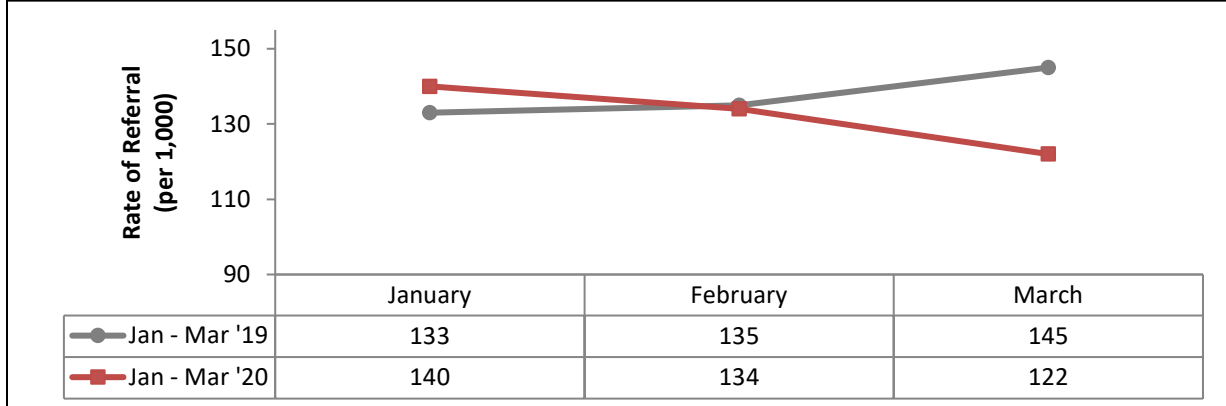
*Reported rates of medical referrals are based on Automated Health Systems data as of April 6, 2020. Referral types include diagnostic, specialty and surgical procedures. Rate of referral is determined by using the total referrals divided by the average monthly enrollment.

Primary Care Appointment Wait Times

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

	Affinia Healthcare**	BJK People's	Family Care	CareSTL Health	St. Louis County**
Adult Patient - New	1	134	34	14	3
Adult Patient - Return	1	23	6	7	3
Adult Dental - New	0	36	51	28	0
Adult Dental - Return	0	36	56	21	0

*Wait times are self-reported by individual health center as of March 31, 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, both Affinia Healthcare and St. Louis County Department of Public Health reported that dental visits at their centers were restricted to urgent appointments only. Patients were able to secure same day appointments for emergent requests.

Updates on Provider Incentive Payments:

Table 4. Summary of Provider Payments and Withholds, January – March 2020*

Providers	Provider Payments Withheld	Provider Payments Earned**
Affinia Health Centers	$85,751	$1,335,777
BJK People's Health Centers	$34,099	$532,408
CareSTL Health	$36,971	$591,092
Family Care Health Centers	$21,274	$339,007
St. Louis County Department of Public Health	$26,708	$420,232
Voucher Providers	N/A	$1,699,424
Total for All Providers	**$204,803**	**$4,917,939**

* 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 April 8, 2020 for reporting period January – March 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

During the July 1, 2019 – December 31, 2019 reporting period, community health centers collectively exceeded the thresholds in five of the six clinical measures: 88% of patients with chronic conditions had two primary care visits (threshold 80%); 93% of patients with diabetes had their HgbA1C drawn within 6 months (threshold 85%); 64% of patients with diabetes had a HgbA1c measure <9% (threshold 60%); 75% of hospitalized patients received follow-up within 7 days of discharge (threshold 50%); and the referral rate for specialists was 400/1000 (threshold 680/1000). Finally, 73% of patients had a primary care visit during this period, with a threshold of 80%.

Pay-for-performance results remained comparatively similar to those reported from the previous period (January 2019 – June 2019). The largest improvement over the previous quarter was noted in the percentage of hospitalized patients receiving follow-up within 7 days of discharge, with an increase of 7%.

See Attachment II for a comprehensive review of pay-for-performance results for the July 2019 – December 2019 reporting period.

Updates on Budget Neutrality Worksheets:

The budget neutrality worksheet for the second 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, 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)	
12/31/2021	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: Pay for Performance Results

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