May 14, 2021

Post-Award Public Input Forum Notice
Public Hearing Concerning Missouri's Gateway to Better Health Section 1115 Demonstration Project Number: 11-W-00250/7

On September 1, 2017, The State of Missouri, Department of Social Services (DSS), received a five-year extension of its Gateway to Better Health Demonstration from the Centers for Medicare and Medicaid Services (CMS). Under the terms of the extension, the Gateway to Better Health Demonstration Project provides primary and specialty care services to uninsured individuals residing in St. Louis City and St. Louis County, ages 19 through 64, with family incomes below 100 percent of the federal poverty level (FPL) who do not qualify for Medicaid. The program was originally approved in July 2010 and is currently scheduled to expire on December 31, 2022. Outcomes of the Gateway to Better Health Demonstration for the past year are outlined in the attached annual report.

Public Hearing
The public is invited to comment on the progress of the demonstration at a **virtual public hearing**. Attendees may join the meeting electronically via Zoom, through either its video or teleconference features.

Date: Tuesday, June 15th, 2021
Time: 8:30 - 10:00 AM

Details: The public hearing will be held as part of the regularly scheduled Community Advisory Board meeting of the St. Louis Regional Health Commission (SLRHC). As the COVID-19 (novel coronavirus) pandemic continues to unfold, the SLRHC is following the Centers for Disease Control and Prevention's (CDC) recommendations for social distancing and will hold this meeting virtually.

The state and the SLRHC will take verbal and written comments during the public hearing. Community input provided will be summarized for CMS.

Email evandas@stlrhc.org to receive Zoom login information for the hearing.

Attachment
Missouri Gateway to Better Health Demonstration
Section 1115 Draft Annual Report
Demonstration Year 11 (10/01/2019 - 09/30/2020)

Missouri Gateway to Better Health Demonstration
Number 11-W-00250/7
Section 1115 Draft Annual Report

Demonstration Year: 11 (10/01/2019 - 09/30/2020)

Table of Contents

I. Introduction

On July 28, 2010, Centers for Medicare and Medicaid Services (CMS) approved the State of Missouri's "Gateway to Better Health" Demonstration, which preserved access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The Demonstration was amended in June 2012, to enable the Safety Net Pilot Program to be implemented by July 1, 2012. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net maintained access to primary and specialty care. CMS approved a one-year extension 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). The 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 (formerly known as Grace Hill Health Centers), and CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers).

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[1] 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 on December 31, 2013.

The State also had authority through December 31, 2013, to claim as administrative costs limited amounts incurred by the Saint Louis Regional Health Commission (SLRHC) pursuant to an MOU for functions related to emergency room diversion efforts through the Community Referral Coordinator program.

The Missouri legislature did not expand Medicaid eligibility during its 2013-2017 legislative sessions. Therefore, on September 27, 2013, July 16, 2014, December 11, 2015, and again on 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 for patients up to 100% FPL.

[1] To be considered "uninsured," applicants must not be eligible for coverage through the Medicaid State Plan. Screening for Medicaid eligibility is the first step of the Gateway to Better Health eligibility determination.

In August 2018, the State requested authority to amend the Gateway program to include a substance use treatment benefit. This request was approved with a February 1, 2019 implementation date. This additional benefit covers outpatient substance use services, including pharmacotherapy, for substance use disorder treatment of Gateway enrollees with a primary or secondary diagnosis of ICD-10 Codes F10-F18. All office visits and generic pharmaceuticals are to be provided by the primary care home and are considered a core primary care service.

In October 2019, the State of 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 November 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. In response to the impending implementation of these additional services in the coming Demonstration Year, the State of Missouri and the SLRHC worked alongside the Demonstration's independent evaluator, Mercer Government Human Services Consulting (Mercer), to update the project's Draft Evaluation Design to include metrics around these additional services. This design is still in draft form and is subject to the review and approval by CMS.

In order to meet the requirements for the Demonstration project, the State of Missouri Department of Social Services asked the SLRHC to lead planning efforts to determine the Pilot Program design 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." 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 develop the deliverables and to fulfill the milestones of the Demonstration project.

The information provided in this annual report shares Demonstration progress outcomes and key developments for Demonstration Year 11 (October 1, 2019 – September 30, 2020).

Extension of the Gateway Demonstration

The Demonstration project has been approved for five years, from January 1, 2018 to December 31, 2022. This five-year extension enables the uninsured population to continue to access preventative and other ambulatory health care services. During Demonstration Year 11, Gateway covered 18,398 unique members, which is approximately 72 percent of those uninsured, 19-64 years old, and living below the federal poverty level in St. Louis City and County.

II. Operational Updates

Impact of COVID-19

The disrupted health care delivery the region has experienced, due to the COVID-19 pandemic, impacted multiple evaluation measures for the project. The State of Missouri and the SLRHC worked closely alongside the Pilot Program Planning Team, health center partners, and Gateway to Better Health members to respond to this crisis as a collective team, ensuring continued access to health care for patients. As we enter Demonstration Year 12, centers are functioning at nearly full capacity, but remain highly occupied with appropriate COVID-19 response, including the continued oversight of community testing locations for COVID-19. Any irregularities in expected data collection and outcomes shall be noted throughout the report. Plans for future submission of delayed data is also noted within each section.

Engagement of SLRHC Advisory Boards and Teams

Each month, the SLRHC shares information and gathers input about the Demonstration from its 20-member board and its advisory boards. Full rosters of the advisory boards may be found at www.stlrhc.org. The SLRHC shares monthly financial, enrollment, and customer service reports about the program with its 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 workgroups. 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 of the Pilot Program Planning Team and the committees that report to this team can be found in Appendix III of this report. With continual input from diverse stakeholders, the SLRHC is able to foster inter-agency cooperation and communication and the proactive prevention of operational challenges. All key decisions go through multiple advising committees before any changes are implemented to the Gateway to Better Health Demonstration.

Community Meetings and Patient/Provider Communications

The SLRHC hosted public community meetings to inform stakeholders about the Gateway program throughout the Demonstration Year. These meetings provided information on Gateway enrollment, trends in accessing safety net services, and any changes to the Gateway network. Additionally, four public forums were held throughout the course of the Demonstration year. Full results of these forums can be found in Appendix II.

As part of the SLRHC's request to amend the Demonstration to add physical function services for Gateway to Better Health beneficiaries, three public hearings were held to capture and incorporate public feedback around proposed services. A notice was published on the State's website 30 days in advance announcing hearings would be held on October 1, October 3, and October 7 of 2019. Access for each hearing was also provided via conference line for those unable to participate in person.

The hearing on October 1, 2019, was held as a part of the regularly scheduled Provider Services Advisory Board meeting, which was open to the public and designated as a public forum for health care providers and community members to provide input on the amendment request. Twenty-five people attended this meeting. The following comments were made:

"Wanted to express appreciation that one of the metrics is focused on patient perception"

"If we want this [benefit] to have maximum impact, we should also focus on a home plan and building in robust after care, making this [benefit] part of an integrated care team"

There were no attendees at the public hearings held on October 3, 2019 and October 7, 2019. As such, no public comments were received.

Written comments were also accepted at the following address until October 30, 2019:

Department of Social Services, MO HealthNet Division
Attention: Gateway Comments
P.O. Box 6500
Jefferson City, MO 65102-6500
Email: Ask.MHD@dss.mo.gov

The State received one written comment:

"The inclusion of preventative physical function improvement services is critical to improving the health of our constituency. The data is overwhelming supportive of non-invasive treatments focused on mobility and community based functional movement. Adding this benefit will improve health outcomes, lower costs, and increase the productivity and participation of individuals in society." - Andwele Jolly, PT, DPT, MBA, MHA, Board Certified Clinical Specialist in Orthopaedic Physical Therapy

Additionally, the SLRHC surveys the Demonstration's primary care provider network annually as part of its regular evaluation process of the Demonstration. The following comments were submitted by providers during the May 2019 survey collection period:

"Often if I refer to ortho for chronic pain thinking an injection might be offered, [I receive a] consult note indicating [patient was] told to go to physical therapy which is not a covered benefit" – Physician, Family Care Health Centers

"Patients are unable to access physical therapy" – Physician, Affinia Healthcare

"Pain management typically will not see patients unless they have recent MRIs which can be a barrier. At times MRI cannot be scheduled unless the patient has completed a trial [period of] physical therapy, which is not covered under Gateway or Medicaid" – Physician, Betty Jean Kerr People's Health Centers

"Working toward [offering] physical therapy and chiropractic services would be a great help" – Physician, Family Care Health Centers

On May 19, 2020, a Post Award Public Notice Input session was held to inform the public on the progress of the Gateway demonstration and to receive feedback about the program thus far. The notice for this meeting was posted on the MO HealthNet web site 30 days in advance. The meeting was held virtually as part of a joint meeting of the Provider Services, Community, and Patient Advisory Boards of the SLRHC. Sixty-five 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. An overview of patient and provider satisfaction feedback, along with results from quality metrics, were reviewed.

Additionally, due to the current circumstances around the COVID-19 pandemic, the SLRHC gave an overview of additional regional initiatives and partnerships put in place to protect the safety net patient population of St. Louis, including the PrepareSTL campaign. PrepareSTL is a collaborative campaign powered by the Missouri Foundation for Health, in partnership with the SLRHC, the City of St. Louis, St. Louis County, and other community health organizations, to help prepare all St. Louisans for the effects of the COVID-19 response, how to stop its spread, and how to survive the pandemic physically, emotionally, and economically.

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 and Questions Regarding the Demonstration:

- *"I'm really proud of PrepareSTL and their area-wide presence. Another great way to reach the community. Good job RHC Staff!"*

- *"Great meeting. Very informative."*

- *"Are options available to (patients) that don't have the required co-pay and prescription fees required of the (GBH) program?"*
    - **SLRHC response**: Gateway to Better Health's federally qualified health center (FQHC) partners are required to provide care regardless of ability to pay. Patients should still be able to access the services they need even if they are unable to afford the co-pay amount.

- *"Do we know how many, if any, Gateway to Better Health patients have COVID-19?"*
    - **SLRHC response:** The newly created CPT codes for COVID-19 testing are not currently included under Gateway to Better Health's service offerings. The SLRHC updates its covered codes list annually to add newly created codes or to make other necessary changes as agreed upon by SLRHC and MO HealthNet, as such, the SLRHC is unable to comprehensively access COVID-19 diagnoses for Gateway to Better Health patients specifically. The community can access COVID-19 prevalence data for the St. Louis region through the local health department's communicable disease data. Additionally, along with the support of community partners, the SLRHC developed a COVID-19 Emergency Fund. Funds collected through this project will be used to address the need for urgent medical supplies and equipment, costs of testing for uninsured patients, and the basic equipment necessary to expand capacity and navigation services across St. Louis' FQHCs.

While the Gateway program is unable to cover COVID-19 testing specifically, the SLRHC has ensured access to free testing is available for all members of the community.

- *"Given the shelter in place orders, are there mobile outreach vans that can go out into the communities that are hardest hit by COVID-19 cases?"*
    - **SLRHC response:** Under the scope of PrepareSTL, the SLRHC is working alongside Power4STL's "Stop the Virus Training", a nonprofit collaborative which includes mobile delivery service of personal protective equipment and handwashing products to communities with the highest prevalence of COVID-19. Affinia Healthcare has also expanded their COVID-19 testing efforts to include mobile testing.

- *"Are we filling all of the available (enrollment) slots? Have we considered making incentives available to those who are responsible for filling the slots?"*
    - **SLRHC response***:* Enrollment at the time of this public forum is 14,051 members. With an enrollment cap of 16,000, the program has capacity for nearly 2,000 additional members. The project is unfortunately very limited in its ability to offer incentives due to essential protective guidelines and limitations put in place by MO HealthNet and CMS.

- *"Were we able to keep work requirements off the ballot initiative for MO HealthNet (Medicaid) expansion?"*
    - **SLRHC response***:* Staff directed attendees to the official ballot language certified by the Missouri Secretary of State around adopting Medicaid Expansion. The statewide vote to either adopt or deny the addition of this statutory amendment is expected to take place in the fall of 2020. At this time, work requirements are not included in the expansion measure.

- *"With the new "normal" how does the RHC plan on 'reshaping organizational strategies' and what plans will RHC utilize to 'to meet the evolving needs of the communities'?"*
    - **SLRHC response:** The SLRHC will continue to mobilize its regional partners around PrepareSTL to ensure all St. Louisans continue to have access to the care and necessary resources required to navigate the COVID-19 pandemic.

III. Performance Metrics

Coverage for Beneficiaries and the Uninsured Population: Enrollment

During Demonstration Year 11, Gateway served 18,398 unique individuals. The SLRHC provided training to community health centers and other community organizations to assist patients with the Gateway enrollment application process. Gateway primary care providers work with all of their uninsured patients, including young adult patients aging out of Medicaid, to assess their eligibility for Gateway and other programs, and enroll them in the Pilot Program, as applicable. As of October 1, 2020, 16.9% of Gateway enrollees were between the ages of 19 and 29; 22.3% between the ages of 30 and 39; 24.4% between the ages of 40 and 49; 26.4% between the ages of 50 and 59; and 10% between the ages of 60 and 64.

In March 2020, 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. Due to the continued extensions of the Federal Emergency, the pause in disenrollment for Gateway to Better Health continued throughout the end of Demonstration Year 11 and ensured that continuity of care remains stable for Gateway patients throughout this crisis.

The coverage model provides primary, urgent, and specialty care coverage to uninsured adults in St. Louis City and St. Louis County with incomes up to 100% FPL. As of October 1, 2020, 14,746 unique individuals, with 169,460 member months, were enrolled in Gateway to Better Health. Pilot Program enrollment by health center in Demonstration Year 11 is provided below:

Pilot Program Enrollment by Population [2]

Demonstration Populations	**Unique Individuals Enrolled as of October 1, 2020**	**Member Months October 2019 – September 2020**
Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	14,746	169,460
Population 2. Uninsured individuals receiving only Specialty Care through the Demonstration (<133% of FPL)	N/A	N/A
Population 3. Uninsured individuals receiving only Specialty Care through the Demonstration (134-200% of FPL)	N/A	N/A
Total for All Populations	**14,746**	**169,460**

[2] Enrollment numbers are based on MO HealthNet enrollment data as of October 1, 2020

Gateway to Better Health Enrollment by Health Center [2]

Health Center	Unique Individuals Enrolled as of October 1, 2020	Member Months October 2019 - September 2020
BJK People's Health Centers	2,441	28,365
Family Care Health Centers	1,498	17,400
Affinia Healthcare	6,167	70,630
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	2,678	30,631
St. Louis County Dept. of Health	1,962	22,434
Total	**14,746**	**169,460**

Wait Lists

There were no waiting lists during Demonstration Year 11, as enrollment did not reach the enrollment cap of 16,000.

Disenrollment

During Demonstration Year 11, a total of 4,407 members were disenrolled from Gateway, averaging 367 members each month. The table below provides Gateway disenrollment by month in Demonstration Year 11:

Gateway Member Disenrollment by Month, October 2019 – September 2020 [2]

Month	Beginning Enrollment	New Enrollment	Disenrollment	Net Change	End of Month Enrollment
October 2019	13455	540	526	14	13469
November 2019	13469	526	513	13	13482
December 2019	13482	426	863	-437	13045
January 2020	13045	745	555	190	13235
February 2020	13235	567	512	55	13290
March 2020	13290	621	475	146	13436
April 2020	13436	735	200	535	13971
May 2020	13971	245	144	101	14072
June 2020	14072	304	145	159	14231
July 2020	14231	348	171	177	14408
August 2020	14408	301	146	155	14563
September 2020	14563	340	157	183	14746
Total	N/A	5,698	4,407	1,291	N/A

In DY11, 4,359 uniquely new members were enrolled, along with 1,339 former members re-joining the program. There were 5,698 additions to enrollment and 4,407 members disenrolled, for a net increase of 1,291 members during the demonstration year. The overall movement of members into and out of the program decreased, beginning in April 2020, as a result of operational changes at the health center and State levels with regard to application collection and suspension of many closings, both due to the COVID-19 pandemic.

Coverage for Beneficiaries and the Uninsured Population: Utilization

Outlined below are key findings regarding the Gateway program service utilization for Demonstration Year 11 (October 1, 2019 – September 30, 2020). Information presented is based primarily on an initial review of Gateway claims and service referral data.

Primary and Dental Care

Gateway provided over 24,000 total primary care and dental visits during Demonstration Year 11. Gateway primary care physicians saw over 1,700 patients in their offices each month. Gateway dentists at community health centers saw approximately 300 patients in their offices each month. The table below reviews the annual distribution of primary and dental care office visits by provider:

Primary Care and Dental Office Visits by Rendering Provider, October 1, 2019 – September 30, 2020 [3]

Provider	Primary Care Office Visits	Dental Office Visits**	Total Visits
BJK People's Health Centers	3,194	562	3,756
Family Care Health Centers	2,905	251	3,156
Affinia Healthcare (formerly known as Grace Hill)	6,421	1,687	8,108
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	3,454	638	4,092
St. Louis County Dept. of Health	4,505	568	5,073
All Providers	**20,479**	**3,706**	**24,185**

Adjustments in care due to COVID-19 were particularly applicable for dental services, due to the air-borne nature of the virus. Beginning in quarter two (January – March 2020), Affinia Healthcare, Betty Jean Kerr People's Health Centers, and the St. Louis County Department of Public Health reported delays in routine dental care due to COVID-19 safety guidelines. Affinia Healthcare and Betty Jean Kerr People's Health Centers reported that all dental visits were triaged for urgency, with only emergent requests receiving accommodation. Additionally, the St. Louis County Department of Public Health reported that dental visits at their centers were primarily treated via phone triage and that in-person visits were restricted to emergent appointments only until the center was able to install the proper sanitization equipment required for safe treatment. As of the fourth quarter of the year, all centers were accepting dental patients for routine treatment with strict safety protocols in place.

[3] Reported utilization based on Gateway claims data as of November 5, 2020

Chronic Conditions

Approximately 37% of all Gateway patients live with at least one chronic condition.

Percentage of Patients with Chronic Conditions [4]

Medical Condition	**Percentage of Patients**
Hypertension	28.8%
Diabetes (Type 1 & 2)	10.3%
Asthma/COPD	9.4%
CVD, CHF, Heart Disease	5.1%
Total Unduplicated	**36.9%**

Medications

Gateway provided more than 152,400 medications to manage chronic conditions and other diseases in Demonstration Year 11, including more than 12,100 prescriptions for insulin and inhalers. With the addition of SUD treatment services in February of 2019, the program was able to provide nearly 1,000 prescription medications for the treatment of substance use disorders during Demonstration Year 11.

Specialty Care

Providers made nearly 1,600 referrals for specialty care services each month. Of the more than 18,800 referrals made in Demonstration Year 11, more than 8,200 were for diagnostic services and more than 2,600 were for surgical procedures. Gateway provided more than 6,000 specialty office visits in Demonstration Year 11. The table below reviews the annual distribution of specialty care office visits by provider.

Specialty Care Office Visits by Rendering Provider, October 1, 2019 – September 30, 2020 [3]

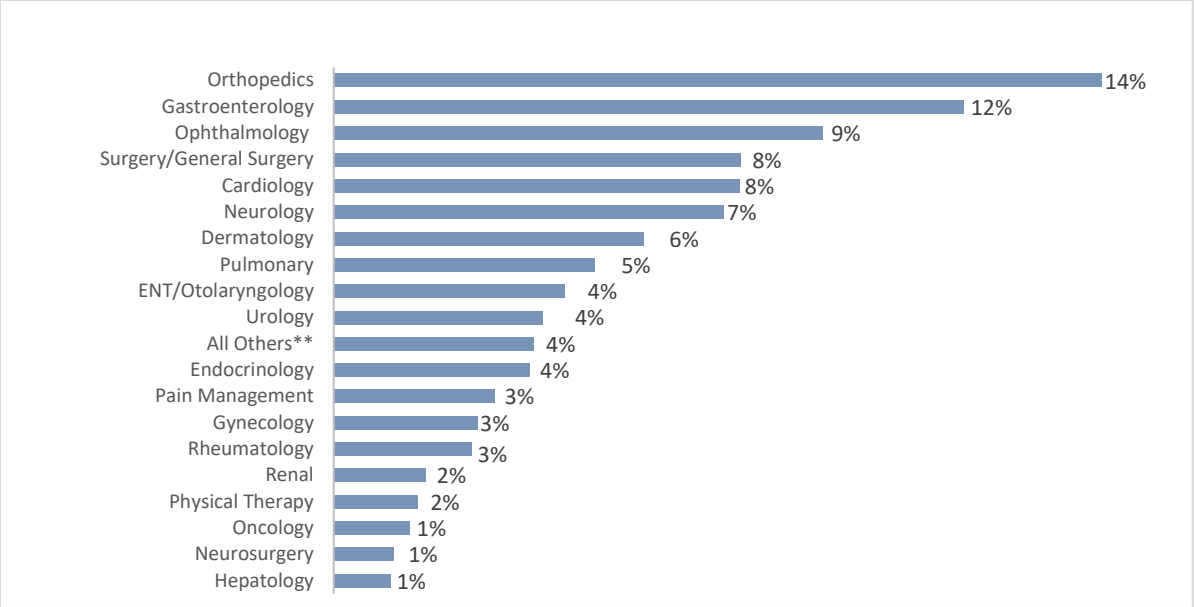
Provider	**Specialty Care Visits**
SLUCare	2,067
Washington University School of Medicine	3,528
All Other Providers [5]	431
Total	**6,026**

In Demonstration Year 11, orthopedics, gastroenterology, and ophthalmology were the leading specialty care services to which Gateway patients were referred. The percent of specialty care referrals by service for Demonstration Year 11 is further detailed below:

[4] Chronic conditions include hypertension, diabetes type I and type II, asthma/chronic obstructive pulmonary disease, cardiovascular disease, congestive heart failure, and heart disease.

[5] Other providers include the following: BJC Medical Group, Eye Associates Limited, Mercy Clinic Gastroenterology LLC, Mercy Clinic Heart & Vascular LLC, Nephrology and Hypertension Specialist LLC, SSM Medical Group.

Figure 1. Specialty Care Referrals by Service, October 1, 2019 - September 30, 2020 [6]



**Other services include Allergy, Endoscopy, Hematology, Infectious Disease, Pathology, and Wound Management.

Changes in referral rates to specialists were also impacted by COVID-19. As the pandemic ensued, specialty care treatment moved primarily to emergency response only. As the crisis begins to normalize, rates for specialty care are returning to levels more typically seen.

Urgent Care

Gateway provided nearly 2,300 urgent care visits in Demonstration Year 11. Between October 1, 2019 and September 30, 2020, there were approximately 190 urgent care visits each month.

Table 5. Urgent Care Office Visits by Rendering Provider, October 1, 2019 – September 30, 2020 [3]

Provider	Urgent Care Visits
Affinia Healthcare [7]	1,527
SSM Urgent Care [8]	620
CareSTL Health	136
All Providers	**2,283**

[6] Reported specialty care referrals are based on Automated Health Systems data as of October 7, 2020.

[7] As was noted in previous reports, CareSTL Health formerly contracted urgent care services for their patients through Affinia Healthcare. That partnership began January of 2017 and allowed patients accessing primary care services through CareSTL Health to visit Affinia Healthcare's urgent care location as necessary. Beginning September 1, 2019, CareSTL Health reintegrated urgent care hours into their own primary care service model.

[8] SSM Urgent Care provides urgent care services for BJK People's Health Centers, Family Care Health Centers, and St. Louis County Department of Health Gateway members.

Quality and Cost of Care

The Gateway program has operationalized its commitment to quality with a provider incentive program. The State withholds 7% from payments made to the primary care health centers. These funds are used to pay provider incentives based upon provider performance on two sets of quality measures, Tier 1 and Tier 2. Tier 1 measures are:

- All Newly Enrolled Patients- Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)
- Patients with Diabetes, Hypertension, CHF or COPD – Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date)
- Patients with Diabetes - Have one HbA1c test within 6 months of reporting period start date
- Patients with Diabetes – Have a HbA1c less than or equal to 9% on most recent HbA1c test within the reporting period
- Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.

Impact of COVID-19 Pandemic

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 supplies and equipment, the costs of testing patients, transitional staffing, treatment services and basic equipment to expand capacity, and navigation services to meet the needs of the increased demand has been paramount for our community health care organizations. Due to the guidelines to limit occupancy capacity as mandated by the local governing bodies, criteria measures for provider incentive payments reflect COVID-related restrictions rather than provider performance. Consequently, 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 that Gateway providers are able to provide primary care services to this vulnerable population throughout the pandemic. As such, the incentive payment amounts withheld from providers during the January 1, 2020 – June 30, 2020 reporting period will be returned in full as outlined below.

Primary Care Health Center Pay-for-Performance Results

During the performance period, the PCHC Incentive Pool (PIP) was valued at $409,604.32, as summarized below by health center. These incentive amounts for the period were returned in full.

Description		AH	BJKP	CSH	FC	County
Number of Criteria Met	*a*	0	0	0	0	0
Criteria Weight	*b*	20%	20%	20%	20%	20%
Incentive Pool Percentage Earned	*c = a x b*	0%	0%	0%	0%	0%
Incentive Amount Withheld	*d*	$ 171,557.36	$ 68,585.01	$ 73,474.04	$ 42,091.56	$ 53,896.35
Incentive Amount Earned	*e = c x d*	$ -	$ -	$ -	$ -	$ -
Remaining Balance in PCHC Pool	*f = d - e*	$ 171,557.36	$ 68,585.01	$ 73,474.04	$ 42,091.56	$ 53,896.35

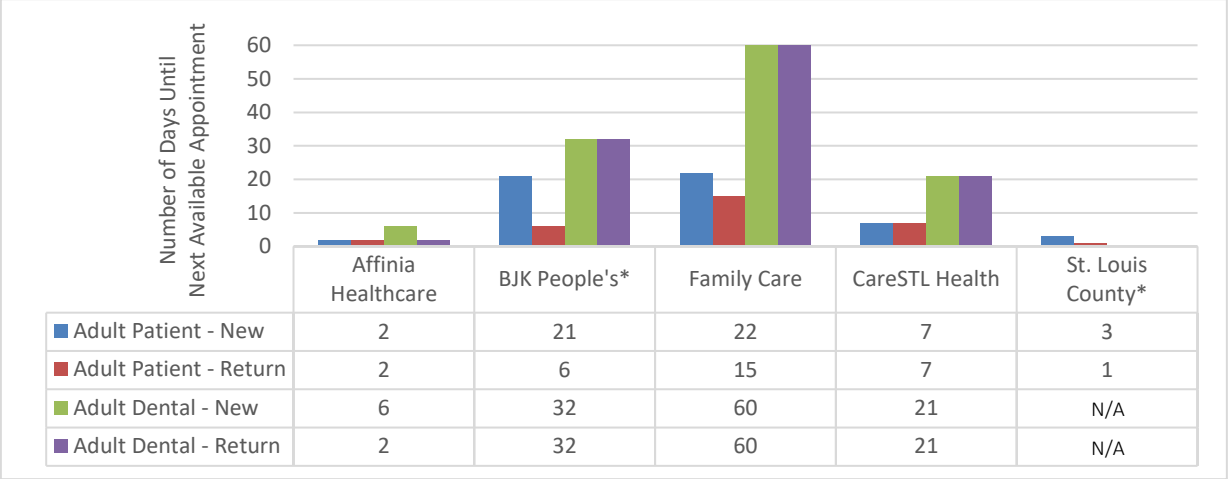
Access to Care Outcomes

During Demonstration Year 11, the call center answered 11,703 calls, averaging approximately 47 calls per business day. Of calls answered during this time, 58 (less than one percent) resulted in a consumer complaint. The most common source of complaints for this Demonstration Year were related to “Access to Care” and “Transportation”. Access to Care encompasses a range of issues including the patients’ ability to get a timely appointment, get a prescription filled, get a referral to see a specialist, as well as coordinating specialty care with primary care homes. Each consumer issue was resolved directly with the patient and associated provider(s).

Primary and specialty care wait times are monitored to measure access to care. In Demonstration Year 11, on average, new patients were able to access primary care services within three weeks and returning patients within two weeks. To access dental services, both new and returning patients had to wait approximately three weeks on average before an appointment was available.

The following table displays the primary care wait times as of the end of DY11 (September 30, 2020).

Primary Care Wait Times (Non-Urgent Appointments in Days), as of September 30, 2020 [9]

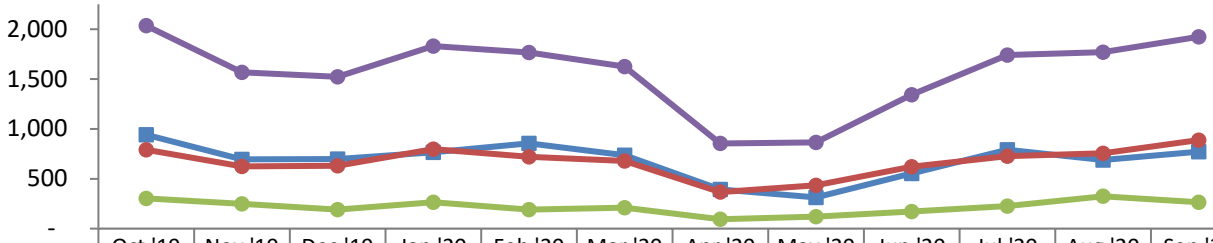


	Affinia Healthcare	BJK People's*	Family Care	CareSTL Health	St. Louis County*
Adult Patient - New	2	21	22	7	3
Adult Patient - Return	2	6	15	7	1
Adult Dental - New	6	32	60	21	N/A
Adult Dental - Return	2	32	60	21	N/A

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

In order to monitor access to specialty care, referrals to these services are tracked and trended. Demonstration Year 11 results are presented in the table below.

Medical Referrals by Type and Pilot Program Month, October 2019 – September 2020 [6]6 above



	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20	Sep '20
Diagnostic	941	695	699	765	856	737	394	313	552	790	689	772
Specialty	791	624	632	799	721	680	366	434	621	726	756	888
Surgical	303	248	191	266	190	209	94	119	171	225	324	264
Total	2,035	1,567	1,522	1,830	1,767	1,626	854	866	1,344	1,741	1,769	1,924

[9] Wait times self-reported by individual health center as of September 30, 2020 and are calculated for Gateway patients only.

Beneficiary and Provider Satisfaction Survey

The State and SLRHC are continually monitoring the performance of the Pilot Program to ensure it is providing access to quality health care for the populations it serves. The SLRHC conducts satisfaction surveys with Gateway to Better Health enrollees and healthcare providers on a regular basis.

The Patient Satisfaction Survey uses a sample of convenience and is collected over a three-month period from May through July of each year. Gateway enrollees are asked to complete a survey after their clinic visit at each of the five primary care health centers. The Provider Satisfaction Survey uses a convenience sample of Gateway medical providers and support staff involved in the referral process at the five primary care health centers. During the month of May, an email with a link is sent health center staff inviting them to take an online survey.

As the COVID-19 pandemic struck the St. Louis community, the region's healthcare system transitioned into crisis management mode. Clinics consolidated their locations, triaged the most urgent needs first, and prioritized staff and patient safety in reaction to the many unknown factors of this virus. In order to collect patient data, the Demonstration relies upon support staff at each clinic location to disperse and collect survey materials during the normal course of patient registration. With uncharacteristic patient volumes, enforcement of additional COVID-19 screening measures, and reduced clinic locations and staff, it was determined that the collection of this data would place an undue burden upon clinic partners. The SLRHC consulted Mercer and determined that the suspension of the survey period for Demonstration Year 11 would be the most sensible course of action. The data collected annually throughout the Demonstration has remained consistent over the course of the evaluation period, assuring that the disruption in data collection for this federal fiscal year will not negatively impact the approved evaluation design.

IV. Budget Neutrality and Financial Reporting

Budget Neutrality

The State continues to monitor budget neutrality for this quarter as claims are processed. The program remained budget neutral for Demonstration Year 11 as well as for the fourth quarter of the federal fiscal year. The budget neutrality worksheet will be provided separately from this monitoring report.

Annual Gateway Program Expenses

The table below documents Gateway Pilot Program expenses in Demonstration Year 11 as compared to the operating budget. An explanation of key variances by provider type is also provided.

Gateway Actual to Operating Budget, October 1, 2019 - September 30, 2020 [10]

Provider Type	Actual	Operating Budget	Percent Variance
Primary Care Providers	$11,824,128	12,140,722	97%
Specialty Care Providers	$7,427,313	10,653,878	70%
Transportation	$220,787	226,066	98%
Gateway Administration	$3,253,800	4,062,470	80%
Total Allowable Gateway Program Expenses	**$22,726,027**	**27,083,136**	**84%**

Primary Care:

Gateway primary care providers were paid $11.8 million from October 1, 2019 to September 30, 2020 (FFY20), or 3% less than the operating budget for the fiscal year.

Specialty Care:

Specialty care providers were paid nearly $7.4 million, or 30% less than the operating budget for the fiscal year as of September 30, 2020. Specialty care expenses declined as referrals for specialty services declined amid the COVID-19 pandemic. Resources were limited to emergency treatment.

Other Program Expenses:

Gateway transportation and administrative expenses to date were 2% and 20%, respectfully, less than the operating budget for FFY11. Administrative expenses declined during this period due to the reduction in outreach, printing, and other office related expenses amid the COVID-19 pandemic.

Cost of Specialty Care Services

The table below reviews specialty care costs in Demonstration Year 11 for Gateway providers based on claims data. Claims are still being submitted for the fourth quarter of Demonstration Year 11. It is anticipated that claims amount for the period may increase as additional claims are filed.

Cost of Specialty Care Services, October 1, 2019 – September 30, 2020 [10]

Provider Name	**Provider Payments**
BJC Healthcare	$2,131,508
Mercy & Affiliates	$46,416
SLUCare	$1,020,461
SSM Health	$1,421,148
Washington University School of Medicine	$2,741,386
All Other	$66,394
TOTAL	**$7,427,313**

[10] Reported information based on data as of October 9, 2020. Additional allowable expenses may be incurred for the federal fiscal year.

Provider Incentive Payments

The Incentive Payment Protocol (provided in Appendix IV) requires seven percent of provider funding to be withheld from Gateway primary care providers. The seven percent 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. Withholds for Gateway providers during Demonstration Year 11 are outlined below:

Summary of Provider Payments and Withholds, October 1, 2019 - September 30, 2020 [10]

Providers	Provider Payments [11]	Provider Payments Withheld
Affinia Healthcare (formerly known as Grace Hill)	$4,925,846	$321,119
BJK People's Health Centers	$1,977,086	$136,281
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)	$2,140,115	$147,079
Family Care Health Centers	$1,216,634	$83,576
St. Louis County Department of Public Health	$1,564,447	$107,728
Total	**$11,824,128**	**$795,784**

Note: Payments in the table above are subject to change as patient enrollment/eligibility changes. Reported provider payments and withholds are based on data as of October 9, 2020.

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

1) January 1, 2020 – June 30, 2020
2) July 1, 2020 – December 31, 2020

The first pay-for-performance reporting period ended on June 30, 2020. As stated above, the SLRHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to each health center's successful COVID-19 response. As such, the complete results of the returned incentive payment amounts are provided in Appendix V.

Pay-for-performance incentive outcomes for the time period of July 1, 2020 - December 31, 2020, are not yet available but will be shared in future reports.

[11] Amount represents actual payments including incentive payments.

V. Evaluation Activities and Interim Findings

The Gateway to Better Health Demonstration accomplished several important milestones in Demonstration Year 11. In October 2019 the State requested authority to extend the current benefits for the population covered by the Demonstration to include preventative physical function improvement services for patients with pain-related diagnoses. Physical function services would include office visits for physical therapy, occupational therapy, chiropractic, and acupuncture services provided at the primary care health home. The amendment request was made after significant consultation with the program's health providers, advisory boards, patients, and other community stakeholders, who indicated that offering physical function services should be a top priority for the Gateway patient population. The Demonstration received approval from CMS to implement these additional services beginning January 1, 2021. In anticipation of the commencement of these additional service offerings, the SLRHC partnered with Mercer during Demonstration Year 11 to update the Demonstration's evaluation design to include an analytic approach for the Physical Function Improvement Benefit. The draft evaluation design will be submitted separately from this report for CMS review and approval.

The following evaluation activities section highlights each data measure associated with the Demonstration's hypotheses, as outlined in the approved evaluation design of the Pilot Program:

I. **Hypothesis 1**: The St. Louis Regional Health Commission Gateway project supports the availability of primary and specialty health care services to uninsured adults in St. Louis City and St. Louis County.

II. **Hypothesis 2**: Connecting and engaging low-income uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.

III. **Hypothesis 3**: Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.

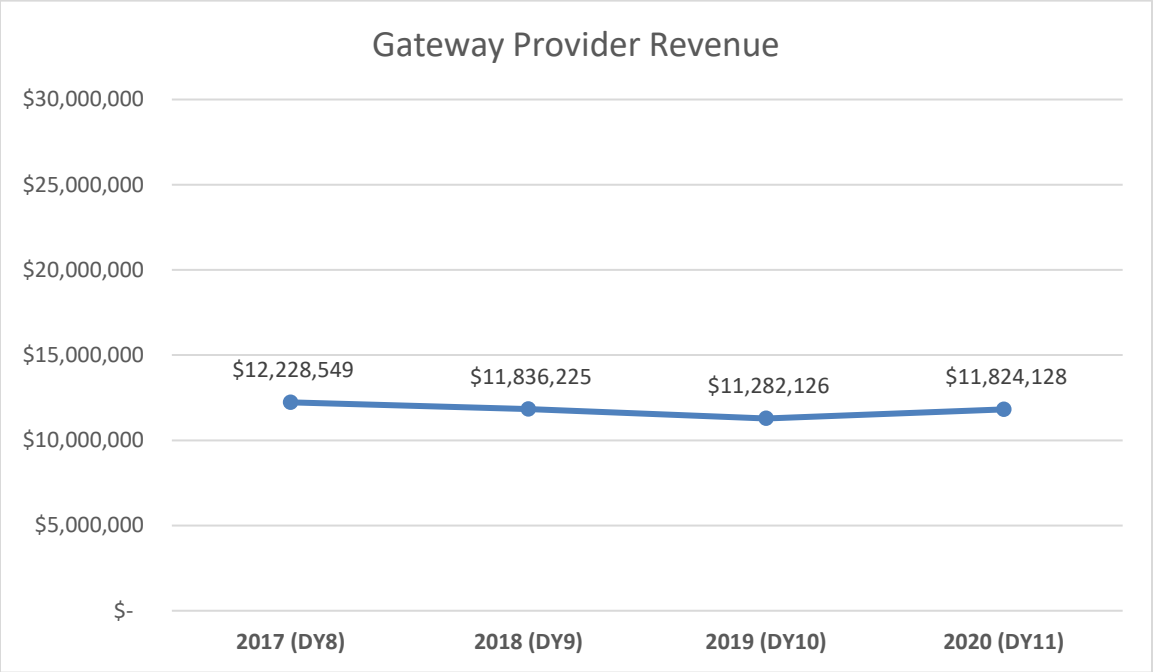
Each of these hypotheses is translated into quantifiable targets for improvement so that the performance of the demonstration can be adequately measured. Additionally, each measure has been calculated as described in "Table B. Measure Specifications" of the approved evaluation design. Any irregularities in the calculation methods, primarily due to the COVID-19 pandemic, have been noted below.

Additionally, the collection period for each metric is noted as either:

- Calendar Year (CY) for data reflective of January 1 to December 31 of the given year or;
- Demonstration Year (DY), which reflects the federal fiscal year (FFY) period of October 1 to September 30.

Hypothesis 1: The St. Louis Regional Health Commission Gateway project supports the availability of primary and specialty health care services to uninsured adults in St. Louis City and St. Louis County.
Research Question: Does the coverage approach to provider reimbursement and incentive payments provide a stable revenue stream?

Claims-based revenue for all primary care services received across all Gateway providers is shown in the table below. Revenue for primary care providers has remained stable across the reporting period and has enabled health center partners to support uninsured adults across the region. Less than 5% variance exists between Demonstration years.



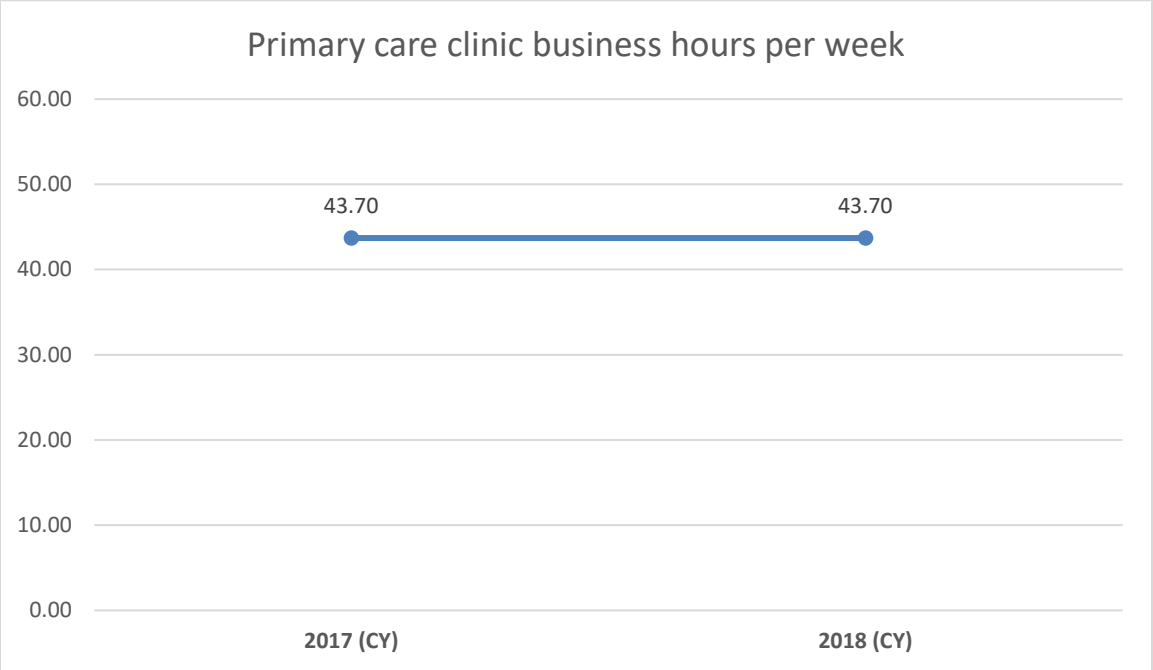
Definition: Total amount of claims-based revenue for all primary care services received across all Gateway providers [12]. Reported provider payments and withholds are based on data as of October 9, 2020.

[12] Reported revenue based on October 1 to September 30 financial data of each fiscal year. Additional allowable expenses may be incurred for the most recent federal fiscal year.

Hypothesis 1: The St. Louis Regional Health Commission Gateway project supports the availability of primary and specialty health care services to uninsured adults in St. Louis City and St. Louis County.
Research Question: What variance, if any, exists in primary care provider availability and primary care service array across the evaluation period?

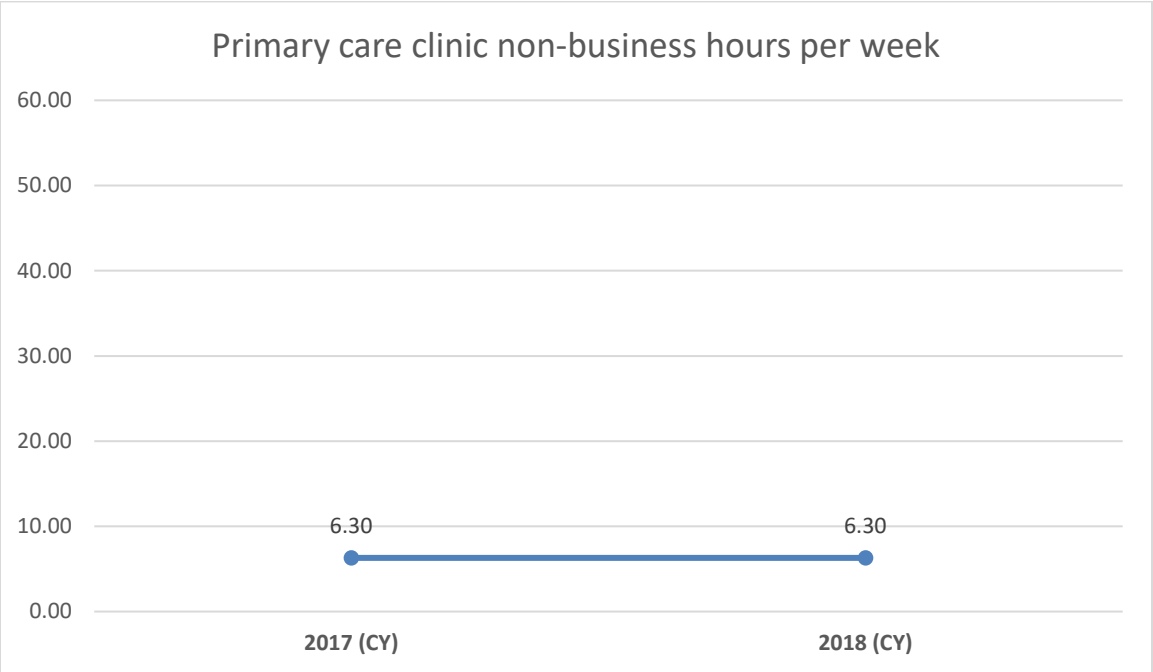
Gateway Provider Survey Data that includes core services, clinic hours, and certain wait time data, is collected annually from primary care providers. Data is provided for the prior calendar year (January 1 – December 31) and is due to the SLRHC by July of the current calendar year. Templates used to collect data can be found in the approved evaluation design under "Attachment A. Gateway Provider Survey Templates". Due to COVID-19, clinics requested additional time to meet this access to care reporting requirement. The SLRHC was unable to collect January 1, 2019 – December 31, 2019 data over the course of 2020. This data will be collected and provided in the Interim Report due to CMS by December 31, 2021. Gaps in data collection will be noted below.

As is shown in the following three charts, provider availability has remained consistent across the reporting period for available data.

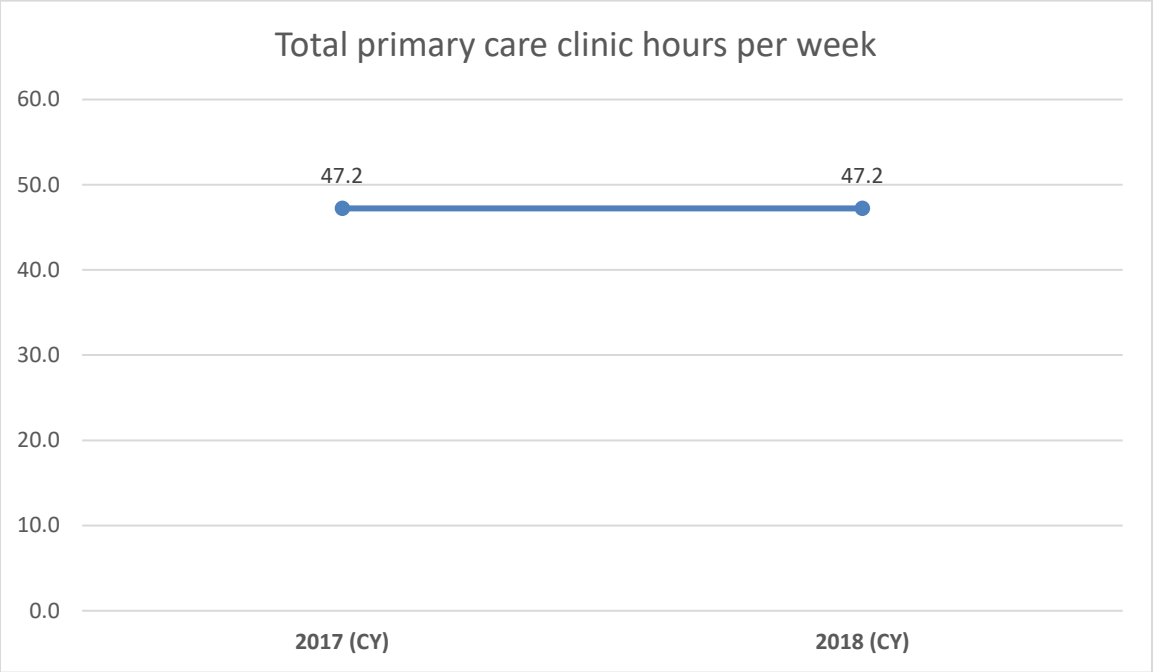


Definition: Sum of open clinic hours between 8:00 a.m. and 5:00 p.m. Monday-Friday across the total number of clinic locations across all Gateway primary care providers [13]

[13] Metric is based on self-reported Gateway Provider Survey data collected in July of each federal fiscal year. Survey data was not collected in 2020 due to Health Center Partners' necessary COVID-19 response. Additional information will be provided in the 2021 Interim Report.



Definition: Sum of open clinic hours before 8:00 a.m. and after 5:00 p.m. Monday – Friday across the total number of clinic locations across all Gateway primary care providers [13]



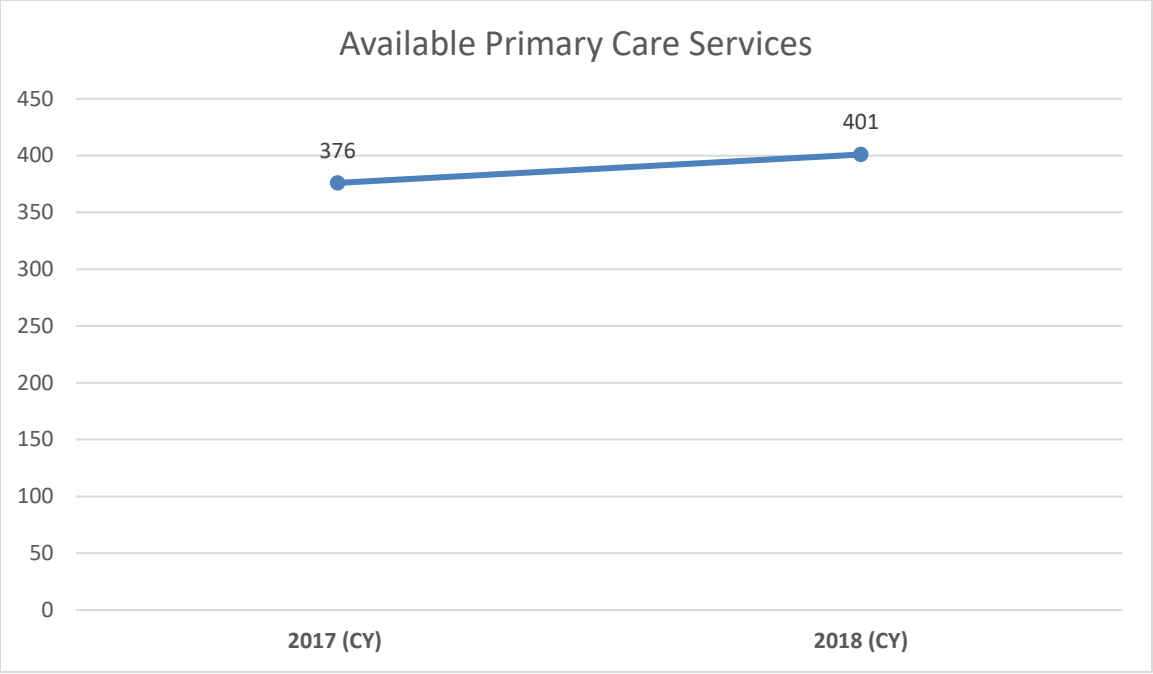
Definition: Sum of open clinic business and non-business hours across the total number of clinic locations across all Gateway providers [13]

Available Primary Core and Additional Services are also self-reported by clinic partners annually via the Gateway Provider Survey. Each provider stipulates which of the primary care service offerings is available at their individual clinic locations. Provider service array is included below.

Primary Care Provider Network Service Array

Core Services Core Services	Additional Services
Primary Medical Care	Nutrition
Clinical Laboratory Services *(please indicate whether in-house or contracted)*	Youth Behavioral Health Services *(please specify types of services available)*
Mental Health Services *(please specify types of services available)*	WIC
Substance Abuse Services *(please specify types of services available)*	Community Health Homeless Services
Podiatry	Prenatal classes/Centering Pregnancy
Optometry	HIV Counseling
Enabling Services	Urgent Care
Pharmacy	Specialty Care *(please specify specialties available)*
Chronic Disease Management	STD Clinic Services
Ophthalmology	Social Services
Case Management	Other not listed *(please specify)*
Social Services	
Referral to Specialty Care	
Eligibility Assistance Services	
Radiology	
Dental Care	

As is shown in the following table, available primary care services increased from 2017 to 2018 across service providers.

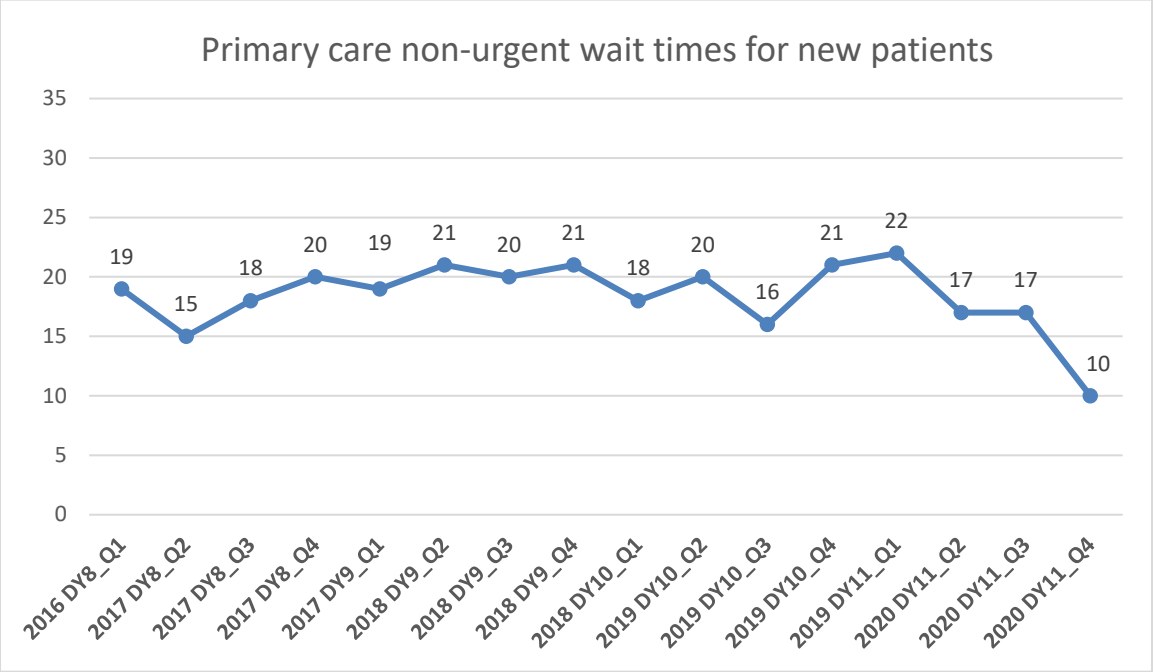


Definition: Total number of core and additional primary care services provided across Gateway to Better Health clinics. As stated above, Gateway Provider Survey data was not collected in 2020 due to COVID-19. Data collected in 2020 around primary core services would be reflective of service provided from January 1 – December 31, 2019. As such, this particular metric includes data from 2017 and 2018 calendar years only. Additional information will be provided in the 2021 Interim Report [13]

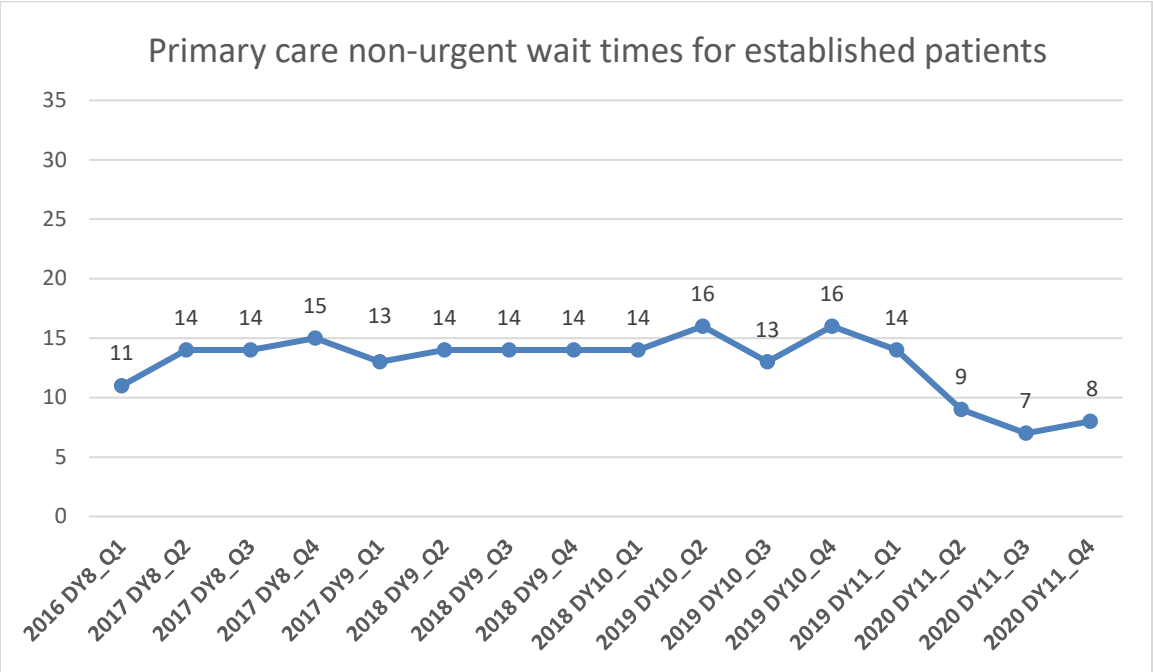
Hypothesis 1: The St. Louis Regional Health Commission Gateway project supports the availability of primary and specialty health care services to uninsured adults in St. Louis City and St. Louis County.
Research Question: What variance, if any, exists in access to primary and specialty care across the evaluation period?

The following tables outline non-urgent wait times for new and established patients for primary care services on a quarterly basis. Wait times are reported at the close of each quarter for Gateway to Better Health patients at each primary care provider home. For new patients, the longest wait time was approximately three weeks across the reporting period. For established patients, the longest wait time was approximately two weeks. Additionally, urgent wait times are provided on an annual basis via the Gateway Provider Survey Data process outlined above, with wait times averaging less than a week for both new and established patients.

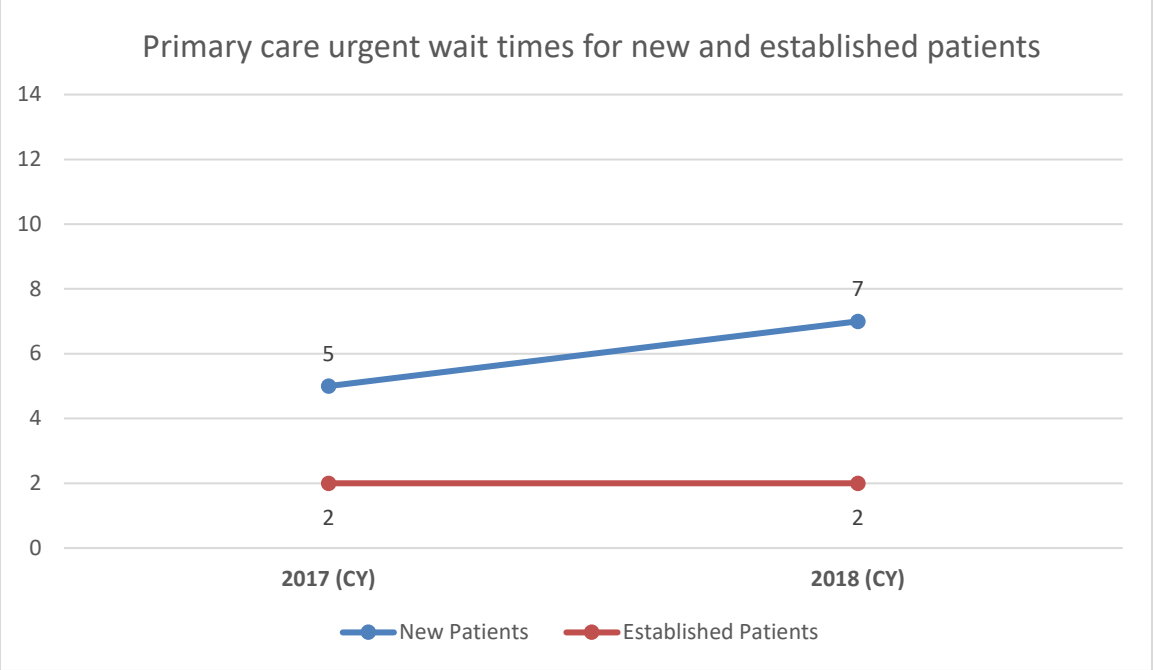
Wait times remained relatively consistent from DY8 to DY11. The largest variances year over year exist in the most recent service year due to COVID-19 adjustments in care.



Definition: Number of days until third next non-urgent appointment for new patients. Wait times are provided at the close of each quarter by primary care providers. Data includes wait time averages across clinics for both non-urgent dental and non-urgent primary care visits [9]

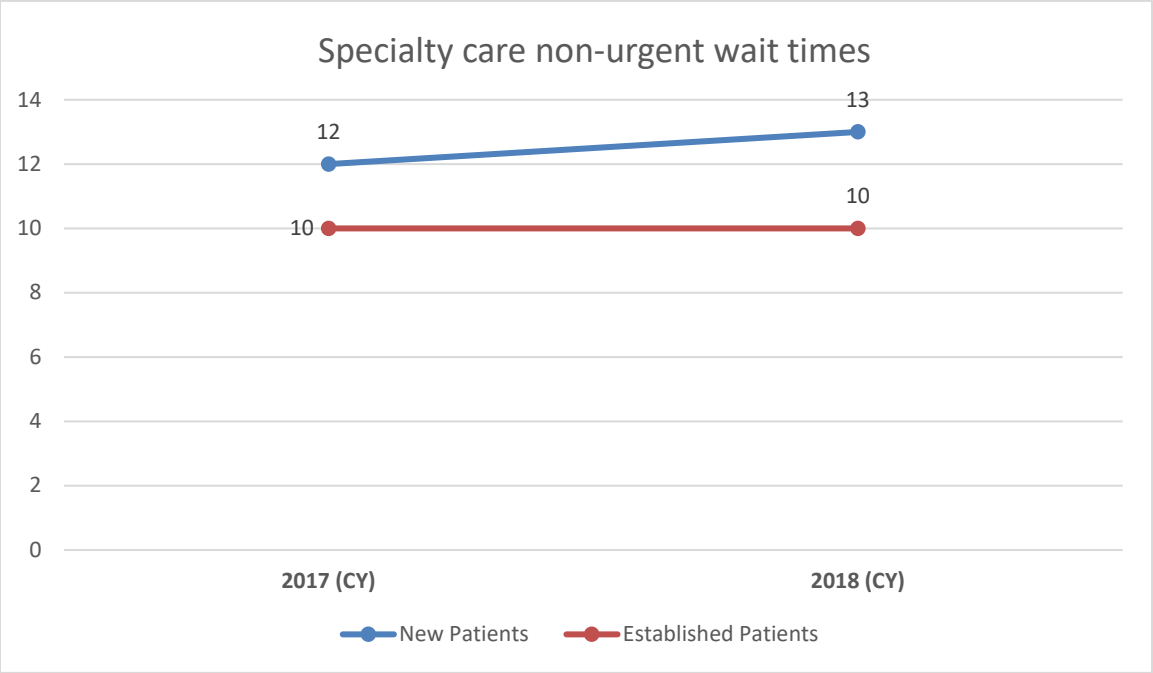


Definition: Average number of days until third next non-urgent appointment for established patients. Wait times are provided at the close of each quarter by primary care providers. Data includes wait time averages across clinics for both non-urgent dental and non-urgent primary care visits [9]

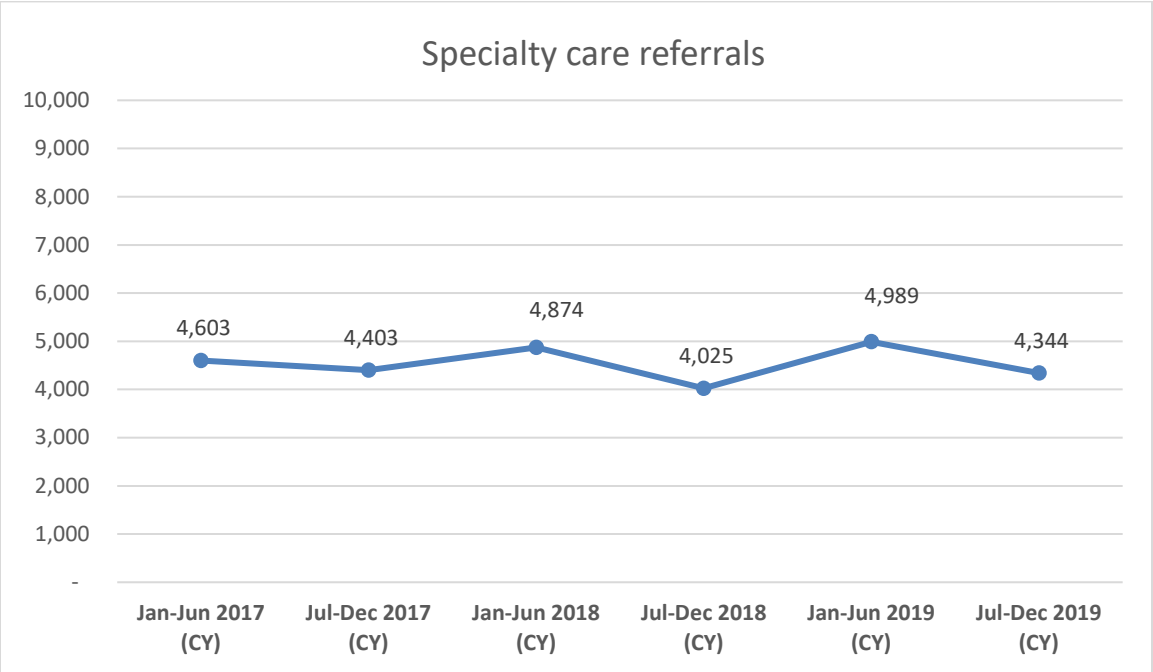


Definition: Number of days until next urgent appointment for new and established patients. Urgent wait times are provided on an annual basis (separately from quarterly primary care non-urgent wait times) via Gateway Provider Survey Data. As noted above, Provider Survey data was not collected in 2020 (representing calendar year 2019) due to COVID-19. As such, data around urgent wait times exists only through 2018 (CY). Additional information will be provided in the 2021 Interim Report [13]

Additionally, specialty care wait times and referrals are closely monitored to ensure patients receive the additional medical care not available to members within a primary care setting. Non-urgent wait time data is collected annually via the Gateway Provider Survey data process. Referral data is tracked and reported monthly via the Demonstration's call center, Automated Health Systems (AHS). Little variance exists for non-urgent wait times year over year. Patients, on average, were able to see a specialist provider in less than two weeks across each service year. Specialty referrals remained consistent as well.



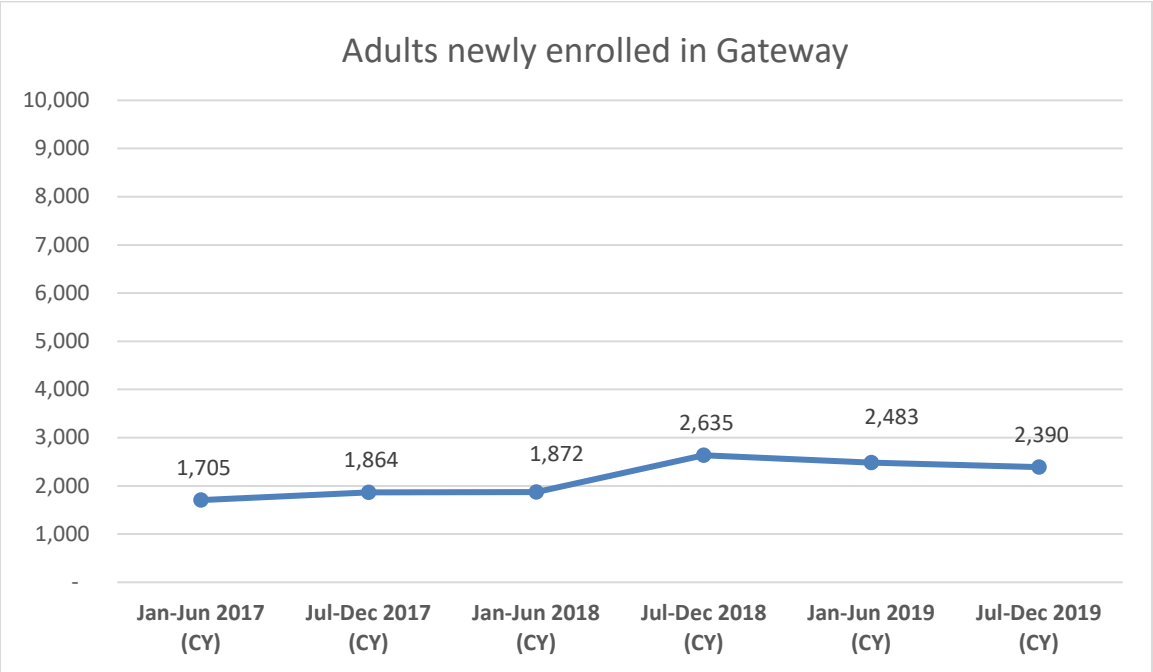
Definition: Number of days until third next specialty care non-urgent appointment for new and established patients. Specialty care non-urgent wait times are provided on an annual basis (separately from quarterly primary care non-urgent wait times) via Gateway Provider Survey Data. As noted above, Provider Survey data was not collected in 2020 (representing calendar year 2019) due to COVID-19. As such, data around specialty care non-urgent wait times exists only through 2018 (CY). Additional information will be provided in the 2021 Interim Report [13]



Definition: Reported rates of specialty care referrals made by Gateway providers [6]

Hypothesis 2: Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.
Research Question: Have uninsured adults in St. Louis City and St. Louis County connected to a primary care home?

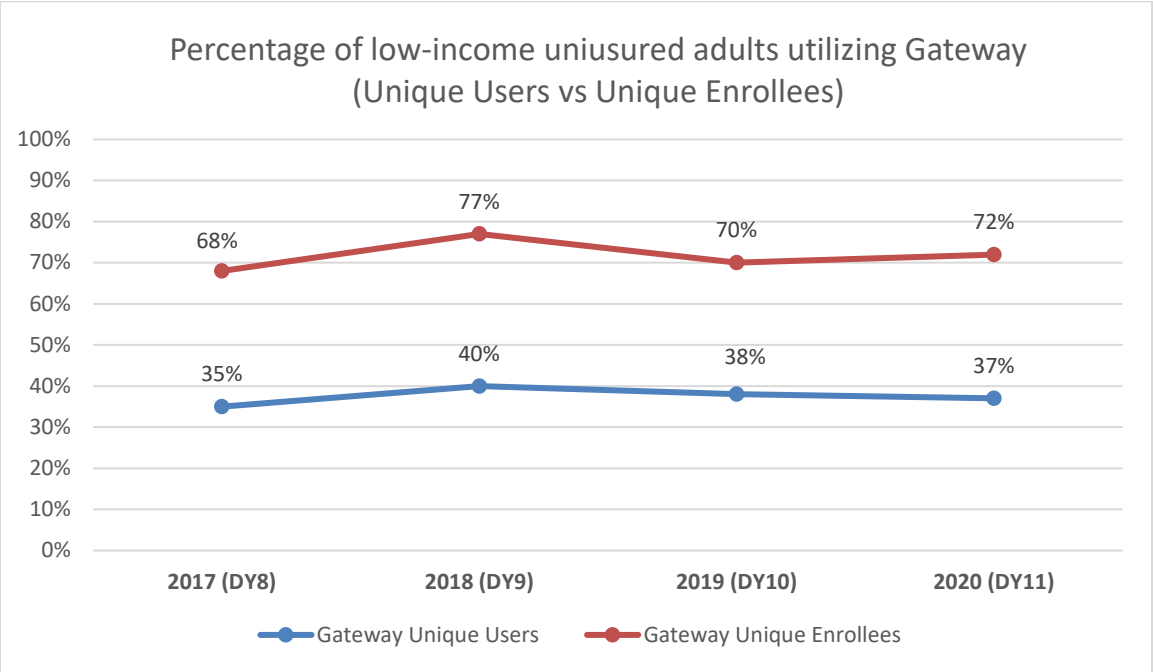
The Demonstration enrolled between 3,500 and 4,800 new patients into the project annually for the past three calendar years.



Definition: Total number of low-income uninsured adults newly enrolled in Gateway program in one year based on Pay-for-Performance metrics [14]

Based on United States Census Data for the region, the Gateway to Better Health project provided a medical service to 35% to 40% of eligible [15] residents across the service period. Meanwhile, 68% to 77% of eligible residents were enrolled into the Demonstration across the same period. This highlights that outreach efforts to connect with eligible patients are successful. Furthermore, over a third of low-income patients across the region are utilizing the Demonstration as a means to access their medical care. Penetration rates for both metrics remained consistent over the past four demonstration years, as shown in the chart below.

[14] This data is secured through EHR data and self-reported information provided by the health centers as part of the Pay-for-Performance metrics established for the program. Incentive protocols were suspended for the period of January 1, 2020 – June 30, 2020 to allow providers to focus solely on providing care amid the COVID-19 emergency response. Pay-for-performance outcomes for the time period of July 1, 2020 – December 31, 2020, are not yet available but will be shared in future reports.



Definition: Graph demonstrates the percentage of eligible [15] uninsured adults that received a service (Gateway unique users) across the Demonstration Year (October 1 – September 30), compared with the percentage of eligible [15] uninsured adults that were enrolled (Gateway unique enrollees) across the Demonstration Year (October 1 – September 30). Reported utilization based on Gateway claims data as of November 16, 2020 [16]

Hypothesis 2: Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.
Research Question: Has Gateway enrollment reduced the perception of barriers to primary and specialty care for enrollees and providers? [17]

On an annual basis, patients are surveyed to endorse their level of confidence that if the Gateway program ended, they could continue to access necessary health care.

[15] Eligibility is determined as uninsured adults between the ages of 19-64, with incomes less than 100% of the Federal Poverty limit, living across the Demonstration's service region of St. Louis City and County

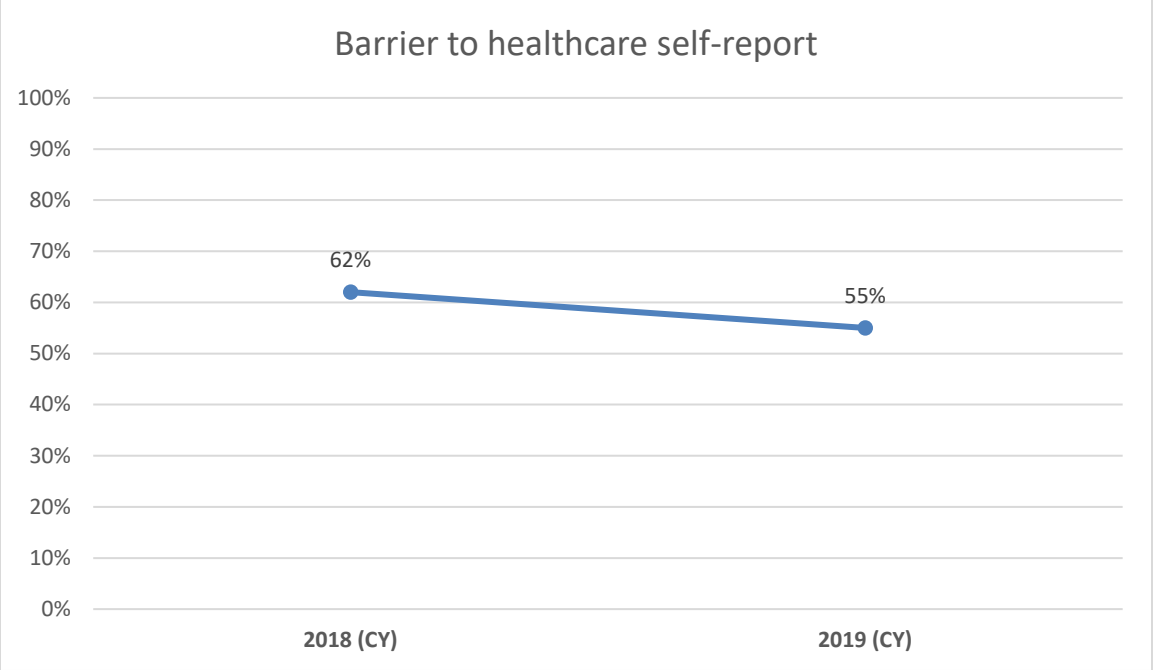
[16] Enrollment numbers are based on MO HealthNet enrollment data as of October 1, 2020. United States Census data is accurate as of November 16, 2020.

[17] As noted in the Performance Metrics section above, the annual Beneficiary Survey for patients and providers was withdrawn this year to allow providers to focus solely on providing care amid the COVID-19 emergency response. Survey data from the collection period of 2020 will not be available. This metric was added to the annual survey in the collection period of May – July 2018. As such, only two years of data are available.

If the Gateway program ended, how confident are you that you could:

I. Afford to see a doctor?
II. Afford prescription medicines?
III. Coordinate all of your health care needs?
IV. Get necessary medical tests?
V. Follow the treatments your doctor recommends?

Over 50% of patients across the reporting period endorsed that were not confident they could continue to access appropriate medical care.

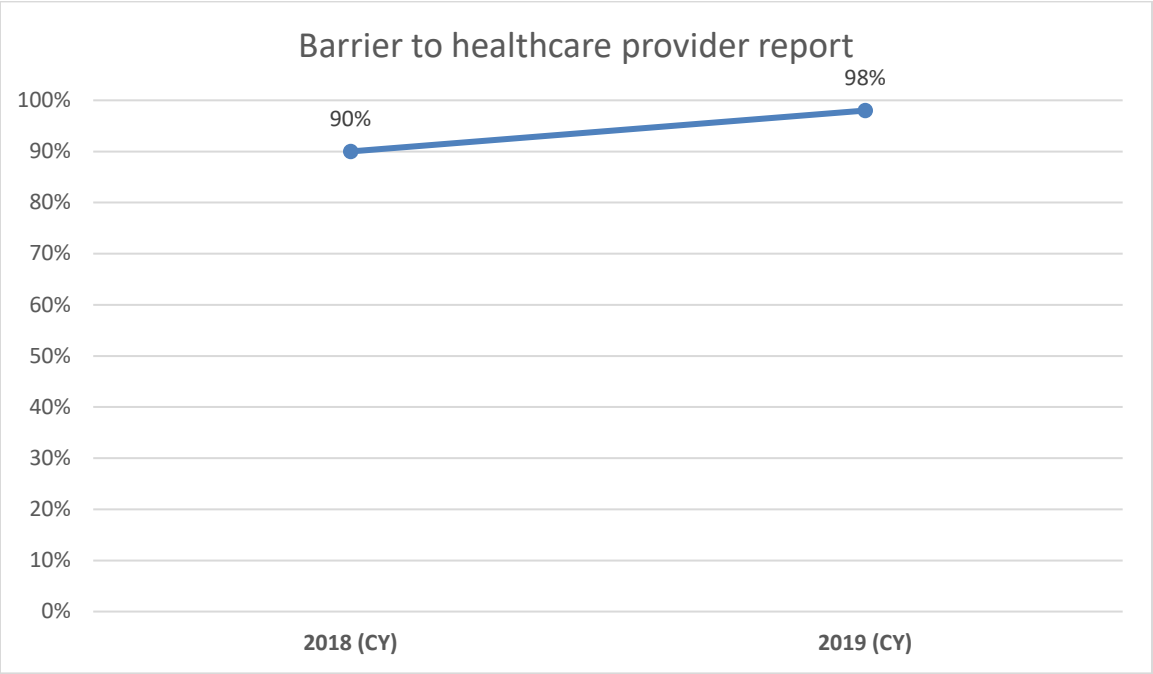


Definition: Percentage of enrollees who report barriers to healthcare without Gateway program [1717]

In the same vein, providers are asked to endorse their level of confidence that if the Gateway program ended their patients could still access care and maintain their health. If the Gateway program ended, could your patients:

I. Keep their overall health the same?
II. Access quality medical care?
III. Afford to see a primary care provider?
IV. Afford prescription medicines?
V. Afford to see a specialist doctor?

Resoundingly, over 90% of providers across both survey periods indicated that they were not confident patient care could continue at the level established by the Demonstration project.



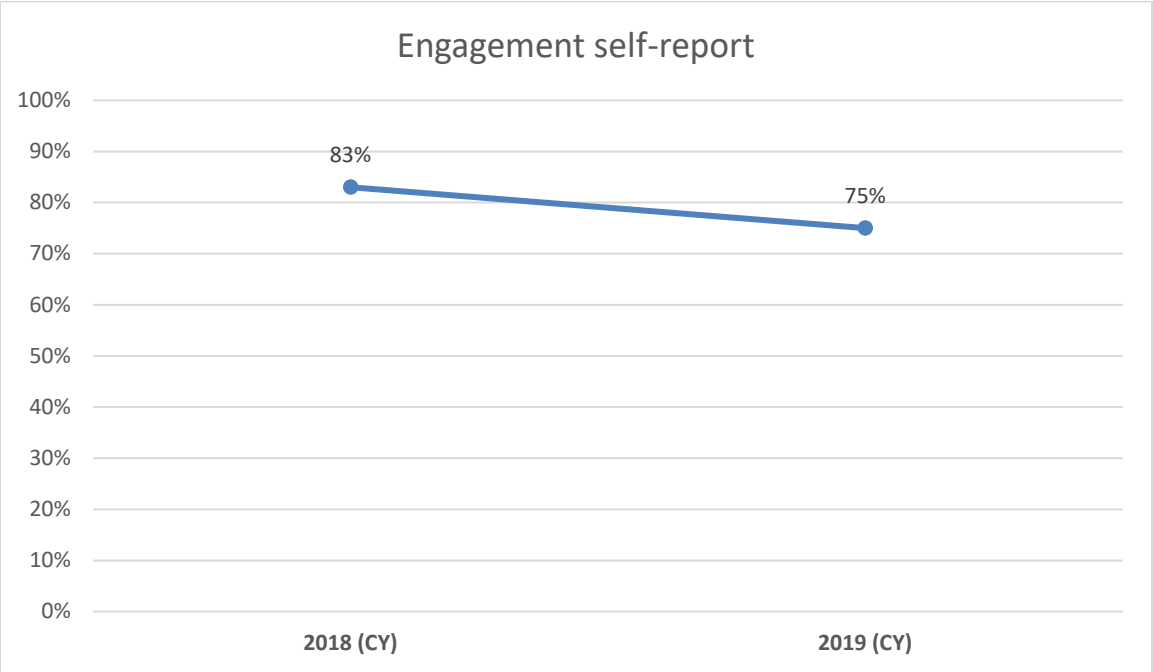
Definition: Percentage of providers who report enrollee barriers to healthcare without Gateway program [17]

Hypothesis 2: Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.
Research Question: Have Gateway members been engaged by their primary care with member education, outreach, and follow-up?

On an annual basis, patients are asked to endorse their satisfaction with their health center's communication and care on the following communication items:

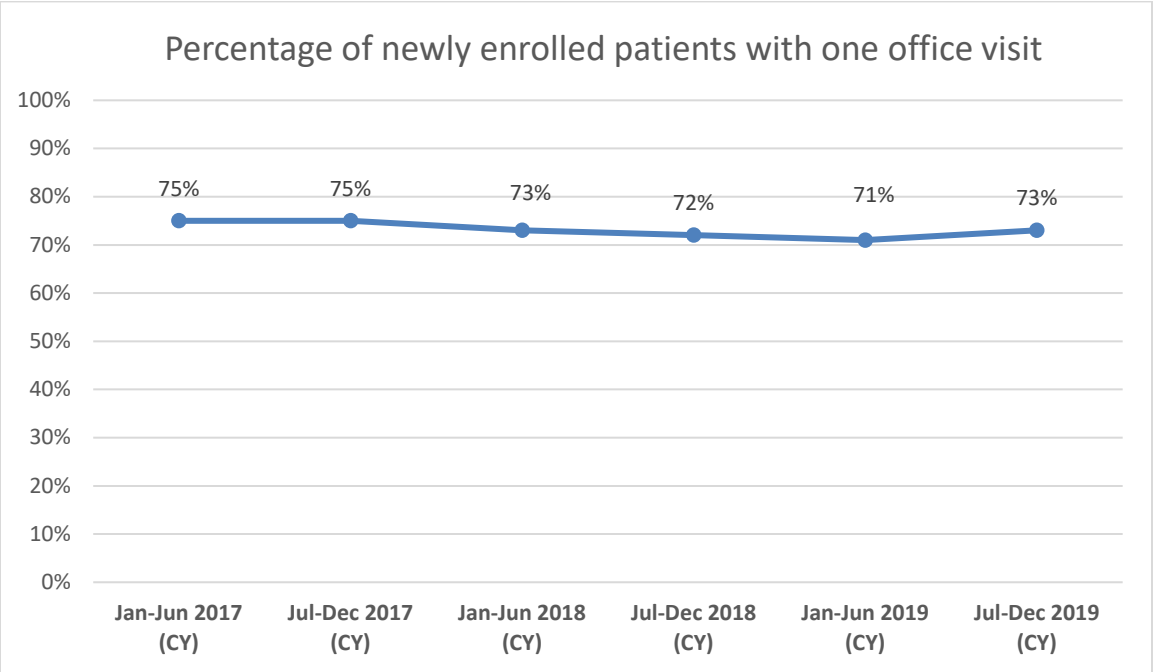
I. How promptly we answer your phone calls.
II. Information from our website and other materials to help you get the healthcare you need.
III. Getting advice or help from the clinic when needed during office hours.
IV. Helpfulness of our health information materials.

Year over year, patients report high rates of satisfaction with their health center's helpfulness and communication.



Definition: Percentage of Gateway enrollees who report timely information and help from their provider [17]

The SLRHC also tracks new patients coming into the Gateway program and whether these individuals are engaging with their primary care providers by having an office visit within one year of enrolling. Additionally, this metric is included in each center's pay-for-performance incentive payments to ensure excellent care. Throughout the reporting period, 71% to 75% of patients have been connected with a new patient visit during their first year of enrollment. This result has remained steady.

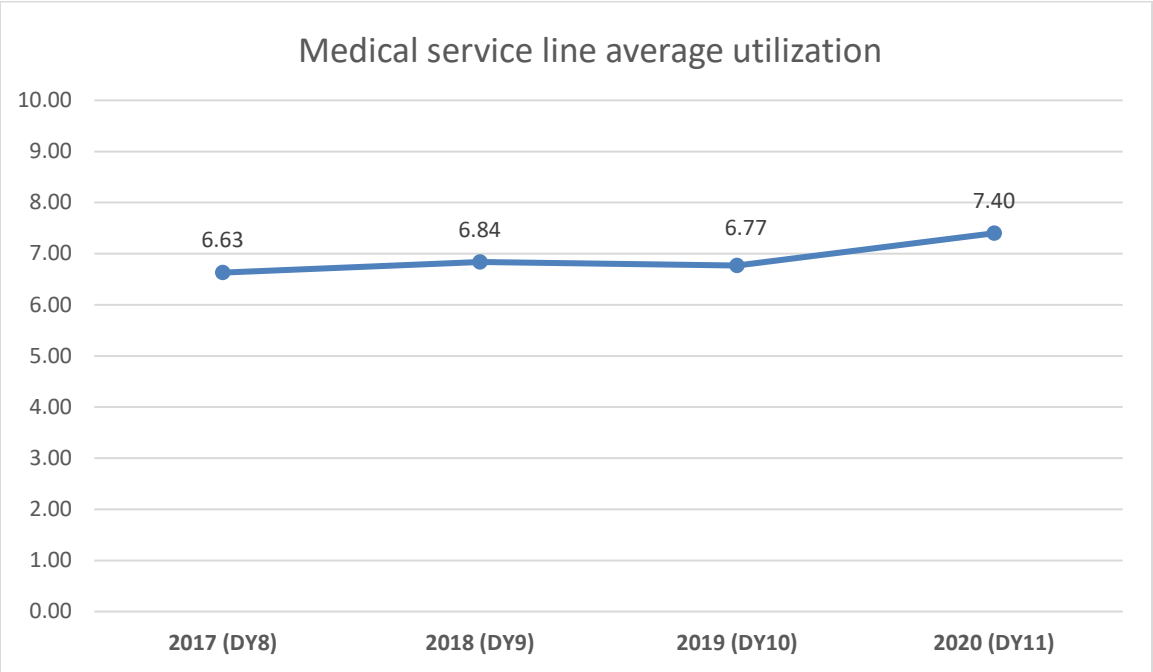


Definition: Percentage of newly enrolled Gateway members who receive at least one office visit within the Demonstration year based on Pay-for-Performance metrics [14] [18]

Hypothesis 2: Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.
Research Question: Do Gateway enrollees connected to a primary care home demonstrate sustained or increased utilization of outpatient medical services year to year?

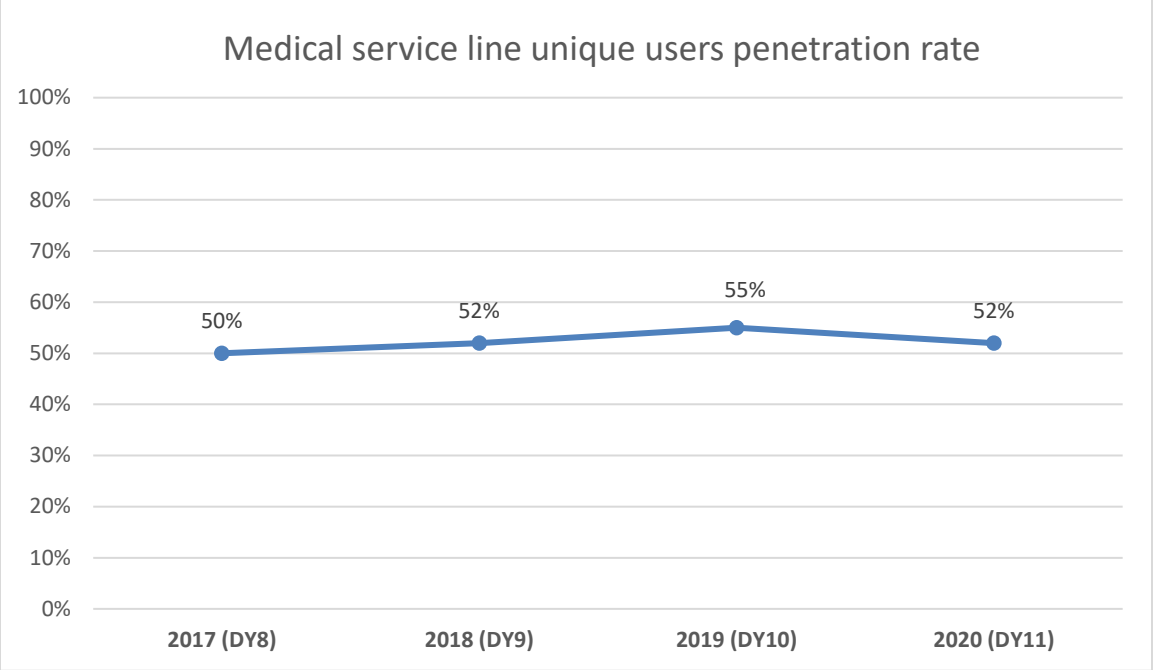
Gateway claims data reveals a sustained level of utilization across the service period when examining the number of medical encounters across a given fiscal year by unique members (October 1 – September 30).

[18] This metric has been provided using a descriptive time series analysis, which is a proposed change to the currently approved evaluation design. As noted above, an updated evaluation design will be submitted to CMS as part of the amendment process to include Physical Function Improvement services, which received CMS approval in November 2020.



Definition: Average number of office visits per unique user across the given fiscal year (October 1 – September 30)[18] [19]

We also see a steady rate, 50% to 55%, of Gateway members accessing care at their primary care health home across a given fiscal year (October 1 – September 30).



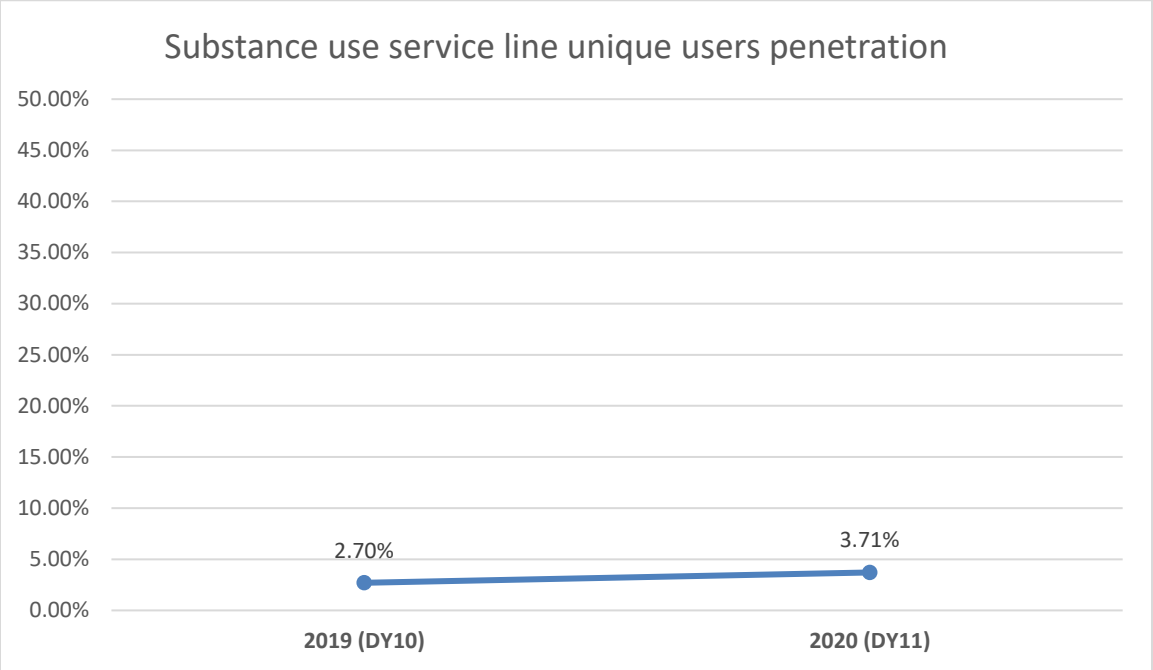
Definition: Percentage of Gateway enrollees who receive services across the medical service line out of those enrolled for the given fiscal year (October 1 – September 30) [18] [19]

[19] Reported utilization based on Gateway claims data as of November 16, 2020.

Hypothesis 2: Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.
Research Question: Do Gateway enrollees connected to a primary care home demonstrate sustained or increased utilization of outpatient substance use services year to year?

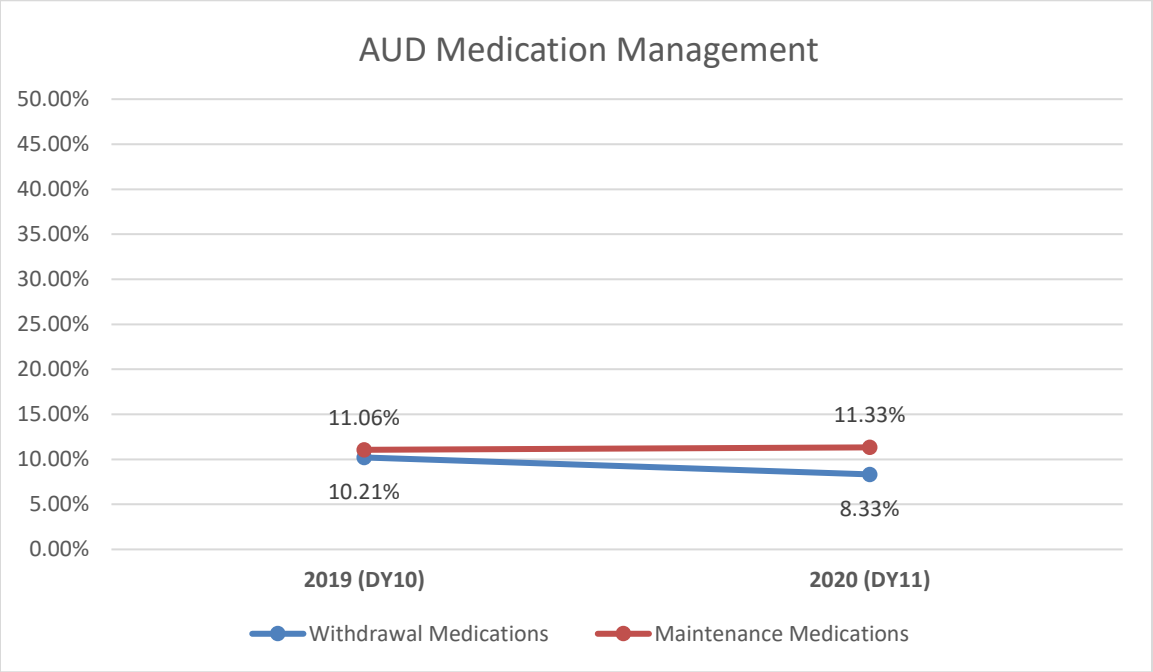
In August 2018, the State requested authority to amend the Gateway Demonstration to include a substance use treatment benefit. This request was approved by CMS with a February 1, 2019, implementation date. This additional benefit covers outpatient substance use services, including pharmacotherapy, for SUD treatment of Gateway enrollees with a primary or secondary diagnosis of ICD-10 Codes F10-F18. All office visits and generic pharmaceuticals are provided by the primary care home and are considered a core primary care service.

The benefit became accessible to Gateway providers and members partway through Demonstration Year 10 (February 1, 2019 – September 30, 2019) for a reduced timeframe of only eight months out of the fiscal year. Since the benefit's inception, approximately 3% to 4% of total Gateway enrollees have utilized treatment per fiscal year.



Definition: Percentage of Gateway enrollees who receive services under the substance use medical service line across the fiscal year DY10 (February 1, 2019 – September 30, 2019) and DY11 (October 1, 2019 – September 30, 2020) [18] [19]

Approximately 8% to 10% of enrollees with an Alcohol Use Disorder (AUD) diagnosis were prescribed medication to manage alcohol withdrawal symptoms, while approximately 11% of enrollees with an AUD diagnosis were prescribed maintenance medication to support alcohol use treatment year over year.



Definition: Graph demonstrates the percentage of Gateway enrollees with an Alcohol Use Disorder (AUD) diagnosis that are prescribed at least one medication [20] to manage withdrawal from alcohol (withdrawal medications), against the percentage of Gateway enrollees with an AUD diagnosis that are prescribed Disulfiram or Naltrexone HCL (maintenance medications) across the given fiscal year DY10 (February 1, 2019 – September 30, 2019) and DY11 (October 1, 2019 – September 30, 2020) [18] [18]

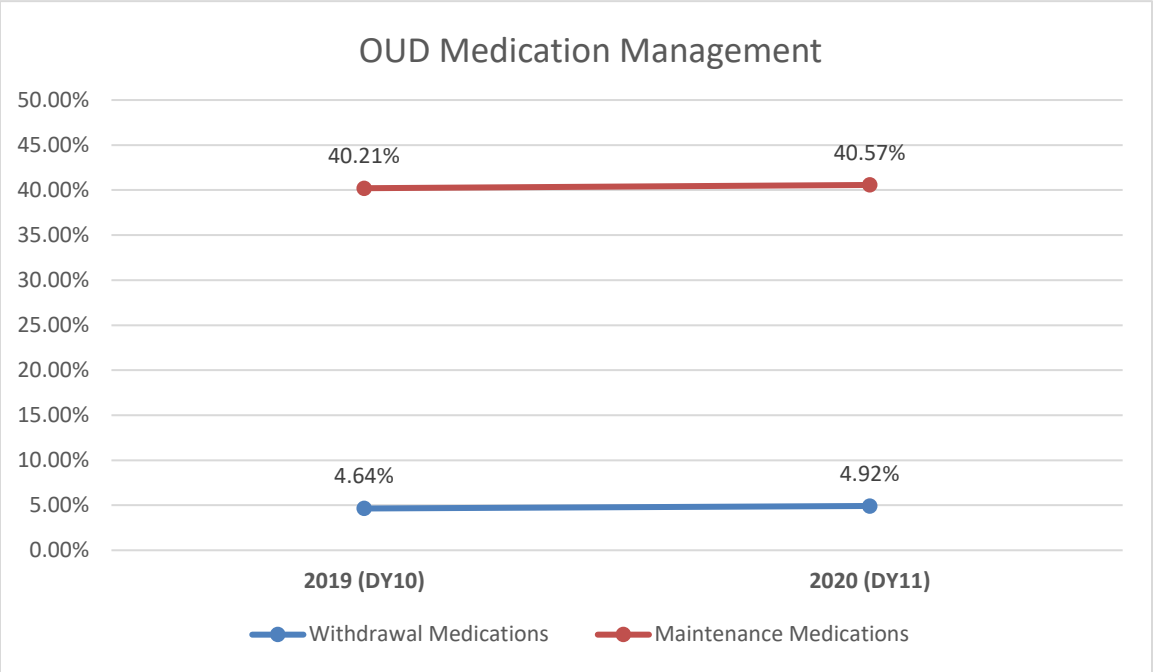
As the SUD benefit launched in February 2019, The Missouri Opioid State Targeted Response and State Opioid Response (Opioid STR and SOR) project, overseen by the State of Missouri Department of Mental Health (DMH) and University of Missouri, St. Louis - Missouri Institute of Mental Health (UMSL-MIMH), approached the Gateway Pilot Program Planning Team with an opportunity for partnership aimed at collaboratively, effectively, and efficiently caring for those across the St. Louis region seeking substance use disorder treatment. The primary focus of the Opioid STR/SOR project is multidisciplinary provider training and education on Medication-Assisted Treatment (MAT) and the provision of evidence-based treatment services to uninsured individuals with opioid use disorder (OUD) that present for care within state-funded programs (Comprehensive Substance Treatment and Rehabilitation Programs - CSTARs). As patients enroll in treatment under CSTAR programs, the first step is overseeing individuals' safe and medication-assisted withdrawal from opiate drugs. From there, the Gateway SUD benefit becomes an option, providing eligible uninsured adults the opportunity to enroll in the Gateway program and seek ongoing SUD treatment across one of Gateway's five partner clinics. In addition to the oversight of successful referrals between CSTARs and the Gateway program, the STR/SOR team provided rigorous

[20] Baclofen, Desipramine HCL, Mirtazapine, Paroxetine CR, Paroxetine ER, Paroxetine HCL, and Gabapentin.

training to Gateway's primary care physicians on the proper management of Medication-Assisted Treatment (MAT) for OUD patients.

Since the implementation of the SUD benefit, Gateway primary care providers continue to collaborate with the STR/SOR team, allowing the CSTARs to focus on the earlier and more intensive phase of withdrawal treatment, and Gateway primary care providers to undertake the maintenance SUD treatment phase. While withdrawal medication is still available to those wishing to receive initial treatment at their community health center, more Gateway patients are accessing maintenance medications via the Gateway program, as is evident in the following OUD graph. This concerted partnership ensures patients receive closed-loop care, with greater opportunity for successful recovery.

Approximately 5% of enrollees with an OUD diagnosis were prescribed medication to manage withdrawal symptoms from opioids, while approximately 40% of enrollees with an OUD diagnosis were prescribed maintenance medication to support opioid use treatment under the Medication-Assisted Treatment model (MAT) year over year.

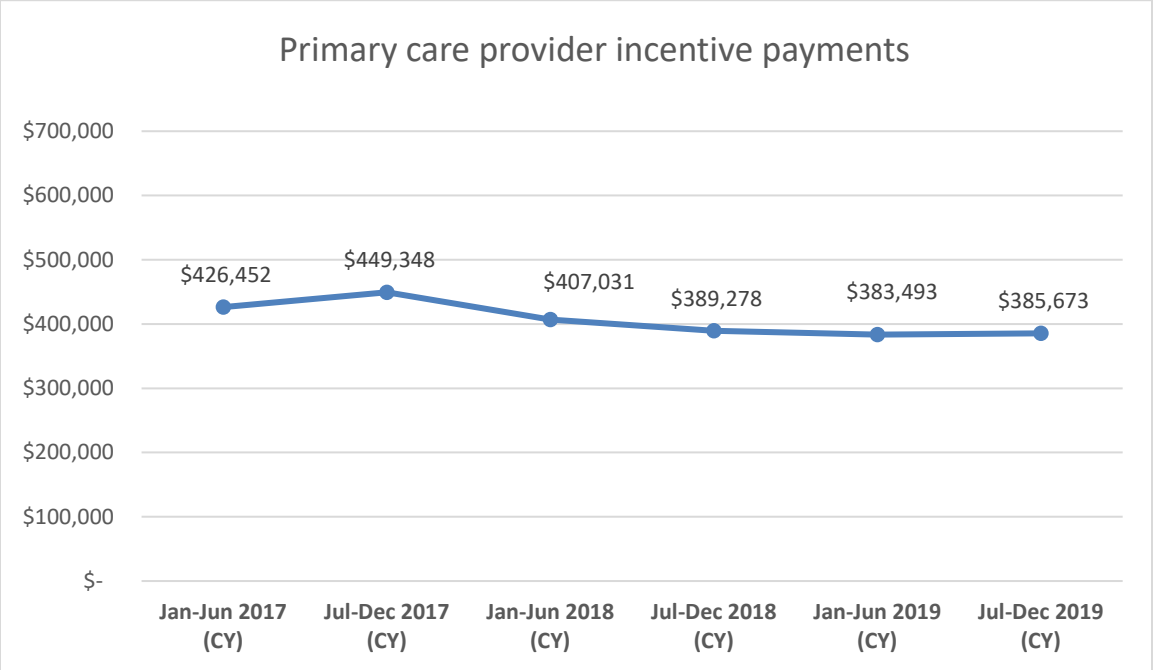


Definition: Percentage of Gateway enrollees with an Opioid Use Disorder (OUD) diagnosis that are prescribed at least one medication [21] to manage withdrawal from opioids (withdrawal medications), against the percentage of Gateway enrollees with an OUD diagnosis that are prescribed Buprenorphine HCl or Naltrexone HCL (maintenance medications) across the given fiscal year DY10 (February 1, 2019 – September 30, 2019) and DY11 (October 1, 2019 – September 30, 2020) [18] [18]

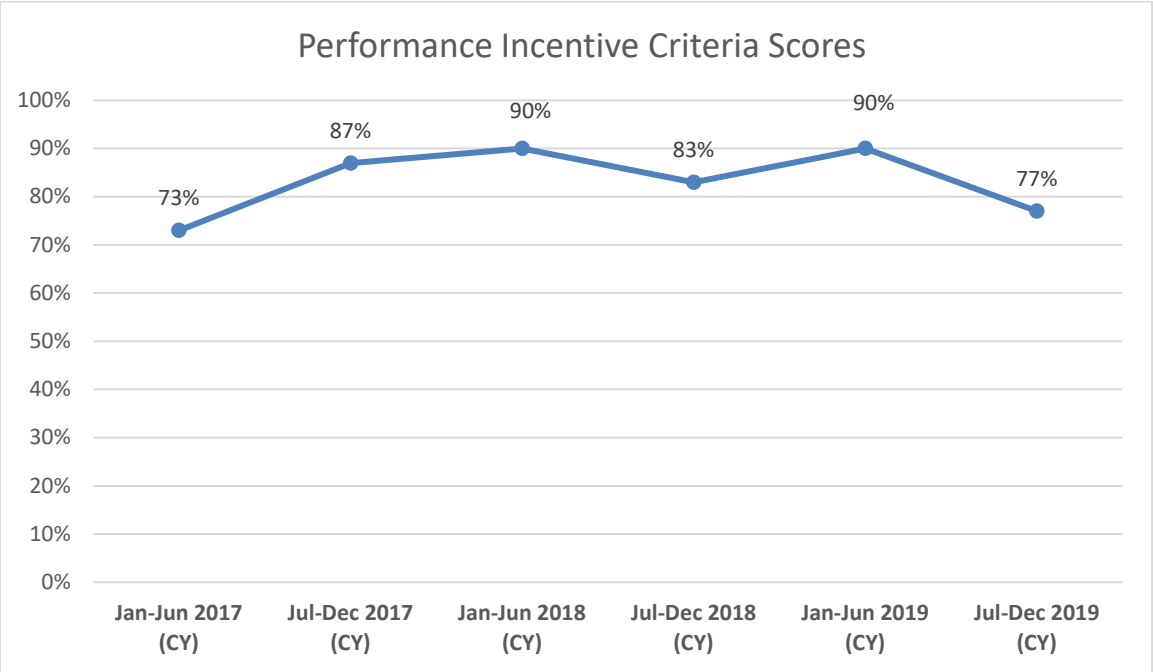
[21] Baclofen, Desipramine HCL, Mirtazapine, Paroxetine CR, Paroxetine ER, and Paroxetine HCL.

Hypothesis 3: Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.
Research Question: Does using value-based purchasing for provider reimbursement correspond with providers meeting incentive criteria on health and quality of care indicators?

Community health centers continue to perform well across pay-for-performance criteria and earn incentive payments throughout the Demonstration. These rates of payment have remained consistent over the reporting period and are outlined below.



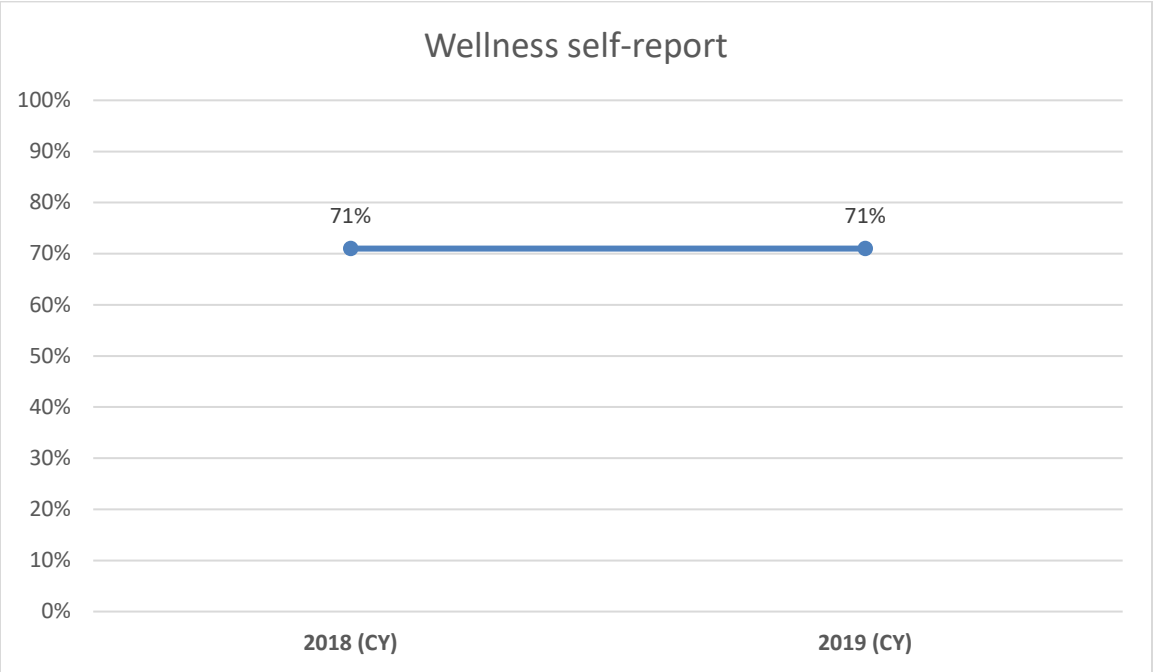
Definition: Total amount of revenue from incentive payment received across all Gateway providers from January 1 through December 31 [10]



Definition: Percentage of Pay-For-Performance (P4P) criteria benchmarks met across each reporting period [14]

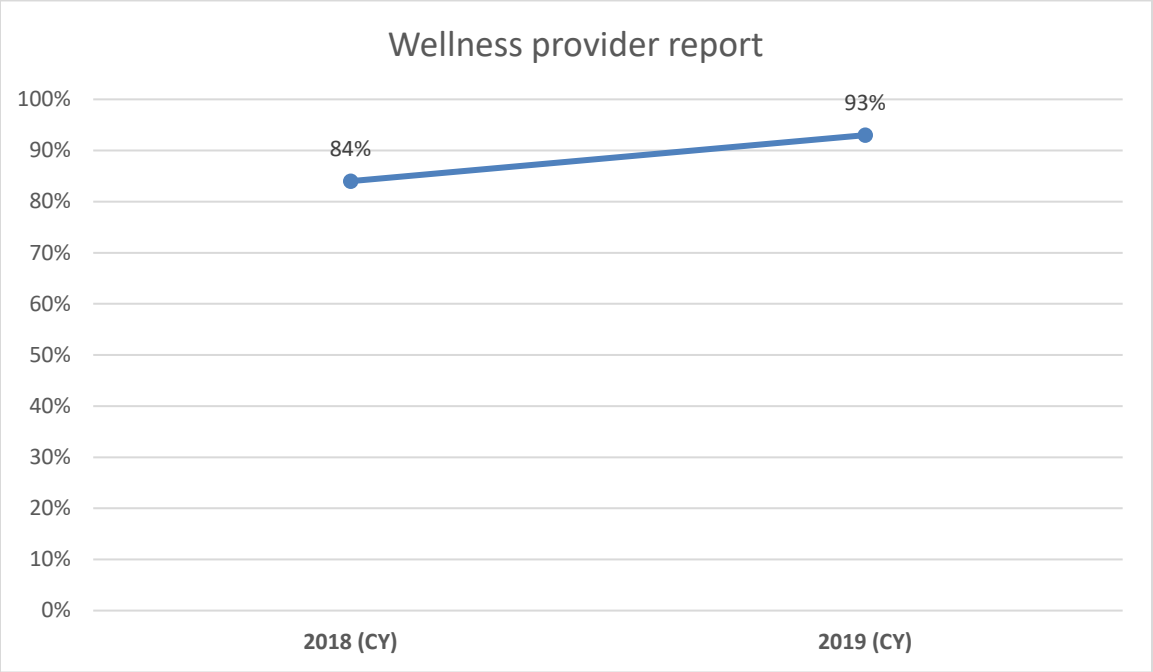
Hypothesis 3: Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.
Research Question: Do uninsured Gateway members have perceived improved health outcomes?

On an annual basis, patients are surveyed to endorse whether their overall physical health is better, worse, or the same. Each year, 71% of patients endorsed that their overall health had improved due to enrollment in Gateway to Better Health and access to health care via their primary care health homes.



Definition: Percentage of Gateway enrollees who report improved health [17]

Providers are also surveyed annually to endorse whether they believe the overall physical health of their patients has improved, worsened, or stayed the same. Overwhelmingly, providers are endorsing that Gateway to Better Health is having a positive impact on patient health.



Definition: Percentage of providers who report improved Gateway enrollee health [17]

Hypothesis 3: Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.
Research Question: Do uninsured Gateway members have improved health outcomes year over year? And, when health indicators are calculated separately by race, do enrollees exhibit statistically significant differences?

The SLRHC partners with the Missouri Primary Care Association (MPCA) to obtain information from the Demonstration's five primary care health partners on a set of indicators that are collected at a statewide level. The metrics indicated are found to demonstrate population-level health and support both preventative care and chronic disease improvement for the region. This data is not yet available at the individual level, but a multiple regression analysis will be used to identify health disparities based upon race or gender in future reports.

APPENDIX I: Quarter IV Results

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: 4/2020 (July 1, 2020 – September 30, 2020)

Introduction:

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

On July 28, 2010, CMS approved the State of Missouri's "Gateway to Better Health" Demonstration, which built upon "the St. Louis Model" to preserve access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net population maintained access to primary and specialty care. CMS approved one-year extensions of the Demonstration on September 27, 2013, July 16, 2014, December 11, 2015, June 16, 2016, and again on September 1, 2017, for a five-year extension. In August 2018, the State of Missouri requested authority to amend the Demonstration to include a substance use treatment benefit. The amendment request was approved with an implementation date of February 1, 2019, to cover outpatient substance use services in the primary care home, including pharmacotherapy, for Substance Use Disorder (SUD) treatment of Gateway enrollees. In October 2019, the State of 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 November 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 providerinvolvement; 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 III). 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 fourth quarter of Demonstration Year 11 (July 1, 2020 – September 30, 2020).

Enrollment Information:

As of October 1, 2020, 14,746 unique individuals were enrolled in Gateway to Better Health. The Gateway enrollment cap is set at 16,000, which leaves room for approximately 1,254 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 October 1, 2020	Enrollment Months July – September 2020
BJK People's Health Centers	2,441	7,242
Family Care Health Centers	1,498	4,424
Affinia Healthcare	6,167	18,100
CareSTL Health	2,678	7,898
St. Louis County Dept. of Health	1,962	5,812
Total	**14,746**	**43,476**

**Enrollment numbers are based on MO HealthNet enrollment data as of October 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 Appendix III 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 fourth quarter of the year (July 1, 2020 – September 30, 2020). However, the SLRHC was able to virtually hold the regularly scheduled meetings for its public Advisory Boards to gather input around the Demonstration. Public meetings held during the fourth quarter are listed below:

Team	Meeting Date
Provider Services Advisory Board Meeting	July 7, 2020
Community Advisory Board Meeting	July 21, 2020
Patient Advisory Board Meeting	July 27, 2020
Provider Services Advisory Board Meeting	August 4, 2020
Community Advisory Board Meeting	August 18, 2020
SLRHC Commission Meeting	August 19, 2020

Patient Advisory Board Meeting	August 24, 2020
Provider Services Advisory Board Meeting	September 1, 2020
Community Advisory Board Meeting	September 15, 2020
SLRHC Commission Meeting	September 16, 2020
Patient Advisory Board Meeting	September 28, 2020

On average, the Gateway program accepted 489 applications per month during the quarter. As seen in quarter three of Demonstration Year 11 (April – June 2020), application levels remain considerably lower than normal due to the uncharacteristic patient volumes attributed to the COVID-19 pandemic. A substantial portion of Gateway to Better Health patients enroll in the program when visiting the Demonstration's primary care provider sites to access care. To ensure the safety of patient and clinical staff during the COVID-19 pandemic, partner sites offered reduced hours and location availability for their patients. Although the program experienced a 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 172 members across the quarter.

Additionally, two outreach meetings providing COVID-19 education were held virtually this quarter for Gateway to Better Health members. A mailer outlining meeting details was sent to each member announcing the availability of SLRHC and health center staff to address their concerns and questions about coverage options, accessing care, COVID-19 safety precautions, and testing availability. A total of 92 members attended the sessions outlined below:

Virtual Patient Meetings	**Meeting Date**
Zoom Video Conference Meeting	September 23, 2020
Zoom Video Conference Meeting	September 24, 2020

The SLRHC continues to support collaborative work across the region to ensure 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 specifically gears its information towards disproportionately impacted community members, specifically African Americans, immigrants, low to moderate income residents, and seniors living in St. Louis City and County. This quarter, the SLRHC partnered with regional hospitals, the St. Louis Metropolitan Pandemic Task Force, and PrepareSTL to launch an additional campaign promoting the importance of obtaining a flu vaccine. The campaign, called Vaccinate STL, addresses myths and misconceptions around the seasonal flu vaccine. Beginning in September 2020, free vaccination events and flu resources were available for review on the Vaccinate STL webpage hosted on the SLRHC's website. The campaign will continue throughout the fall, with health centers providing free flu vaccination events across the community.

Operational/Policy Development/Issues:

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

As outlined in previous reports, community health centers instituted several protective measures for their patient populations in response to the pandemic that were necessary to continue throughout the fourth quarter (July 1, 2020 – September 30, 2020). Health centers operated with reduced hours and location availability, putting their primary focus on seeing patients with emergent medical needs. When appropriate, telehealth video visits are made available to patients as a safer means of treatment. At the close of this quarter, clinics are operating at nearly full capacity, ensuring Gateway to Better Health members can gain access to care at their primary care health home clinic. All five primary care partners are providing access to free COVID-19 testing for Gateway to Better Health members.

In addition, 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 fourth 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 provider update to convey this quarter. Gateway to Better Health ended its contract with Mercy Clinic's Gastroenterology and Hepatology departments due to contracting issues related to ancillary providers that work with those departments. This change, effective September 30, 2020, will not impact patient access to care, as both SLUCare and Washington University continue to provide access to these specialty care services 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 fourth 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 July 1, 2020 – September 30, 2020, the call center answered 2,982 calls, averaging approximately 47 calls per business day. Of calls answered during this time, 19 (<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 access to care. The type and number of complaints received during this period are outlined below:

Table 2. Summary of Consumer Complaints, July 1, 2020 – September 30, 2020*

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Access to Care	13	Patient (1) reported difficulty accessing care at the health center. When the patient arrived at the health center for an appointment, they were told the appointment had been cancelled. The health center reached out to apologize for the inconvenience. The patient was rescheduled for a timely appointment. Patient (1) reported difficulty accessing urgent care through the health center. A health center manager followed up with the patient to gather details about the issue. Staff were reminded to continue to provide good patient care and to document all interactions. Patient (1) reported difficulty scheduling a dental appointment. The patient was scheduled for a timely dental appointment. Patients (3) reported difficulty scheduling a dental appointment. Each patient was instructed to call back in November to schedule an appointment. Patient (1) reported difficulty scheduling a new patient appointment. The patient was scheduled for a timely appointment. Patient (1) reported difficulty scheduling an appointment with their PCP. No response from health center after multiple attempts. Patient (1) reported difficulty getting test results and scheduling a follow-up appointment. The health center spoke with the patient. Test results were sent in the mail. No follow-up appointment was required. Patient (1) reported difficulty getting test results from the health center. The patient was seen in the office. Test results were provided. Patient (1) reported difficulty scheduling an appointment. A manager contacted the patient. Urgent care hours were provided for walk-in care. Medical, dental, and podiatry appointments were scheduled. Patient (1) reported being put on a wait list for a new patient appointment. The patient was scheduled for a timely appointment. Patient (1) reported difficulty getting a prescription filled. Prescriptions were filled and the patient was contacted. The pharmacy also contacted the prescribing specialist.

Type of Complaint	Number of Complaints	Nature of Complaints/Resolution
Member Services	3	Patient (1) reported being charged a co-pay that was not consistent with the Gateway co-pay scale. The patient was correctly charged for a non-covered Gateway service. A manger reached out to the patient to explain the charges. Patient (1) reported being charged a co-pay that was not consistent with the Gateway co-pay scale. At the time of the appointment, the patient did not show active coverage with Gateway. Eligibility was restored retroactively, and the health center issued reimbursement checks to the patient. Patient (1) reported difficulty getting through to the provider regarding a hospital stay and referrals. The patient was informed by staff that the referral request and hospital notes were given to the provider. The health center addressed concerns with the telephone supervisor, referral department, and provider.
Transportation	3	Patient (1) reported transportation was a no-show for a confirmed pick-up. The member is assigned LYFT as a preferred provider. The router was counseled, and all staff were provided an update on correctly assigning LYFT. LogistiCare reached out to the patient to apologize. Patient (1) reported transportation was a no-show for a confirmed pick-up. The transportation provider confirmed the trip was on their manifest and they missed it. A complaint was entered against the transportation provider. LogistiCare reached out to the patient to apologize. Patient (1) reported transportation was a no-show for a confirmed pick-up. LogistiCare determined that the transportation provider rerouted the trip and no other transportation provider was assigned. LogistiCare apologized to the patient and provided information on how to use the "Where's My Ride" hotline.

**Reported consumer complaints are based on Automated Health Systems data as of October 7, 2020.*

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

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

Quality Assurance/Monitoring Activity:

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

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

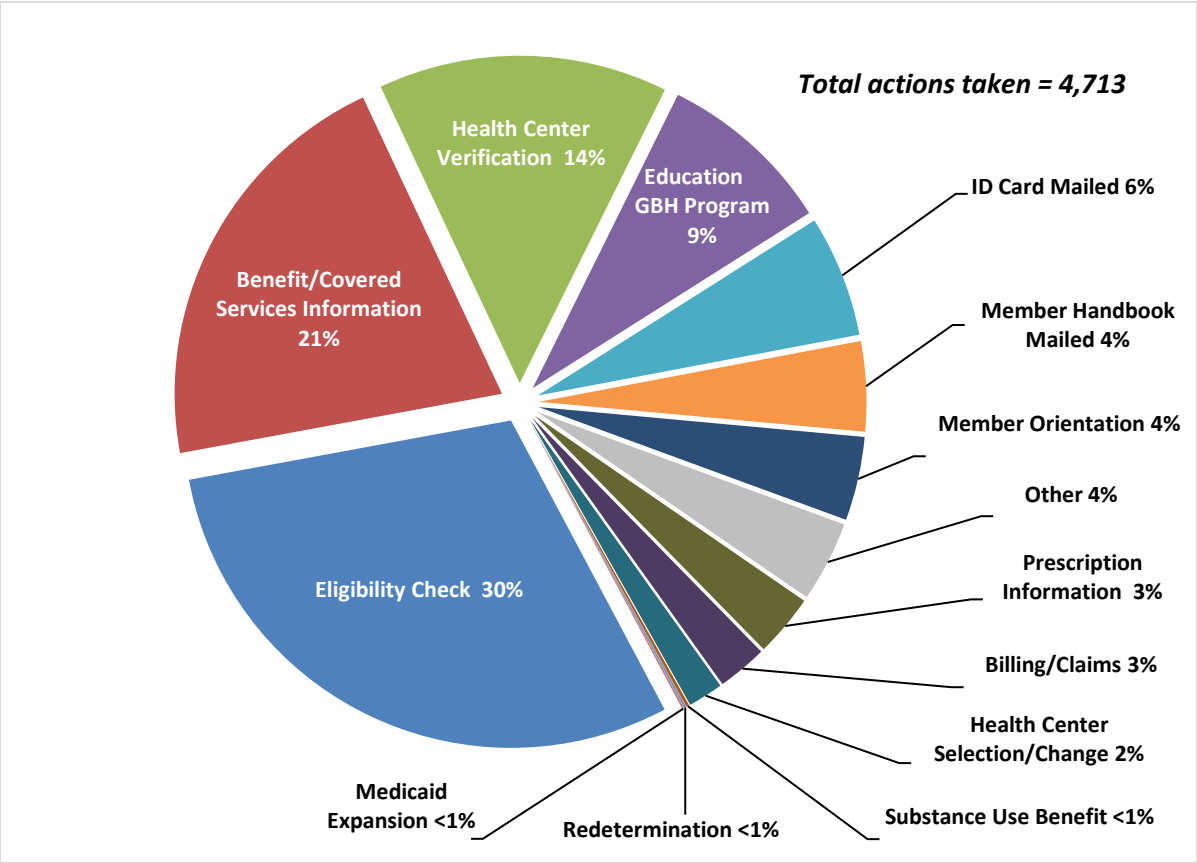
Call Center Performance

Table 3. Call Center Performance, July 1, 2020 – September 30, 2020*

Performance Measure	**Outcome**
Calls received	2,987
Calls answered	2,982
Average abandonment rate	1.20%
Average answer speed (*seconds*)	9
Average length of time per call (*minutes: seconds*)	3:32

**Call center performance metrics are based on Automated Health Systems data as of October 7, 2020.*

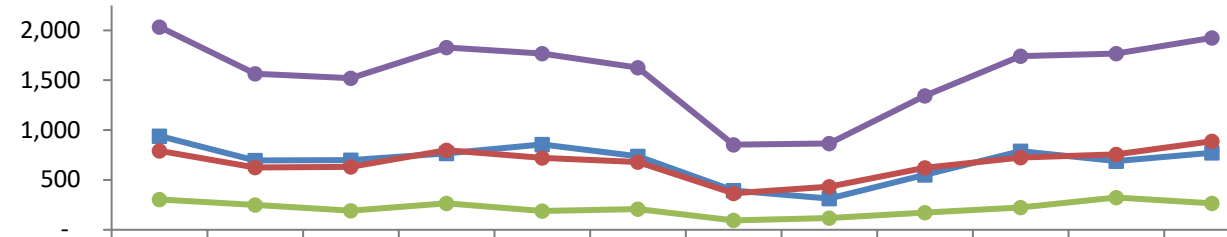
Figure 1. Call Center Actions, July 1, 2020 – September 30, 2020*



**Reported call center actions are based on Automated Health Systems data as of October 7, 2020.*

Access to Medical Referrals

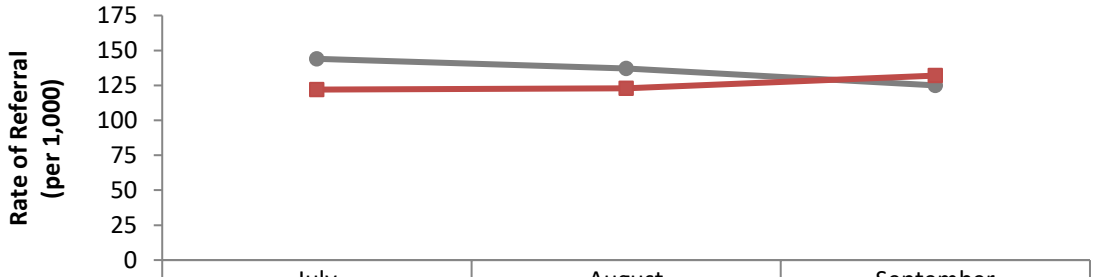
Figure 2. Medical Referrals by Type and Pilot Program Month, October 2019 – September 2020*



	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20	Sep '20
Diagnostic	941	695	699	765	856	737	394	313	552	790	689	772
Specialty	791	624	632	799	721	680	366	434	621	726	756	888
Surgical	303	248	191	266	190	209	94	119	171	225	324	264
Total	2,035	1,567	1,522	1,830	1,767	1,626	854	866	1,344	1,741	1,769	1,924

**Reported call center actions are based on Automated Health Systems data as of October 7, 2020.*

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

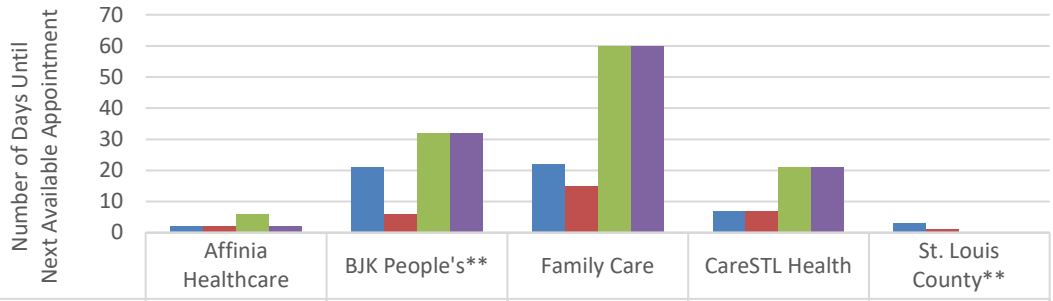


	July	August	September
Jul - Sep '19	144	137	125
Jul - Sep '20	122	123	132

**Reported rates of medical referrals are based on Automated Health Systems data as of October 7, 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 September 30, 2020*



	Affinia Healthcare	BJK People's**	Family Care	CareSTL Health	St. Louis County**
Adult Patient - New	2	21	22	7	3
Adult Patient - Return	2	6	15	7	1
Adult Dental - New	6	32	60	21	-
Adult Dental - Return	2	32	60	21	-

**Wait times are self-reported by individual health center as of September 30, 2020 and calculated for Gateway patients only. Due to the Coronavirus (COVID-19) pandemic, health centers experienced abnormal wait times this quarter.*
***Due to measures aimed at preventing the spread of COVID-19, Betty Jean Kerr People's Health Center reported that all dental visits are triaged for urgency, with only emergent requests receiving accommodation. Additionally, the St. Louis County Department of Public Health reported that dental visits at their centers are primarily treated via phone triage and that visits are restricted to emergent appointments only until the center is able to install the proper sanitization equipment required for safe, routine treatment.*

Updates on Provider Incentive Payments:

*Table 4. Summary of Provider Payments and Withholds, July – September 2020**

Providers	Provider Payments Withheld	Provider Payments Earned**
Affinia Health Centers	$87,348.10	$1,380,117.51
BJK People's Health Centers	$35,081.35	$553,982.28
CareSTL Health	$38,343.30	$603,990.25
Family Care Health Centers	$21,520.57	$339,845.78
St. Louis County Department of Public Health	$28,189.79	$443,927.58
Voucher Providers	N/A	$2,445,842.96
Total for All Providers	**$210,483.11**	**$5,767,706.36**

** 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 October 9, 2020, for reporting period July – September 2020.*

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

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

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

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

As the COVID-19 pandemic continues to unfold, the SLRHC recognizes the burden placed on the healthcare community to respond to our most vulnerable populations during this crisis. The procurement of urgent medical supplies and equipment, costs of testing patients, transitional staffing, and expanding capacity and navigation services to meet the needs of the increased demand has been paramount for our community healthcare organizations. Due to the guidelines to limit occupancy capacity as mandated by the local governing bodies, holding the Demonstration's health center partners to the Pay-for-Performance criteria and methodologies outlined in the Incentive Protocol (Appendix IV) would not be feasible. The SLRHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to bolster health center stability and to ensure the successful return to normal business operations during this unprecedented time. As such, the incentive payment amounts withheld from providers during the January 1, 2020 – June 30, 2020 reporting period will be returned in full. The complete report outlining the payment structure for this reporting period can be found in Appendix V.

Updates on Budget Neutrality Worksheets:

The budget neutrality worksheet for the fourth 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 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 are included in the attached annual 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)	
12/30/2021	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 III: Gateway Team Rosters
Appendix IV: Incentive Protocol
Appendix V: Pay for Performance Results

State Contact(s):

Mr. Tony Brite
MO HealthNet Division
P.O. Box 6500
Jefferson City, MO
65102
(573) 751-1092

Submitted to CMS by December 30, 2020

APPENDIX II: Public and Post Award Forum Summaries

Public Forum Summary

In accordance with Centers for Medicare & Medicaid Services (CMS) requirements in 42 C.F.R. 431.408, the State of Missouri, Department of Social Services (DSS), notified the public of its intent to amend the Gateway to Better Health Demonstration to add a physical function improvement benefit. The State and the St. Louis Regional Health Commission (SLRHC) solicited input from the public about this proposed amendment in compliance with paragraphs 7 and 14 of the Demonstration's Special Terms and Conditions. On September 30, 2019 the State posted a notice on its website in the State's administrative record in accordance with the State's Administrative Procedure Act. The notice included a summary description of the demonstration, the location and times of three public hearings, and an active link to the full public notice document. On September 30, 2019, the State also made the full public notice document available on the State's website at https://dss.mo.gov/mhd/waivers/1115-demonstration-waivers/gateway-to-better-health.htm and made a draft of the Gateway to Better Health Waiver amendment available on the State's public website at http://dss.mo.gov/mhd/. In addition, for the duration of the comment period, interested individuals were able to make appointments to view a hard copy of the draft of the extension application, by calling 314-446-6454, ext. 1143. Appointments could be made during regular business hours, 8:00 a.m. - 4:30 p.m., Monday through Friday. Review of the hard copy, if requested, would occur at 1113 Mississippi Avenue, St. Louis, MO 63104.

Three public hearings were held on the following dates. Access for each hearing was also provided via conference line for individuals wishing to participate by phone:

Tuesday, October 1, 2019, 7:30 – 8:30 am
Ethical Society of St. Louis
9001 Clayton Road, St. Louis, MO 63117

Thursday, October 3, 2019, 3:30-4:30 pm
Forest Park Visitor and Education Center
Voyagers Room
5595 Grand Drive, St. Louis, MO 63112

Monday, October 7, 2019, 2:00-3:00 pm
St. Louis Regional Health Commission
1113 Mississippi Avenue, Suite 113
St. Louis, MO 63104

Public Input

The hearing on October 1, 2019 was held as a part of the regularly scheduled Provider Services Advisory Board meeting, which was open to the public and designated as a public forum for health care providers and community members to provide input on the amendment request. Twenty-five people attended this meeting. The following comments were made:

"Wanted to express appreciation that one of the metrics is focused on patient perception"

"If we want this [benefit] to have maximum impact, we should also focus on a home plan and building in robust after care, making this [benefit] part of an integrated care team"

There were no attendees at the public hearings held on October 3, 2019 and October 7, 2019. As such, no public comments were received.

Written comments were also accepted at the following address until October 30, 2019:

Department of Social Services, MO HealthNet Division
Attention: Gateway Comments
P.O. Box 6500
Jefferson City, MO 65102-6500
Email: Ask.MHD@dss.mo.gov

The State received one written comment:

"The inclusion of preventative physical function improvement services is critical to improving the health of our constituency. The data is overwhelming supportive of non-invasive treatments focused on mobility and community based functional movement. Adding this benefit will improve health outcomes, lower costs, and increase the productivity and participation of individuals in society." - Andwele Jolly, PT, DPT, MBA, MHA, Board Certified Clinical Specialist in Orthopaedic Physical Therapy

Additionally, the SLRHC surveys the Demonstration's primary care provider network annually as part of its regular evaluation process of the Demonstration. The following comments were submitted by providers during the May 2019 survey collection period:

"Often if I refer to ortho for chronic pain thinking an injection might be offered, [I receive a] consult note indicating [patient was] told to go to physical therapy which is not a covered benefit" – Physician, Family Care Health Centers

"Patients are unable to access physical therapy" – Physician, Affinia Healthcare

"Pain management typically will not see patients unless they have recent MRIs which can be a barrier. At times MRI cannot be scheduled unless the patient has completed a trial [period of] physical therapy, which is not covered under Gateway or Medicaid" – Physician, Betty Jean Kerr People's Health Centers

"Working toward [offering] physical therapy and chiropractic services would be a great help" – Physician, Family Care Health Centers

Post Award Forum Summary

On May 19, 2020 a post-award public hearing was held, pursuant to 42 C.F.R. § 431.420(c). This meeting was held virtually as part of a joint meeting of the Provider Services, Community, and Patient Advisory Boards of the St. Louis Regional Health Commission (SLRHC). Sixty-five 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. An overview of patient and provider satisfaction feedback, along with results from quality metrics, were reviewed.

Additionally, due to the current circumstances around the COVID-19 pandemic, the SLRHC gave an overview of additional regional initiatives and partnerships put in place to protect the safety net patient population of St. Louis, including the PrepareSTL campaign. PrepareSTL is a collaborative campaign powered by the Missouri Foundation for Health in partnership with the SLRHC, the City of St. Louis, St. Louis County, and other community health organizations to help prepare all St. Louisans for the effects of the COVID-19 response, how to stop its spread, and how to survive the pandemic physically, emotionally, and economically.

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 and Questions Regarding the Demonstration:

- *"I'm really proud of PrepareSTL and their area-wide presence. Another great way to reach the community. Good job RHC Staff!"*

- *"Great meeting. Very informative."*

- *"Are options available to (patients) that don't have the required co-pay and prescription fees required of the (GBH) program?"*
  - **SLRHC response**: Gateway to Better Health's federally qualified health center (FQHC) partners are required to provide care regardless of ability to pay. Patients should still be able to access the services they need even if they are unable to afford the co-pay amount.

- *"Do we know how many, if any, Gateway to Better Health patients have COVID-19?"*
    - **SLRHC response:** The newly created CPT codes for COVID-19 testing are not currently included under Gateway to Better Health's service offerings. The SLRHC updates its covered codes list annually to add newly created codes or to make other necessary changes as agreed upon by SLRHC and MO HealthNet, as such, the SLRHC is unable to comprehensively access COVID-19 diagnoses for Gateway to Better Health patients specifically. The community can access COVID-19 prevalence data for the St. Louis region through the local health department's communicable disease data. Additionally, along with the support of community partners, the SLRHC developed a COVID-19 Emergency Fund. Funds collected through this project will be used to address the need for urgent medical supplies and equipment, costs of testing for uninsured patients, and the basic equipment necessary to expand capacity and navigation services across St. Louis' FQHCs. While the Gateway program is unable to cover COVID-19 testing specifically, the SLRHC has ensured access to free testing is available for all members of the community.

- *"Given the shelter in place orders, are there mobile outreach vans that can go out into the communities that are hardest hit by COVID-19 cases?"*
    - **SLRHC response:** Under the scope of PrepareSTL, the SLRHC is working alongside Power4STL's "Stop the Virus Training", a nonprofit collaborative which includes mobile delivery service of personal protective equipment and handwashing products to communities with the highest prevalence of COVID-19. Affinia Healthcare has also expanded their COVID-19 testing efforts to include mobile testing.

- *"Are we filling all of the available (enrollment) slots? Have we considered making incentives available to those who are responsible for filling the slots?"*
    - **SLRHC response***:* Enrollment at the time of this public forum is 14,051 members. With an enrollment cap of 16,000, the program has capacity for nearly 2,000 additional members. The project is unfortunately very limited in its ability to offer incentives due to essential protective guidelines and limitations put in place by MO HealthNet and CMS.

- *"Were we able to keep work requirements off the ballot initiative for MO HealthNet (Medicaid) expansion?"*
    - **SLRHC response***:* Staff directed attendees to the official ballot language certified by the Missouri Secretary of State around adopting Medicaid Expansion. The statewide vote to either adopt or deny the addition of this statutory amendment is expected to take place in the fall of 2020. At this time, work requirements are not included in the expansion measure.

- *"With the new "normal" how does the RHC plan on 'reshaping organizational strategies' and what plans will RHC utilize to 'to meet the evolving needs of the communities'?"*
    - **SLRHC response:** The SLRHC will continue to mobilize its regional partners around PrepareSTL to ensure all St. Louisans continue to have access to the care and necessary resources required to navigate the COVID-19 pandemic.

APPENDIX III: Gateway Team Rosters

Pilot Program Planning Team

James Crane, MD (Chair)
Associate Vice Chancellor for Clinical Affairs
Washington University School of Medicine

Dwayne Butler
President and Chief Executive Officer
Betty Jean Kerr People's Health Centers

Angela Clabon
Chief Executive Officer
CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)

Caroline Day, MD, MPH
Chief Medical Officer
Family Care Health Centers

Ken Griffin
Clinical Operations Director
St. Louis County Department of Health

Alan Freeman, PhD
President and Chief Executive Officer
Affinia Healthcare (formerly known as Grace Hill)

Todd Richardson
Director, MO HealthNet Division
Missouri Department of Social Services

Joe Yancey
Mental Health Advocate
Places for People (retired)

Angela Brown (ex officio)
Chief Executive Officer
St. Louis Regional Health Commission

Operations Subcommittee

Tony Amato
Assistant Director, Managed Care
SLUCare

Yvonne Buhlinger
Vice President, Development and Community Relations
Affinia Healthcare (formerly known as Grace Hill)

Bernard Ceasor
GBH Section Supervisor
Family Support Division

Peggy Clemens
Practice Manager
Mercy Clinic Digestive Diseases

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 (formerly known as Grace Hill)

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 (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)

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

Finance Subcommittee

Mark Barry
Fiscal Director
St. Louis County Department of Health

Andrew Johnson
Senior Director of 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 (formerly known as Grace Hill)

Jason Ware
Chief Financial Officer
CareSTL Health

Denise Lewis-Wilson
Financial Records/Revenue Manager
St. Louis County Department of Health

Transition Planning Team

Will Ross, MD, MPH (Chair)
Associate Dean for Diversity
Washington University School of Medicine

Kristy Klein Davis
Chief Strategy Officer
Missouri Foundation for Health

Alan Freeman, DMgt, FACHE
President & Chief Executive Officer
Affinia Healthcare

Bethany Johnson-Javois, MSW
Chief Executive Officer
St. Louis Integrated Health Network

Rich Liekweg
President & Chief Executive Officer
BJC Healthcare

Wendy Orson
Chief Executive Officer
Behavioral Health Network of Greater St. Louis

Steve Parish, CHW
Local Strategic Consultant &
Community Network Weaver
St. Louis Community Health Worker
Board of Leaders

Spring Schmidt
Acting Director
Saint Louis County Department of Public Health

Nia Sumpter Thomas
Chair
RHC Patient Advisory Board

Susan Trautman
Chief Executive Officer
Great Rivers Greenway

Cierra Walker, MPH
CHW Workforce Partnership
St. Louis Integrated Health Network

Cheryl Walker (Ex. Officio)
Chair, St. Louis Regional Health Commission
Attorney at Law Cheryl Walker

APPENDIX IV: Incentive Payment Protocol

Incentive Payments

The state will withhold 7% from payments made to the primary care health centers (PCHC) through December 31, 2022, and the amount withheld will be tracked on a monthly basis. The St. SLRHC will be responsible for monitoring the PCHC performance against the pay-for-performance metrics outlined below.

Pay-for-performance incentive payments will be paid out at six-month intervals (January – June and July – December) of the Pilot Program based on performance during the reporting period.

SLRHC will calculate the funds due to the providers based on the criteria and methodologies described below and report the results to the state. The state will disburse funds within the first quarter following the end of the reporting period. The PCHC are required to provide self-reported data within thirty (30) days of the end of the reporting period.

Primary Care Health Center Pay-for-Performance Incentive Eligibility

Below are the criteria for the PCHC incentive payments to be paid within the first quarter following the end of the reporting period:

TABLE 1

Pay-for-Performance Incentive Criteria	**Threshold**	**Weighting**	**Source**
All Newly Enrolled Patients- Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)	80%	20%	EHR Data
Patients with Diabetes, Hypertension, CHF or COPD – Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date)	80%	20%	EHR Data
Patients with Diabetes - Have one HgbA1c test within 6 months of reporting period start date	85%	20%	EHR Data
Patients with Diabetes – Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period	60%	20%	EHR Data
Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.	50%	20%	Self-reported by health centers and AHS Call Center Data
TOTAL POSSIBLE SCORE		**100%**	

Objective measures may be changed for the subsequent reporting period. Any changes or additions will be approved by the Pilot Program Planning Team managed by the SLRHC at least 60 days in advance of going into effect. At no time will changes to the measures go into effect for a reporting period that has already commenced (Note: the health centers and state are represented on the Pilot Program Planning Team). Any changes to the measures will be included in an updated protocol and subject to CMS review.

Any remaining funds will be disbursed based on the criteria summarized below and will be paid within the first quarter following the end of the reporting period:

TABLE 2

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
Rate of Referral to Specialist among Tier 1/Tier 2 Enrollees	680/1000	100%	Referral data

The primary care providers will be eligible for the remaining funds based on the percentage of Demonstration Population 1 individuals enrolled at their health centers. For example, if Affinia has 60% of the primary care patients and Myrtle Hilliard Davis 40%, they would each qualify up to that percentage of the remaining funds. Funds not distributed will be used to create additional enrollment slots where demand and capacity exist. Payments will not be redirected for administrative or infrastructure payments.

Within the first quarter following the end of the reporting period, the state will issue incentive payments to the health centers. Incentive payments will be calculated based on the data received and the methodology described below.

Primary Care Health Center (PCHC) Calculations

Step 1: Calculate the PCHC Incentive Pool (IP) for each PCHC.

- IP = PCHC Payments Earned x 7%

Step 2: Calculate the Incentive Pool Earned Payment (IPEP) that will be paid to each PCHC.

- Identify which performance metrics were achieved
- Determine the total Incentive Pool Weights (IPW) by adding the weights of each performance metric achieved
- *Example:* If the PCHC achieves 3 of the 5 performance metrics, then: IPW = 20% + 20% + 20% = 60%
- IPEP = IP x IPW

Step 3: Calculate the Remaining Primary Care Incentive Funds (RPCIF) that are available for performance metrics not achieved.

- Add the IP for each PCHC to derive the Total IP
- Add the IPEP for each PCHC to derive the Total IPEP
- RPCIF = Total IP – Total IPEP

Step 4: Calculate member months (MM) per reporting period for each PCHC (CMM) and in total (TMM).

- CMM = Total payments earned by **each** PCHC during the reporting period / Rate
- TMM = Total payments earned by **all** PCHC during the reporting period / Rate

Step 5: Calculate the Proportionate Share (PS) of the RPCIF that is available to each PCHC.

- PS = RPCIF x (CMM/TMM)

Step 6: Calculate the Remaining Primary Care Incentive Fund Payment (RPCIFP) for each PCHC.
Example: If the PCHC achieves specialty referral performance metric, then:

IPW = 100% (effective 1/1/14 – 12/31/22)

- RPCIFP = PS x IPW

The following scenarios illustrate the calculations for Step 3 through Step 6 explained above as well as the final amounts withheld and paid to each PCHC based on the assumptions of these scenarios. These scenarios are provided for illustrative purposes only and are not a prediction of what may actually occur.

SCENARIO 1

Key assumptions:

- $40,000 remains in the primary care incentive pool after the first round of disbursements based on the criteria listed in Table 1.
- Each PCHC met the performance metrics for emergency room and specialty referrals based on the criteria listed in Table 2.

Table 1A - Identifies the remaining incentive funds to be disbursed to PCHC.

STEP 3

	7% Withheld	Earned	Remaining (Unearned)
Affinia	$ 200,000	$ 200,000	$ -
CareSTL	$ 100,000	$ 75,000	$ 25,000
Family Care	$ 20,000	$ 20,000	$ -
BJK People's	$ 50,000	$ 40,000	$ 10,000
St. Louis County	$ 50,000	$ 45,000	$ 5,000
Total	$ 420,000	$ 380,000	**$ 40,000**

Remaining Primary Care Incentive Funds

Table 1B - Identifies each PCHC proportionate share of the remaining incentive funds.

STEP 4 ***STEP 5***

	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
Affinia	$ 2,857,143	54,966	48%	$ 19,200
CareSTL	$ 1,428,571	27,483	24%	$ 9,600
Family Care	$ 285,714	5,497	4%	$ 1,600
BJK People's	$ 714,286	13,742	12%	$ 4,800
St. Louis County	$ 714,286	13,742	12%	$ 4,800
Total	**$ 6,000,000**	**115,430**	100%	**$ 40,000**

Table 1C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC assuming the performance metric for specialty referrals is met (Table 2).

Step 6

	PCHC Proportionate Share	IPW	RPCIFP
Affinia	$ 19,200	100%	$ 19,200
Myrtle Hilliard	$ 9,600	100%	$ 9,600
Family Care	$ 1,600	100%	$ 1,600
BJK People's	$ 4,800	100%	$ 4,800
St. Louis County	$ 4,800	100%	$ 4,800
Total	**$ 40,000**		**$ 40,000**

Table 1D - Shows the total withheld, earned and paid for each PCHC.

	7% Withheld	Earned	RPCIFP	Total Paid
Affinia	$ 200,000	$ 200,000	$ 19,200	$ 219,200
Myrtle Hilliard	$ 100,000	$ 75,000	$ 9,600	$ 84,600
Family Care	$ 20,000	$ 20,000	$ 1,600	$ 21,600
BJK People's	$ 50,000	$ 40,000	$ 4,800	$ 44,800
St. Louis County	$ 50,000	$ 45,000	$ 4,800	$ 49,800
Total	$ 420,000	$ 380,000	$ 40,000	**$ 420,000**

SCENARIO 2

Key assumptions:

- $40,000 remains in the primary care incentive pool after the first round of disbursements based on the criteria listed in Table 1.
- Some PCHC do not meet the performance metric for specialty referrals based on the criteria listed in Table 2.

Table 2A - Identifies the remaining incentive funds to be disbursed to PCHC.

STEP 3

	7% Withheld	Earned	Remaining (Unearned)
Affinia	$ 200,000	$ 200,000	$ -
Myrtle Hilliard	$ 100,000	$ 75,000	$ 25,000
Family Care	$ 20,000	$ 20,000	$ -
BJK People's	$ 50,000	$ 40,000	$ 10,000
St. Louis County	$ 50,000	$ 45,000	$ 5,000
Total	$ 420,000	$ 380,000	**$ 40,000**

Remaining Primary Care Incentive Funds

Table 2B - Identifies each PCHC proportionate share of the remaining incentive funds.

STEP 4 ***STEP 5***

	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
Affinia	$ 2,857,143	54,966	48%	$ 19,200
CareSTL	$ 1,428,571	27,483	24%	$ 9,600
Family Care	$ 285,714	5,497	4%	$ 1,600
BJK People's	$ 714,286	13,742	12%	$ 4,800
St. Louis County	$ 714,286	13,742	12%	$ 4,800
Total	**$ 6,000,000**	**115,430**	100%	**$ 40,000**

Table 2C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC assuming that some providers did not meet the performance metric for specialty referrals.

Step 6

	PCHC Proportionate Share	IPW**	RPCIFP	Remaining Unused Funds
Affinia	$ 19,200	100%	$ 19,200	$ -
CareSTL	$ 9,600	0%	$ -	$ 9,600
Family Care	$ 1,600	100%	$ 1,600	$ -
BJK People's	$ 4,800	100%	$ 4,800	$ -
St. Louis County	$ 4,800	0%	$ -	$ 4,800
Total	**$ 40,000**		**$ 25,600**	**$ 14,400**

Table 2D - Shows the total withheld, earned and paid for each PCHC.

	7% Withheld	Earned	RPCIFP	Total Paid
Affinia	$ 200,000	$ 200,000	$ 19,200	$ 219,200
CareSTL	$ 100,000	$ 75,000	$ -	$ 75,000
Family Care	$ 20,000	$ 20,000	$ 1,600	$ 21,600
BJK People's	$ 50,000	$ 40,000	$ 4,800	$ 44,800
St. Louis County	$ 50,000	$ 45,000	$ -	$ 45,000
Total	$ 420,000	$ 380,000	**$ 25,600**	**$ 405,600**

Remaining funds would be available to pay for medical services for enrollees as need arises during the federal fiscal year. As the state monitors the Demonstration budget and enrollment, the state would take these remaining funds into consideration in determining recommendations about enrollment and payments to providers accepting vouchers.

APPENDIX V: Pay-for-Performance Results

GATEWAY TO BETTER HEALTH

Pay-for-Performance Incentive Payment Results
Reporting Period: January – June 2020

Background

The State withholds 7% from payments made to the primary care health centers (PCHC). To calculate the pay-for-performance incentive payments, the St. Louis Regional Health Commission (RHC) monitored the PCHC performance against the pay-for-performance metrics outlined in the Incentive Payment Protocol (Protocol). According to the protocol, pay-for-performance incentive payments will be paid at six-month intervals of the Pilot Program based on performance during the reporting period.

Impact of COVID-19 Pandemic

As the COVID-19 pandemic continues to unfold, RHC recognizes the burden placed on our health care community to respond to our most vulnerable populations during this crisis. The procurement of urgent medical supplies and equipment and the costs of testing patients, transitional staffing, treatment services and basic equipment to expand capacity and navigation services to meet the needs of the increased demand has been paramount for our community health care organizations. Due to the guidelines to limit occupancy capacity as mandated by the local governing bodies, holding the demonstration's health center partners to the pay-for-performance criteria and methodologies outlined in the Protocol was not feasible. The RHC and its stakeholders determined that the suspension of the incentive procedures for this performance period was essential to bolster health center stability and to ensure the successful return to normal business operations during this unprecedented time. As such, the incentive payment amounts withheld from providers during the January 1, 2020 – June 30, 2020 reporting period will be returned in full as outlined below.

Primary Care Health Center Pay-for-Performance Results

During the performance period, the PCHC Incentive Pool (PIP) was valued at $409,604.32, as summarized below by health center.

Table 1

Description		AH	BJKP	CSH	FC	County
Number of Criteria Met	*a*	0	0	0	0	0
Criteria Weight	*b*	20%	20%	20%	20%	20%
Incentive Pool Percentage Earned	*c = a x b*	0%	0%	0%	0%	0%
Incentive Amount Withheld	*d*	$ 171,557.36	$ 68,585.01	$ 73,474.04	$ 42,091.56	$ 53,896.35
Incentive Amount Earned	*e = c x d*	$ -	$ -	$ -	$ -	$ -
Remaining Balance in PCHC Pool	*f = d - e*	$ 171,557.36	$ 68,585.01	$ 73,474.04	$ 42,091.56	$ 53,896.35

The following tables illustrate how the PIP was allocated to each PCHC.

Table 2A - Calculates the remaining incentive funds to be disbursed to PCHC.

STEP 1

	7% Withheld	Earned	Remaining (Unearned)
AH	$ 171,557.36	$ -	$ 171,557.36
BJKP	$ 68,585.01	$ -	$ 68,585.01
CSH	$ 73,474.04	$ -	$ 73,474.04
FC	$ 42,091.56	$ -	$ 42,091.56
County	$ 53,896.35	$ -	$ 53,896.35
Total	$ 409,604.32	$ -	**$ 409,604.32**

Remaining Primary Care

Table 2B - Calculates each PCHC proportionate share of the remaining incentive funds.

STEP 2 ***STEP 3***

	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
AH	$ 2,450,819.43	35,227	42%	$ 171,557.36
BJKP	$ 979,785.86	14,083	17%	$ 68,585.01
CSH	$ 1,049,629.14	15,087	18%	$ 73,474.04
FC	$ 601,308.00	8,643	10%	$ 42,091.56
County	$ 769,947.86	11,067	13%	$ 53,896.35
Total	**$ 5,851,490.29**	**84,108**	100%	**$ 409,604.32**

RHC assumed that each PCHC would have met specialty care referral metric if not for the crisis. Therefore, each PCHC will receive its proportionate share of the remaining PIP as calculated in the following table.

Table 2C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC given that the specialty referral metric was met.

Step 4

	PCHC Proportionate Share	IPW	RPCIFP
AH	$ 171,557.36	100%	$ 171,557.36
BJKP	$ 68,585.01	100%	$ 68,585.01
CSH	$ 73,474.04	100%	$ 73,474.04
FC	$ 42,091.56	100%	$ 42,091.56
County	$ 53,896.35	100%	$ 53,896.35
Total	**$ 409,604.32**		**$ 409,604.32**

The total amount due to each PCHC for the January – June 2020 reporting period is summarized as follows:

Table 2D - Shows the total withheld, earned and paid for each PCHC.

	7% Withheld	Earned	RPCIFP	Total Due to Providers	State/Fed Portion	Local Portion
AH	$ 171,557.36	$ -	$ 171,557.36	$ 171,557.36	135,135.73	36,421.63
BJKP	$ 68,585.01	$ -	$ 68,585.01	$ 68,585.01	54,024.41	14,560.60
CSH	$ 73,474.04	$ -	$ 73,474.04	$ 73,474.04	57,875.50	15,598.54
FC	$ 42,091.56	$ -	$ 42,091.56	$ 42,091.56	33,155.52	8,936.04
County	$ 53,896.35	$ -	$ 53,896.35	$ 53,896.35	42,454.15	11,442.20
Total	$ 409,604.32	$ -	$ 409,604.32	**$ 409,604.32**	322,645.31	86,959.01

Conclusion

The incentive payments summarized in Table 2D will be issued to the health centers no later than September 30, 2020. All the incentive funds will be paid to the health centers and none will be redirected for administrative or infrastructure payments.

APPENDIX B:
PRIMARY CARE TRENDING REPORT

Pay-for-Performance Criteria	Threshold	Affinia												CareSTL											
		Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19	Jul-Dec 19	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19	Jul-Dec 19
TIER 1 OUTCOMES																									
1 - New patients (1 visit)	80%	67%	65%	74%	70%	72%	72%	75%	77%	74%	71%	64%	69%	71%	75%	83%	80%	66%	53%	70%	62%	58%	62%	70%	64%
2 - Patients with chronic diseases (2 visits)	80%	83%	80%	86%	84%	87%	86%	87%	87%	90%	84%	84%	81%	87%	92%	94%	96%	93%	83%	86%	87%	93%	98%	97%	98%
3 - Patients with diabetes HgbA1c tested	85%	87%	91%	92%	95%	90%	97%	89%	98%	97%	96%	96%	86%	48%	91%	86%	100%	92%	93%	85%	96%	94%	100%	96%	100%
4 - Patients with diabetes HgbA1c <9%	60%	60%	61%	60%	70%	73%	68%	65%	65%	55%	63%	82%	54%	58%	77%	47%	63%	63%	57%	65%	50%	61%	79%	67%	85%
5 - Hospitalized Patients	50%	87%	83%	85%	96%	95%	75%	91%	91%	88%	100%	71%	71%	73%	88%	64%	83%	93%	44%	44%	50%	54%	78%	59%	53%
TIER 2 OUTCOME																									
Referral Rate to Specialists	680/1000	277	272	280	281	308	316	394	321	333	343	372	342	345	287	322	272	277	233	250	265	289	208	307	277

Pay-for-Performance Criteria	Threshold	Family Care												BJK People's											
		Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19	Jul-Dec 19	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19	Jul-Dec 19
TIER 1 OUTCOMES																									
1 - New patients (1 visit)	80%	80%	81%	78%	80%	89%	85%	88%	82%	84%	79%	81%	84%	72%	80%	58%	60%	66%	62%	72%	75%	81%	79%	79%	79%
2 - Patients with chronic diseases (2 visits)	80%	89%	96%	85%	95%	93%	96%	94%	94%	96%	92%	86%	93%	92%	82%	90%	96%	84%	86%	91%	88%	99%	90%	95%	95%
3 - Patients with diabetes HgbA1c tested	85%	100%	100%	89%	100%	94%	90%	85%	100%	94%	95%	92%	100%	89%	81%	90%	89%	74%	97%	85%	100%	100%	96%	97%	98%
4 - Patients with diabetes HgbA1c <9%	60%	75%	71%	68%	68%	83%	95%	69%	81%	76%	74%	71%	59%	56%	62%	61%	67%	60%	60%	52%	69%	77%	76%	64%	59%
5 - Hospitalized Patients	50%	64%	50%	67%	75%	75%	100%	80%	100%	88%	60%	57%	88%	67%	62%	60%	87%	77%	70%	50%	57%	52%	80%	80%	94%
TIER 2 OUTCOME																									
Referral Rate to Specialists	680/1000	599	518	528	521	506	497	553	565	595	575	590	544	425	346	337	348	370	360	375	354	365	341	456	346

Pay-for-Performance Criteria	Threshold	St. Louis County												Total											
		Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19	Jul-Dec 19	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Dec 18	Jan-Jun 19	Jul-Dec 19
TIER 1 OUTCOMES																									
1 - New patients (1 visit)	80%	87%	88%	89%	95%	81%	81%	80%	80%	82%	78%	82%	84%	72%	74%	74%	74%	72%	68%	75%	75%	73%	72%	71%	73%
2 - Patients with chronic diseases (2 visits)	80%	92%	97%	97%	92%	88%	86%	81%	84%	92%	92%	96%	90%	86%	86%	90%	91%	88%	86%	87%	87%	92%	89%	90%	88%
3 - Patients with diabetes HgbA1c tested	85%	89%	92%	89%	77%	85%	87%	67%	88%	86%	97%	97%	93%	80%	90%	90%	91%	87%	94%	85%	97%	94%	97%	96%	93%
4 - Patients with diabetes HgbA1c <9%	60%	68%	80%	65%	61%	73%	40%	42%	71%	61%	68%	84%	78%	63%	68%	60%	66%	69%	65%	60%	66%	63%	69%	76%	64%
5 - Hospitalized Patients	50%	83%	65%	80%	100%	62%	100%	61%	64%	65%	65%	59%	78%	81%	78%	78%	91%	88%	71%	71%	75%	68%	82%	68%	75%
TIER 2 OUTCOME																									
Referral Rate to Specialists	680/1000	484	506	536	559	580	501	538	578	621	597	644	710	363	338	351	349	366	346	395	370	391	372	431	400

Note: The threshold for emergency room (ER) utilization for the July 2012 through June 2013 was 36 per 1000. As of January 1, 2014, Gateway to Better Health no longer funded any portion of ER visits and thus no longer captured data for ER utilization.