Gateway to Better Health Section 1115
Demonstration Project Phase-out Plan
Number: 11-W-00250/7

Background

Approved on July 28, 2010, the “Gateway to Better Health” Demonstration Project aims to preserve access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. For the first two years of the Demonstration, certain providers, referred to as Affiliation Partners, were paid directly for uncompensated care. Per the conditions of the Demonstration, on July 1, 2012, these direct payments were replaced with a pilot coverage model, ensuring more than 21,000 individuals continued to receive access to ambulatory health care services.

The goal of the Gateway to Better Health Pilot Program is to provide a bridge for safety net providers and their uninsured patients in St. Louis City and St. Louis County until coverage options become available through federal health care reform. The Centers for Medicare and Medicaid Services (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, or until Missouri’s Medicaid eligibility is expanded to include the waiver population. In August 2020, Missouri voters approved to expand MO HealthNet (Missouri Medicaid) benefits to adults aged 19-64 who meet certain income guidelines, thereby providing MO HealthNet benefits to St. Louis City and St. Louis County residents that are currently receiving Gateway to Better Health via the newly established Adult Expansion Group Medicaid category. The Gateway to Better Health program will end after other MO HealthNet benefits are explored for all current Gateway members, approximately 16,000 patients.

Per the special terms and conditions for the Demonstration Project, the State is required to submit a notification letter and draft phase-out plan to CMS no less than five (5) months before the Demonstration’s termination. As the State of Missouri prepares to expand its current Medicaid coverage model to include the Demonstration’s target population, this document serves as notification of the phase-out of benefits to Gateway members. Qualifying members will begin to transition to coverage under Missouri Medicaid beginning July 1, 2021. This transition process will finalize by September 30, 2021.
Gateway to Better Health Phase-Out Process

The Missouri Department of Social Services Family Support Division (FSD) is a state-administered agency responsible for the eligibility and enrollment process for Medicaid, as well as other state programs. For the purposes of the Gateway to Better Health program, FSD eligibility specialists are responsible for screening Gateway applications for Medicaid eligibility and determining eligibility for Gateway. FSD will continue to process applications, and enroll eligible applicants into Gateway to Better Health, through June 30, 2021.

Beginning July 1, 2021 and continuing through September 30, 2021, FSD will manually review Medicaid eligibility timeframe permits a necessary eligibility review, as qualification for Gateway coverage is verified under the Family Assistance Management Information System (FAMIS), while coverage under Medicaid Expansion will be determined under the Medicaid Eligibility Determination and Enrollment System (MEDES). FSD has dedicated a unit to manually convert Gateway cases into MEDES and oversee the review of each Gateway member’s eligibility for expansion benefits. As the State phases-out the Gateway program, FSD will be responsible for closing the eligibility for Gateway enrollees. FSD will follow the same disenrollment process for Gateway members as for individuals eligible under the State Medicaid Plan, which includes notice of appeal rights, as described in more detail below.

FSD will take the following steps for a timely conversion of active Gateway to Better Health enrollees into the Medicaid Adult Expansion Group:

- Gateway members that were enrolled in the program prior to June 30, 2021, will be reviewed for coverage under Medicaid and their cases converted from FAMIS to MEDES. The eligibility review process will be completed for each Gateway enrollee from July 1, 2021 through September 30, 2021.
  - Upon CMS approval of the Demonstration’s phase-out plan, a letter will be sent to Gateway enrollees not known to MEDES, asking them to complete and return a MO HealthNet Annual Review Form (Appendix A). This review process will provide the information that may be needed (household members, tax filing status, and income) to transition their health care coverage to MEDES. Gateway enrollees known to MEDES (for example, parents of children enrolled under MO Healthnet for Kids coverage) will not be required to submit additional review information as the system already has access to up-to-date data for these members.
  - FSD will use this updated review information to run a determination for Modified Adjusted Gross Income (MAGI) programs, including eligibility for the marketplace. Individuals that qualify under Medicaid will be enrolled with an eligibility date of July 1, 2021.
- Members that were enrolled in Gateway prior to June 30, 2021, will remain eligible for Gateway to Better Health benefits and coverage until their eligibility for the Medicaid Adult Expansion Group can be determined. No new applications will be processed for Gateway past June 30, 2021. All members will be reviewed by September 30, 2021.
As members qualify for enrollment under the Adult Expansion Medicaid category, they will receive both a Gateway to Better Health closing letter (Appendix B) notifying members that their Gateway coverage is ending, as well as an approval letter (Appendix C), with confirmation that they are being approved for Medicaid coverage with a start date of July 1, 2021.

For those that do not qualify for expanded Medicaid coverage, they will receive an appropriate version of the attached rejection letter (Appendix D). This letter will also inform patients of their 90-day hearing and appeals rights.

If FSD is not able to obtain the information needed to transition a Gateway member under MAGI, the agency will make the transition assuming the individual is a “non-tax filer” and will attempt to obtain additional information at the next annual reinvestigation.

If Gateway individuals should require hospitalization or medical services not available through the Gateway program before they are reviewed for conversion (not sooner than July 1, 2021), FSD will work with medical facilities to expedite the conversion. The start date of the coverage under the Adult Expansion Group will be July 1, 2021.

**Care Transition/Navigation Services**

The State and the SLRHC will work with Gateway members and provider organizations to ensure patient care is transitioned as seamlessly as possible. In addition to providing notifications to members enrolled in Gateway, all Gateway providers will receive notification of the Demonstration’s termination as of September 30, 2021. This will include copies of all communication provided to members, as well as key messages about the end of the Gateway program to assist in answering questions they may receive from patients.

**Public Notice and Input Process**

The public is invited to review and comment on the State’s draft phase-out plan for the Gateway to Better Health Demonstration Project. Comments will be accepted from **February 26, 2021 through March 28, 2021**. Comments maybe be provided by mail or email using the information provided below.

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

The input provided will be summarized for CMS upon submission of the draft phase-out plan.
Enclosures/Attachments
Appendix A: Gateway to Better Health Transition Letter
Appendix B: Gateway to Better Health Closing Letter
Appendix C: MO HealthNet Adult Expansion Group - Approval Letter
Appendix D: MO HealthNet Adult Expansion Group - Rejection Letters

State Contact(s):
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