

**Public Notice to Amend Missouri’s Gateway to Better Health Section 1115  
Demonstration Project to Add a Physical Function Improvement Benefit  
Number: 11-W-00250/7**

The State of Missouri, Department of Social Services (DSS), hereby notifies the public of its intent to amend the Gateway to Better Health Demonstration to add a physical function improvement benefit. A copy of the full amendment request under consideration may be found at <http://dss.mo.gov/mhd/>. We are providing this notice pursuant to Centers for Medicare & Medicaid Services (CMS) requirements in 42 C.F.R. 431.408. The Gateway to Better Health Demonstration is designed to provide coverage to uninsured adults residing in St. Louis City and St. Louis County, who are between the ages of 19 and 64, with family incomes between 0 and 100 percent of the Federal poverty level (FPL), and who do not qualify for Medicaid. The Demonstration is set to expire on December 31, 2022; however, should the State opt to expand Medicaid during the extension period to cover this population, the Demonstration will terminate immediately.

Affecting at least 116 million individuals, chronic pain affects more people in the United States than heart disease, diabetes, and cancer combined (Tsang et al., 2008). From an analysis of 2016 National Health Interview Survey (NHIS) data, the Center for Disease Control and Prevention found that 20.4% of U.S. adults experience chronic pain, and 8% of U.S. adults suffer from high-impact chronic pain, defined as pain interfering with work or life most days or every day (Dahlhamer et al., 2018). Chronic pain is likewise pervasive in the St. Louis region, particularly for enrollees in the Gateway to Better Health Demonstration. According to the results of the *2018 Gateway to Better Health Patient Satisfaction Survey*, which collected responses from 343 individuals, over half (51%) of the Gateway patient population experiences chronic pain. Since the date of program implementation in July 2012, orthopedic referrals have consistently been the highest utilized specialty care service offered through the Demonstration. Review of diagnostic codes for these referrals revealed back and joint pain to be the most frequent cause of referral.

Despite enormous evidence in favor of multidisciplinary, integrated approaches, primary care providers lack the necessary tools to address patient pain. Many providers report that they initiate opioid treatment for pain relief, despite its high risk and lack of efficacy for chronic pain, because of limited access to other effective modalities. Physical function services, including physical therapy, occupational therapy, chiropractic services, and acupuncture, have been shown to ameliorate pain (Tick et al., 2018). More specifically, exercise therapy, a common method used in physical therapy, reduces pain and improves function for various types of chronic pain (Busch, Barber, Overend, Peloso, & Schachter, 2007; Fransen et al., 2015; Fransen, McConnell, Hernandez-Molina, & Reichenbach, 2014; Hayden, Van Tulder, Malmivaara, & Koes, 2005).

On April 1, 2019, MO HealthNet (Missouri Medicaid) implemented a new statewide health benefit for their recipients addressing chronic pain. The benefit is coordinated through the patient’s primary care provider and gives patients access to physical therapy, chiropractic therapy, and acupuncture, alongside cognitive-behavioral therapy (CBT) for chronic pain and non-opioid medication therapy. This initiative responds to the growing pool of research that supports the cost benefits of addressing pain proactively.

The State is requesting 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. Through the addition of preventative physical function improvement services, the Demonstration expects to reduce reactive specialty care costs while improving health outcomes for uninsured patients. Currently the Demonstration covers these codes solely after an orthopedic surgery. This new benefit will align with the Medicaid chronic pain benefit offered by MO HealthNet.

### **Public Comments and Hearings**

The public is invited to review and comment on the State's proposed amendment request. The full public notice document for the Gateway to Better Health Waiver amendment request, as well as a draft of the amendment itself, can be found at <https://dss.mo.gov/mhd/waivers/1115-demonstration-waivers/gateway-to-better-health.htm> under Alerts and Notifications. Appointments may be made to view a hard copy of the full public notice document and a draft of the amendment application by calling 314-446-6454 ext. 1143. Appointments may be made during regular business hours, 8:00 a.m. - 4:30 p.m., Monday through Friday. Appointments to view the documents will take place at 1113 Mississippi Avenue, St. Louis, MO 63104.

Comments will be accepted 30 days from the publication of this notice. The comment period ends October 30, 2019. Comments may be sent to:

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

Public hearings are scheduled for:

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\*  
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Voyagers Room  
5595 Grand Drive, St. Louis, MO 63112

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The State is requesting authority to extend the current benefits for the population covered by the Demonstration to include physical function improvement services. Physical function services would include office visits for physical therapy, occupational therapy, chiropractic, and acupuncture services.

**I. Program Description and Goals**

On July 28, 2010, CMS approved the State of Missouri’s “Gateway to Better Health” Demonstration, which includes the following main objectives:

- 1) Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act;
- 2) Transition the “St. Louis model” to a coverage model as opposed to a direct payment model by July 1, 2012;
- 3) Connect the uninsured and Medicaid populations to a primary care home which will enhance coordination, quality and efficiency of health care through patient and provider involvement;
- 4) Maintain and enhance quality service delivery strategies to reduce health disparities; and
- 5) For the first two years of the Demonstration, ensure that there is a 2 percent increase in the number of uninsured persons receiving services at St. Louis ConnectCare, Affinia Healthcare (formerly known as Grace Hill Health Centers) and CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers).

For the first two years of the Demonstration, certain providers 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). As of July 1, 2012, the program transitioned to a coverage model.

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 care and specialty care through a coverage model. 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 Pilot Program is designed to provide primary, urgent and specialty care coverage to uninsured<sup>1</sup> adults in St. Louis City and St. Louis County, aged 19-64, who are below 100 percent of the FPL through a coverage model known as Gateway to Better Health. The Demonstration also includes a performance and incentive structure for the primary care providers and tracks health outcomes.

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 with the St. Louis Regional Health Commission (SLRHC), which is a non-profit, non-governmental organization whose mission is to 1) increase access to health care for people who are medically uninsured and underinsured; 2) reduce health disparities among populations in St. Louis City and County; and 3) improve health outcomes among populations in St. Louis City and County, especially among those most at risk.

This Demonstration Project and the funding mechanisms that preceded it have been critical to maintaining and improving access to health care for uninsured individuals in St. Louis City and County since the closure of the city's last remaining public hospital in 1997.

CMS offers additional information about Section 1115 waivers generally and the Gateway waiver specifically at:

<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8609>

The objectives for the Demonstration continue to be:

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

## **II. Beneficiaries and Eligibility Criteria**

Gateway to Better Health will continue to provide access to primary care, specialty care and urgent care and will continue to be available to individuals who meet the following requirements:

<sup>1</sup> 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.

- A citizen of the United States; legal immigrant who has met the requirements for the five-year waiting period for Medicaid benefits; refugee or asylee under same immigrant eligibility requirements that apply to the Medicaid program
- A resident of St. Louis City or St. Louis County
- Ages 19 through 64
- Uninsured
- At or below the federal poverty level of 100%
- Not eligible for coverage under the federal Medicare program or Missouri Medicaid
- Patients with a primary care home at one of the in network primary care sites

This eligibility criteria is not impacted by the amendment.

### **III. Delivery System**

Gateway to Better Health services are provided through a limited provider network. Beneficiaries will continue to choose a primary care home in which to enroll. Primary care homes in the network include:

- Betty Jean Kerr People’s Health Centers
- Family Care Health Centers
- Affinia Healthcare (formerly known as Grace Hill Health Centers)
- CareSTL Health (formerly known as Myrtle Hilliard Davis Comprehensive Health Centers)
- St. Louis County Department of Public Health

Primary care provider organizations will continue to be paid under an alternative payment methodology.

For specialty care, beneficiaries may be referred by their primary care physician for specialty care services at a participating specialty care provider, including physician inpatient services or outpatient hospital care. Specialty care providers will continue to be paid for on a fee-for-service basis for care provided to all Gateway beneficiaries.

With the newly proposed physical function improvement benefit, patients would be able to receive evaluation and management associated with physical therapy, occupational therapy, chiropractic, and acupuncture services at their primary care health center without any further administrative requirements or changes in payment methodology.

### **IV. Existing Benefits**

Beneficiaries enrolled in Gateway to Better Health will continue to receive the following benefits:

Preventative; wellcare; dental (diagnostic, preventive); internal and family practice medicine (up to 5 five urgent care visits); podiatry; generic prescriptions dispensed at primary care clinics as well as brand name insulin and inhalers; substance use disorder treatment (office visits, counseling/behavioral health services, generic medications); durable medical equipment (on a limited basis); allergy; dermatology; endocrinology; endoscopy; ENT/Otolaryngology; gastroenterology; gynecology; hematology; hepatology; infectious disease; neurology; neurosurgery; oncology and radiation therapy; ophthalmology; orthopedics; pain management; pathology; physical, occupational or speech therapy (on a limited basis); pulmonology; renal; rheumatology; urology; wound management; laboratory/pathology services; outpatient surgery; radiology (x-ray, MRI, PET/CT scans); and non-emergency medical transportation.

## V. Proposed New Benefits Under the Amendment

In addition to this list of existing benefits, the amendment would give the State the authority to add 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 in the primary care health home. Currently the Demonstration covers these codes solely after an orthopedic surgery.

Affecting at least 116 million individuals, chronic pain affects more people in the United States than heart disease, diabetes, and cancer combined (Tsang et al., 2008). From an analysis of 2016 National Health Interview Survey (NHIS) data, the Center for Disease Control and Prevention found that 20.4% of U.S. adults experience chronic pain, and 8% of U.S. adults suffer from high-impact chronic pain, defined as pain interfering with work or life most days or every day (Dahlhamer et al., 2018). Chronic pain is likewise pervasive in the St. Louis region, particularly for enrollees in the Gateway to Better Health Demonstration. According to the results of the *2018 Gateway to Better Health Patient Satisfaction Survey*, which collected responses from 343 individuals, over half (51%) of the Gateway patient population experiences chronic pain. Since the date of program implementation in July 2012, orthopedic referrals have consistently been the highest utilized specialty care service offered through the Demonstration. Review of diagnostic codes for these referrals revealed back and joint pain to be the most frequent cause of referral. A further analysis targeting claims data from Demonstration Year 9, October 2017 – September 2018, revealed covered medical expenses associated with chronic pain for both primary and specialty care services to be valued at over 1.3 million dollars. This amount represented 14% of the total medical expenses covered by the Gateway to Better Health Program during that period.

Despite enormous evidence in favor of multidisciplinary, integrated approaches, primary care providers lack the necessary tools to address patient pain. Many providers report that they initiate opioid treatment for pain relief, despite its high risk and lack of efficacy for chronic pain, because of limited access to other effective modalities. Half of Gateway to Better Health providers surveyed during the Demonstration's annual provider survey reported that they would prescribe fewer controlled substances for pain, such as opioids, if they had greater access to other treatment methods. Physical function services, including physical therapy, occupational therapy, chiropractic services, and acupuncture, have been shown to ameliorate pain (Tick et al., 2018). More specifically, exercise therapy, a common method used in physical therapy, reduces pain and improves function for various types of chronic pain (Busch, Barber, Overend, Peloso, & Schachter, 2007; Fransen et al., 2015; Fransen, McConnell, Hernandez-Molina, & Reichenbach, 2014; Hayden, Van Tulder, Malmivaara, & Koes, 2005). Three-quarters of providers prioritized physical therapy as the most desirable resource to integrate into their Primary Care Health Home model to manage chronic pain.

On April 1, 2019, MO HealthNet (Missouri Medicaid) implemented a new statewide health benefit for their recipients addressing chronic pain. The benefit is coordinated through the patient's primary care provider and gives patients access to physical therapy, chiropractic therapy, and acupuncture, alongside cognitive-behavioral therapy (CBT) for chronic pain and non-opioid medication therapy. This initiative responds to the growing pool of research that supports the cost benefits of addressing pain proactively. Physical therapy, compared to opioid therapy, has been found to be associated with lower median annual costs (Gore, Tai, Sadosky, Leslie, & Stacey, 2012).

This amendment request is being made after significant consultation with the program’s health providers, patients and other community stakeholders, who indicated that offering physical function services is a top priority for the Gateway patient population. This amendment is guided by national pain strategies from the National Institutes of Health (NIH), the Institute of Medicine (IOM), and the U.S. Department of Health and Human Services (HHS), an extensive peer-reviewed literature review, over 30 stakeholder interviews with regional experts in chronic pain, input from SLRHC’s Community and Provider Services Advisory Boards and partners in the region, Missouri Chronic Pain ECHO trainings, and patient data from the Gateway to Better Health Program.

After consulting these stakeholders, it was determined that adding physical function improvement services (see Table 1 for a list of CPT Procedure Codes) to the Demonstration’s benefit package would reduce barriers for patients in accessing these preventative interventions, which are critical to reducing health disparities. Offering this benefit is also key in reducing preventable opioid prescriptions for pain management and expensive specialty care visits. Furthermore, physical function improvement is directly related to the Demonstration’s evaluation and incentive measures, which are designed to improve the health of the uninsured and underinsured population in the St. Louis region. This new benefit will align with the Medicaid chronic pain benefit offered by MO HealthNet.

**Table 1: CPT Procedure Codes**

<b>Code</b>	<b>Description (Physical Therapy and Occupational Therapy)</b>
97110	Therapeutic Exercise
97112	Neuromuscular Re-Education
97116	Gait Training
97140	Manual Therapy
97150	Group therapeutic procedures
97161	PT Evaluation: Low Complexity
97162	PT Evaluation: Moderate Complexity
97163	PT Evaluation: High Complexity
97164	PT Re-Evaluation
97165	Occupational Therapy, Low Complexity
97166	Occupational Therapy, Moderate Complexity
97167	Occupational Therapy, High Complexity
97168	Reevaluation of Occupational Therapy
97530	Therapeutic Activities
97535	Self-Care/Home Management Training
97597	Recurrent wound debridement
97598	Recurrent wound debridement
97760	Orthotics Fitting
<b>Code</b>	<b>Description (Acupuncture Services)</b>
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes
97811	Acupuncture, 1 or more needles; without electrical stimulation, for each additional 15 minutes

**Table 1: CPT Procedure Codes (cont.)**

<b>Code</b>	<b>Description (Acupuncture Services cont.)</b>
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes
97814	Acupuncture, 1 or more needles; with electrical stimulation, for each additional 15 minutes
<b>Code</b>	<b>Description (Chiropractic Services)</b>
98940	Chiropractic manipulative treatment (CMT); spinal, one or two regions
98941	Chiropractic manipulative treatment (CMT); spinal, three or four regions
98942	Chiropractic manipulative treatment (CMT); spinal, five regions
98943	Chiro, manipulation, extraspinal, one or more regions
97012	Traction, mechanical
97014	Electrical stimulation (unattended)
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97035	Ultrasound, each 15 minutes

**VI. Cost Sharing**

There is no premium for Gateway to Better Health. Beneficiary co-pays are the same as those for patients of Missouri Medicaid, MO HealthNet. The amendment would not change this cost-sharing structure.

**VII. Aggregate and Historical Budgetary and Expenditure Data**

Under the current Demonstration, the State is authorized to spend up to \$30 million (total computable) annually in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). The amendment would not change this authorization.

**VIII. Financial Analysis and Anticipated Changes in Enrollment**

With an anticipated implementation date of March 1, 2020, the five community health centers in the Gateway to Better Health network would receive an estimated additional \$8.95 per member per month (PMPM) to offer physical function benefits in 2020. The Demonstration’s current non-federal share structure will not change as a result of this amendment request.

The Wakely Consulting Group was engaged to determine the PMPM rate, and to estimate the financial impact of the amendment over the course of the demonstration. Wakely Consulting’s estimates are shown in Table 2:



**Table 2: Cost Projection and Covered Members Estimated 2020-2022**

<b>Services</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Clinic capitation PMPM	\$70.67	\$73.90	\$77.53
Transportation PMPM	\$1.30	\$1.30	\$1.30
FFS PMPM	\$53.97	\$59.37	\$65.30
Physical Function PMPM	\$8.95	\$8.95	\$9.31
<b>Total PMPM</b>	<b>\$134.89</b>	<b>\$143.51</b>	<b>\$153.44</b>
Average Enrollment	14,220	14,220	14,220
Projected Expenditures	\$23,017,630	\$24,489,144	\$26,183,279

The program would remain budget neutral with the implementation of this amendment. See Appendix I within the full amendment request for a complete analysis of budget neutrality with the amendment and without the amendment. This amendment request would authorize the State to cover physical function improvement services in the primary care health home with the stipulation that funding projections continue to support such services.

Additionally, the Demonstration currently has an enrollment cap of 16,000, which would not change with this amendment as program membership has averaged 13,585 over the past year and is currently around 13,700.

**IX. Waiver and Expenditure Authorities**

It is anticipated the Expenditure Authorities would include:

- **Demonstration Population 1:** Expenditures for uninsured individuals, not eligible for Medicaid, who are living in St. Louis City or St. Louis County, and are between the ages of 19 -64 years of age with income at or below 100 FPL to pay for primary care, specialty care, limited substance use disorder (SUD) services, and physical function improvement services provided by designated primary care providers or designated specialty care providers when referred by a designated primary care provider, effective March 1, 2020.
- **Expenditure for Managing the Coverage Model:** Expenditures pursuant to a memorandum of understanding and not to exceed \$4,500,000 annually for costs incurred by the St. Louis Regional Health Commission (SLRHC) for activities related to the continued administration of the coverage model during the extension period.

The state also seeks continued waivers of the following Medicaid requirements:

**Statewideness**

**Section 1902(a)(1)**

To the extent necessary, to allow the State to limit enrollment in the Demonstration to persons residing in St. Louis City and St. Louis County.

**Reasonable Promptness****Section 1902(a)(8)**

To the extent necessary, to enable the State to establish an enrollment target and maintain waiting lists for the Demonstration population.

**Amount, Duration and Scope****Section 1902(a)(10)(B)**

To the extent necessary, to permit the State to offer benefits that differ among the Demonstration population and that differ from the benefits offered under the Medicaid state plan.

**Freedom of Choice****Section 1902(a)(23)(A)**

To the extent necessary, to enable the State to mandatorily enroll the Demonstration population into a delivery system that restricts free choice of provider.

**Retroactive Eligibility****Section 1902(a)(34)**

To the extent necessary, to enable the State to not provide medical assistance to the Demonstration population prior to the date of application for the Demonstration benefits.

**Payment for Services by Federally Qualified Health Centers (FQHCs)****Section 1902(a)(15)**

To the extent necessary, to enable the State to make payments to participating FQHCs for services provided to Demonstration Population using reimbursement methodologies other than those required by section 1902(bb) of the Act to the limited nature of the benefits.

**Drug formulary and rebate requirements****Section 1902(a)(54)**

To the extent necessary to enable the state to offer a limited formulary covering only generic drugs in limited contexts.

**X. Evaluation of the Gateway to Better Health Demonstration**

The State will continue to measure progress against the Demonstration objectives throughout the Demonstration. Interim evaluation activities to date indicate that all Demonstration objectives have been met or significant progress has been demonstrated. Additional activities will evaluate whether the coverage model proves the following hypotheses.

- I. The SLRHC Gateway project supports the availability of primary and specialty health care services to uninsured adults in St. Louis City and St. Louis County.
- II. Connecting and engaging uninsured individuals to a Gateway primary care home corresponds with sustained or increased primary care utilization.
- III. Enhanced provider quality of care corresponds with improved overall health outcomes and reduced health disparities.

The current Evaluation Design requires tracking a number of quality measures that could be impacted by the implementation of this amendment. These measures include but are not limited to the following metrics:

- Available primary care services – number and type of primary care services endorsed by Gateway providers in primary care services
- Specialty care referrals – number of specialty care referrals made by Gateway providers
- Barrier to healthcare self-report – percentage of enrollees who report barriers to healthcare without Gateway program
- Barrier to healthcare provider report – percentage of providers who report enrollee barriers to healthcare without Gateway program
- Medical service line utilization – average number of office visits per Gateway enrollee
- Primary care provider incentive payments – bi-annual dollar amount paid as incentive payments
- P4P incentive criteria scores – percentage of Pay-For-Performance (P4P) criteria benchmarks met
- Wellness self-report – percentage of Gateway enrollees who report improved health
- Wellness provider report – percentage of providers who report improved Gateway enrollee health

To measure the impact of the benefit added by this amendment, the following annual measures will be added to the Evaluation Design:

- Physical function improvement service line – percentage of Gateway enrollees with pain-related diagnoses who receive services in the physical function improvement service line (metric will be factored into Pay-for-Performance results with an estimated start date of January 1, 2021) \*
- Self-reported physical function improvement – percentage of Gateway enrollees with pain-related diagnoses who report perceived improved physical function year over year

Additionally, the following annual measures will be added to the Demonstration's pay-for-performance metrics to further evaluate existing benefits:

- Substance use service line unique users - patients with substance use diagnoses are prescribed maintenance medications under the substance use service line (metric will be factored into Pay-for-Performance results with an estimated start date of July 1, 2020) \*
- Diabetes HbA1c control - number of enrollees with a diagnosis of Type I or Type II diabetes whose most recent hemoglobin A1c level is less than or equal to 9% (metric will be factored into Pay-for-Performance results with an estimated start date of January 1, 2020) \*\*

*\*These metrics will be added as Primary Care Health Center Pay-for-Performance metrics. The State withholds 7% from payments made to the primary care health centers and repays this amount bi-annually if health centers meet these metrics. The thresholds will be calculated based on Wakely Actuarial Analysis data and Gateway claims data. See Appendix I for a complete list of Pay-for-Performance metrics.*

*\*\* The threshold for this existing Pay-for-Performance metric will increase from 60% of patients to 70% of patients with an estimated start date of January 1, 2020.*

## **XI. Public Notice and Input Process**

The public is invited to review and comment on the State's proposed amendment request.

A draft of the Gateway to Better Health Waiver amendment request can be found at <http://dss.mo.gov/mhd/>. Appointments may be made to view a hard copy of the draft amendment request by calling 314-446-6454 ext. 1143. Appointments may be made during regular business hours, 8:00 a.m. - 4:30 p.m., Monday through Friday. Appointments to view the documents will take place at 1113 Mississippi Avenue, St. Louis, MO 63104.

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P.O. Box 6500  
Jefferson City, MO 65102-6500  
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St. Louis Regional Health Commission  
1113 Mississippi Avenue, Suite 113  
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*\* Individuals wanting to participate in the public hearing via conference call may dial 888-808-6929, access code: 9158702.*

The State and the St. Louis Regional Health Commission will accept verbal and written comments at the public hearings. The outcome of this process and the input provided will be summarized for CMS upon submission of the notification of request for a Demonstration amendment.

## Appendix I: Proposed Pay for Performance Criteria and Benchmarks

Proposed changes to Gateway to Better Health’s current pay-for- performance metrics are summarized below and highlighted in yellow:

### Pay-for-Performance Criteria and Benchmarks

PERFORMANCE CRITERIA	BENCHMARK	WEIGHTING
<b>All Newly Enrolled Patients</b> – Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)	80%	<del>20%</del> 10%
<b>Patients with Diabetes, Hypertension, CHF or COPD</b> – Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date)	80%	20%
<b>Patients with Diabetes</b> – Have one HgbA1c test within 6 months of reporting period start date	85%	20%
<b>Patients with Diabetes</b> – Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period (estimated start date for change to metric January 1, 2020)	<del>60%-70%</del>	20%
<b>Patients with Pain-Related Diagnoses<sup>1</sup></b> – Have received a service under the physical function improvement service line and completed a patient specific functional scale questionnaire <sup>2</sup> (estimated start date for new metric January 1, 2021)	40%	10%
<b>Patients with Substance Use Diagnoses<sup>3</sup></b> – Are prescribed a maintenance medication <sup>4</sup> under the substance use service line (estimated start date for new metric July 1, 2020)	50%	10%
<b>Hospitalized Patients</b> – 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%	<del>20%</del> -10%
<b>TOTAL POSSIBLE SCORE</b>		<b>100%</b>

### Secondary Pool Metric

<b>Rate of Referral to Specialist among Enrollees</b>	680/1000	100%
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<sup>1</sup> Gateway enrollees with a primary pain-related diagnosis

<sup>2</sup> A copy of the Patient-Specific Functional Scale (PSFS) can be found in Attachment E of the Gateway to Better Health evaluation design

<sup>3</sup> Gateway enrollees with a diagnosis of ICD-10 Code F11

<sup>4</sup> Buprenorphine HCL or Naltrexone HCL

## Appendix II: References

- Busch, A. J., Barber, K. A., Overend, T. J., Peloso, P. M. J., & Schachter, C. L. (2007). Exercise for treating fibromyalgia syndrome. *The Cochrane Library*.
- Dahlhamer, J., Lucas, J., Zelaya, C., Nahin, R., Mackey, S., DeBar, L., ... & Helmick, C. (2018). Prevalence of chronic pain and high-impact chronic pain among adults—United States, 2016. *Morbidity and Mortality Weekly Report*, 67(36), 1001.
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