

Missouri Gateway to Better Health Demonstration
Section 1115 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 (STCs) 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 October 1, 2021. This transition process will finalize by December 31, 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 September 30, 2021.

Beginning October 1, 2021, and continuing through December 31, 2021, FSD will manually review Medicaid eligibility for coverage under the Adult Expansion Group for all Gateway members. This three-month 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 September 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 October 1, 2021 through December 31, 2021.
 - FSD will review currently available data for members enrolled in the Gateway program to determine if all the information needed to make a Medicaid determination is present. If more information is required, FSD will send a letter requesting 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 the first of the month in which they are made eligible.
- Members enrolled in Gateway prior to September 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. All members will be reviewed by December 31, 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 the first of the month in which they are made eligible.
- 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. However, participants not qualified for the Medicaid Adult Expansion Group are to remain in Gateway until the Public Health Emergency has ended. If FSD is not able to obtain the information needed to transition a Gateway member under MAGI, the agency will take no immediate action while the Public Health Emergency is in effect. Members will continue to receive Gateway to Better Health benefits. However, once the Public Health Emergency expires, FSD will begin Adverse Action processes that may lead to the eventual closure of the Gateway participant's coverage.
- If Gateway individuals should require hospitalization or medical services not available through the Gateway program before they are reviewed for conversion (to include prior quarter), FSD will work with medical facilities to expedite the conversion. The start date of the coverage under the Adult Expansion Group will be the first day of the month of services not to begin prior to July 1, 2021.

Care Transition/Navigation Services

The state and the St. Louis Regional Health Commission (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 December 31, 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 phase-out plan for the Gateway to Better Health Demonstration Project. Comments will be accepted from **November 1, 2021 through November 30, 2021**. Comments could 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

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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