

FACT SHEET: GATEWAY HEALTH

Background:

More than half of all Medicaid beneficiaries nationally receive most or all of their care from risk-based managed care organizations (MCOs) that contract with state Medicaid programs to deliver comprehensive Medicaid services to enrollees. Although not all state Medicaid programs contract with MCOs, a large and growing majority do, and states are also rapidly expanding their use of MCOs to reach larger geographic areas, serve more medically complex beneficiaries, deliver long-term services and supports, and, in states that have expanded Medicaid under the Affordable Care Act (ACA), to serve millions of newly eligible low-income adults.

Total Medicaid MCO spending in the US (FY2014) was \$162B, which comprised 34% of total Medicaid spending.¹

Gateway Health:

1. Gateway Health Plan is a non-profit company associated with Highmark Inc. The plan operates in the following counties in PA: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Lancaster, Lawrence, Lebanon, Lehigh, McKean, Mercer, Northampton, Perry, Potter, Somerset, Venango, Warren, Washington, Westmoreland and York.
2. In Highmark Inc.'s 2015 financial statements, it reported \$17.7B in revenue, \$13.2M in assets, and \$8M in liabilities. In 2013, Highmark acquired West Penn Allegheny Health System and renamed it Allegheny Health Network in hopes of counter-balancing UPMC's large market in Southwest, PA. Highmark intended the acquisition to promote participant choice, and increase insurance coverage.
3. Gateway partnered with Highmark to deliver Medicaid Managed Long-Term Services and Supports (MLTSS) in Delaware. Gateway representatives report that there is little AAA partnership in Delaware. Service Coordination (SC) in Delaware is done by health plans because that state prescribes it that way.
4. For those eligible for Medical Assistance (Medicaid), Gateway HealthSM provides health coverage for nearly 250,000 Pennsylvanians who have access to a network of more than 10,000 healthcare providers, more than 120 hospitals and an extensive network of pharmacies and home healthcare agencies.²
5. Gateway HealthSM *Medicare Assured*[®] (HMO SNP) has more than 28,000 members, making it one of the largest Special Needs Plans in the nation for

¹ <http://kff.org/other/state-indicator/total-medicaid-mco-spending/>

² <https://www.gatewayhealthplan.com/about-us/gateway-timeline>

the dual-eligible population, serving individuals who are eligible for both Medicare and Medical Assistance.

6. Gateway Health Plan is a part of HealthChoices Physical Health and has 16.8% market share across the state (NW, SW, and L/C regions.) It also has about 33% of the market share in Allegheny County, the second highest to UPMC *For You*. Similarly, it owns about 27% of the market share in Southwest, PA as a whole.
7. In HealthChoices, Gateway had a 16.8% increase in market shares over a 3 month period in 2015 for Medicare and Medicaid participants.³
8. Gateway Health's 2015 External Quality Review, patient satisfaction was 76.83% overall.⁴
9. NCQA credits Gateway's Medicaid insurance to be 3.5 out of 5.0 across the domains of care coordination, prevention, treatment, and consumer satisfaction. The lowest rated service is Follow-up after ADHD diagnosis.⁵
10. Gateway Health has a complaint index of 0.88715. Of the 546 complaints in 2015, 239 were group related and 307 were individual. 283 complaints were related to claim handling overall.⁶
11. AAAs voiced that Gateway has used "hybrid" care management models in HealthChoices, and that Gateway prefers to contract with associations rather than individual AAAs. The model has not been described in further detail.
12. Gateway Health has expressed interest in using AAA learning and development centers for training staff for Community HealthChoices (CHC.)
13. As of March 2016, Gateway's plan for CHC is to use a "blended model" for SC. They intend on delegating SC requirements by state and enforcing quality standards from Gateway. More detail has not been provided.
14. In order to ensure continuity of care in CHC, Gateway plans on first analyzing the background of SCs, transferring participant information from state software to Gateway by matching system requirements, and then conducting a pre-delegation review of policy and procedures of SC entities.
15. Some performance measures Gateway has outlined include: NCQA measures (Gateway's MA lines are NCQA accredited,) STAR ratings, Medicare Outcomes Surveys, Physical Health measures, HEDIS scores, etc.
16. In meetings with AAAs, Gateway expressed following the credentials that state has outlined in the RFP for SCs and SC supervisors. They did reassure that they may allow existing staff that do not meet requirements to continue to work with existing patients.
17. Gateway representatives have expressed that they will not allow SCs to work for other MCOs if contracted to provide SC for Gateway.
18. Gateway SCs in Delaware have stratified caseloads based on participant status. SCs have 1-60 participants if they are homebound and they are required two face-to-face meetings annually. SCs have 1-120 participants for

³ <http://www.health.pa.gov/facilities/Laws%20and%20Regulations/Managed-Care/Documents/MCR/4Q15.pdf>

⁴ http://www.dhs.pa.gov/cs/groups/webcontent/documents/report/p_011621.pdf

⁵ <http://reportcard.ncqa.org/plan/external/PlanList.aspx?name=Gateway&state=PA&zipcode=-1&plantype=&statername=Pennsylvania>

⁶ http://www.insurance.state.pa.us/srpts/cmpln_tool

nursing facility residents. SCs may also have a self-directed caseloads which can be 1-30 participants.

19. Gateway is a major insurer of participants in the Community Care Transitions Program (CCTP.) In CCTP, Gateway uses the Coleman Model. Rate reimbursement in CCTP is based on the number of transitions done successfully.
20. For care transitions in CHC, Gateway plans to use a shared savings rate reimbursement model where the rate is based on the number of participants transitioned from nursing facilities to their home. The rates are risk-based and change with the proportion of admissions and readmissions
21. Gateway mandates annual health risk assessments for all participants.
22. Gateway's care model for older adults include annual medication reviews by physicians, functional status assessments, pain assessments, and advance directives.
23. Gateway also has chronic disease management programs, particularly for those with COPD.
24. Gateway greatly stresses social determinants of health, and their approach to case management is BEEMSS – behavioral, environmental, economic, medical, social and spiritual which links members to resources in their community.
25. Gateway uses the *GATElink* platform as its information system complete with Netsmart's [CareConnect](#) health information exchange for more flexibility in coordinating care across the spectrum of health services.
26. Gateway uses the [MedHOK](#) IT system for claims and payments for providers. Gateway uses secure, remote file transfer to receive documents from providers. CCTP providers do not have access to Gateway's IT systems.
27. Gateway's care management platform is accessible to SCs. It can be accessed on cell phones and tablets. SCs can scan documents into system from the field. The platform has a scheduling system for SCs to update providers on service schedules.
28. Gateway has expressed interest in increasing its telecommunications with participants, so long as it is HIPAA compliant.