

**HHC ACO INC.  
ANNUAL SOLE MEMBER MEETING  
December 19, 2019  
At 2:00 p.m.  
125 Worth Street, Room 532  
New York City**

**AGENDA**

**CALL TO ORDER**

**OLD BUSINESS**

1. Approve and adopt minutes of the HHC ACO Inc. (“ACO”) Membership meeting held on January 24, 2019 (Exhibit A)

**NEW BUSINESS**

2. REPORT by ACO Chief Executive Officer Dave Chokshi, M.D. and Chief Medical Officer Adam Aponte, M.D. on the ACO’s activities
3. RESOLUTION Authorizing that each of the following persons be elected, effective immediately, to serve as a Director of HHC ACO Inc. (“ACO”) Board of Directors in accordance with the laws of the State of New York, until such person’s successor is duly elected and qualified, subject to such person’s earlier death, resignation, removal, or termination of his or her employment with any entity that has executed an ACO Participation Agreement or ACO Agreement

**ADJOURNMENT**

## **EXHIBIT A**

**HHC ACO INC.  
MINUTES OF THE  
MEMBERSHIP MEETING  
January 24, 2019  
125 Worth Street, Room 532  
New York City**

**ATTENDEES**

**MEMBERS**

Mr. José Pagàn  
Mr. Gordon J. Campbell  
Dr. Mitchell Katz  
Dr. Oxiris Barbot  
Dr. Vincent Calamia  
Dr. Gary Belkin  
Ms. Helen J. Arteaga-Landaverde  
Mr. Scott French  
Ms. Barbara A. Lowe  
Mr. Robert Nolan  
Dr. Herminia Palacio  
Ms. Sally Piñero-Hernandez  
Ms. Freda Wang  
Mr. Feniosky Peña-Mora  
Ms. Anita Kawatra

**CALL TO ORDER**

The 2018 Annual Membership Meeting of HHC ACO Inc. (the “ACO”) was called to order by Mr. José Pagàn, Chair of the New York City Health + Hospitals Board of Directors, at approximately 3:30 PM.

**NEW BUSINESS**

The first item on the agenda was an approval and adoption of the minutes of the HHC ACO Annual Membership Meeting, held on December 21, 2017. A motion was made and duly seconded to adopt the minutes from the December 21, 2017 Annual Membership Meeting, and the motion was unanimously adopted.

Mr. Pagàn then recognized the ACO Chief Executive Officer, Dr. Dave Chokshi, to provide a report on the activities of the Accountable Care Organization (ACO).

Dr. Chokshi reported on the ACO's activities over the last year. The 2017 ACO activities resulted in shared savings of \$2.2 million to the ACO. The HHC ACO is the only participant in the shared savings program that achieved shared savings for five consecutive years in New York State, and only one of 21 ACOs around the country to do so. Quality performance was particularly strong in the Preventative Health and At-Risk Population domains. Going forward, the ACO will have to decide whether to enter into a "two-sided risk" arrangement with the Medicare program.

Discussion on the report followed. At the conclusion, Dr. Chokshi presented to the Board of Directors the following resolution.

**Authorizing that each of the following persons be elected, effective immediately, to serve as a Director of HHC ACO Inc. ("ACO") Board of Directors in accordance with the laws of the State of New York, until such person's successor is duly elected and qualified, subject to such person's earlier death, resignation, removal, or termination of his or her employment with any entity that has executed an ACO Participation Agreement or ACO Agreement:**

**Mitchell Katz, M.D.;**

**Dave Chokshi, M.D.;**

**John Ulberg, Jr., M.P.H.;**

**Andrea Cohen, Esq.;**

**Israel Rocha, Jr., M.P.A.;**

**Jeromane Berger-Gaskin, a Medicare beneficiary Director;**

**A Director who shall be the Chief Executive Officer of Physician Affiliate Group of New York, P.C. ("PAGNY");**

**A Director to be named by NYC Health + Hospitals to represent physicians employed by New York University School of Medicine and providing services in NYC Health + Hospitals facilities, as specified in a writing by NYC Health + Hospitals that is delivered to the Chairman of the ACO;**

**A Director to be named by the Icahn School of Medicine at Mount Sinai, doing business as Mt Sinai Elmhurst Faculty Practice (the "Elmhurst FPP"), as specified in a writing by the Elmhurst FPP that is delivered to the Chairman of the ACO;**

**A Director to be named pursuant to a designation by a majority in number of the Presidents of Coney Island Medical Practice Plan, P.C., Downtown Bronx Medical Associates, P.C., Harlem Medical Associates, P.C., and Metropolitan Medical Practice Plan, P.C. (the “PAGNY FPPs”), as specified in a writing signed by such majority that is delivered to the Chairman of the ACO; and**

**A Director to be named pursuant to a designation by a majority in number of the members of the ACO Advisory Committee, as specified in a writing signed by such majority that is delivered to the Chairman of the ACO.**

The motion was duly seconded and unanimously approved by the Board.

## **ADJOURNMENT**

There being no further business, Mr. Pagà adjourned the meeting at approximately 4 p.m. *sine die*.

## **RESOLUTION**

**RESOLUTION OF NEW YORK CITY**  
**HEALTH AND HOSPITALS CORPORATION (“CORPORATION”)**

**Authorizing that each of the following persons be elected, effective immediately, to serve as a Director of HHC ACO Inc. (“ACO”) Board of Directors in accordance with the laws of the State of New York, until such person’s successor is duly elected and qualified, subject to such person’s earlier death, resignation, removal, or termination of his or her employment with any entity that has executed an ACO Participation Agreement or ACO Agreement:**

**Mitchell Katz, M.D.;**

**Dave Chokshi, M.D.;**

**John Ulberg, Jr., M.P.H.;**

**Andrea Cohen, Esq.;**

**Israel Rocha, Jr., M.P.A.;**

**Hyacinth Peart, a Medicare beneficiary Director;**

**A Director who shall be the Chief Executive Officer of Physician Affiliate Group of New York, P.C. (“PAGNY”);**

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**A Director to be named pursuant to a designation by a majority in number of the members of the ACO Advisory Committee, as specified in a writing signed by such majority that is delivered to the Chairman of the ACO.**

**WHEREAS, the ACO was established as a subsidiary to NYC Health + Hospitals, and the ACO’s By-laws designate NYC Health + Hospitals as the sole Member of the ACO; and**

**WHEREAS**, the ACO's By-laws state that Directors of the ACO shall be elected annually by the Member.

**NOW, THEREFORE, BE IT**

**RESOLVED**, that the Member hereby authorizes that each of the following persons be elected, effective immediately except as noted below, to serve as a Director of the ACO Board of Directors in accordance with the laws of the State of New York, until such person's successor is duly elected and qualified, subject to such person's earlier death, resignation, removal, or termination of his or her employment with any entity that has executed an ACO Participation Agreement or ACO Agreement:

Mitchell Katz, M.D.;

Dave Chokshi, M.D.;

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# NYC Health + Hospitals Accountable Care Organization

Annual Sole Member Meeting  
December 19, 2019

Dave Chokshi, M.D., Chief Executive Officer  
Adam Aponte, M.D., Chief Medical Officer



- **Review & Adopt Meeting Minutes**
- **CMO Introduction**
- **Performance in Review**
- **ACO & NYC H+H Integration**
- **ACO Expansion**
- **Q&A**
- **Resolution**

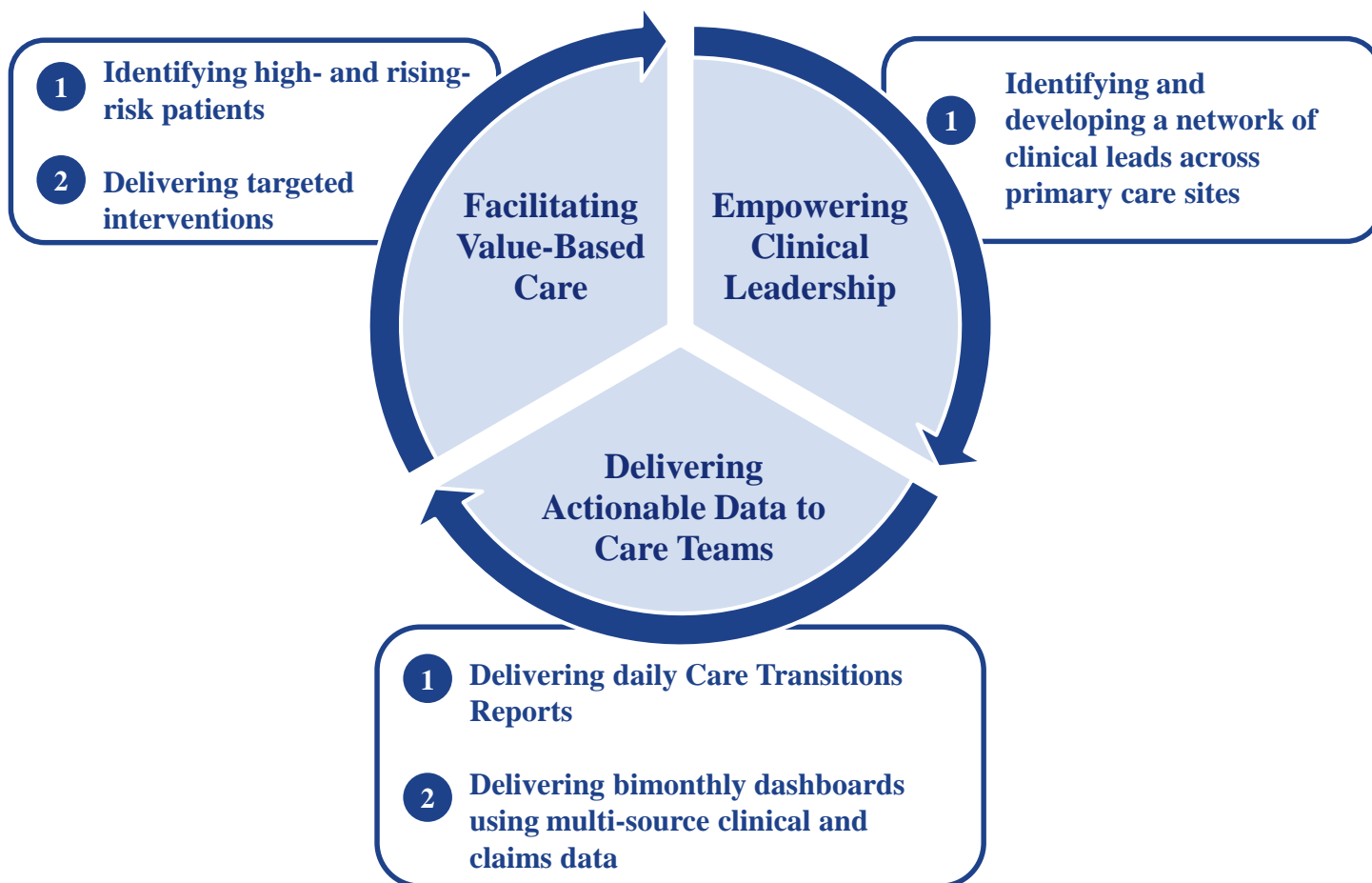
# CMO Introduction

## Dr. Adam Aponte

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**Dr. Adam Aponte is serving as the Chief Medical Officer of the ACO, as well as the Chief Medical Officer of NYC Health + Hospitals/Community Care**



# Performance in Review

## Shared Savings Overview

The ACO has been successful in reducing costs and improving the quality of care for its attributed patient population.

### Performance Results To Date:

	PY 13	PY 14	PY 15	PY 16	PY 17	PY 18	Total Savings
Assigned Beneficiaries	12,369	13,294	12,241	10,042	10,293	10,569	
Total Savings (\$)	7,428,094	7,122,016	13,118,302	3,592,166	5,276,973	7,262,050	<b>43,799,601</b>
Quality Score (%)	100.00%*	75.78%	94.16%	90.15%	84.40%	83.39%	
PY Earned Performance Payment (\$)	3,639,766	2,644,605	6,052,364	1,586,859	2,182,360	<b>2,967,275</b>	<b>19,073,229</b>

\*Pay for Reporting Quality Score, all other years Pay for Performance

### Key Performance Takeaways:

- Only ACO in NYS and one of 18 in the country to earn six consecutive years of shared savings!
- Saved the Medicare program over \$43M in total – earned over \$19M for H+H and our community partners through shared savings while improving the quality of care for the patients we serve!

**The ACO has entered into its third agreement period with CMS in the Enhanced Track – a two-sided performance-based risk arrangement.**

## **Rationale for Enhanced Track Participation:**

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- Earn shared savings at the highest rate of up to 75% (previously 50%)
- Relief from Merit-based Incentive Payment System (MIPS) reporting for qualified participating providers
- Automatic 5% Medicare Part B revenue adjustment
- Conservative projections indicate that the ACO is highly likely to continue its success

## **Risk-Bearing Responsibilities for Enhanced Track Participation:**

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- Liable for up to 75% of losses in the event of financial underperformance
- Quality score adjusts the final rate of losses shared
- Line of credit is currently in place as a repayment mechanism to CMS

# Performance in Review

## Quality Domains

Quality Domain	Scores			
	2015	2016	2017	2018
<b>Patient/Caregiver Experience</b>	85.94%	77.19%	72.38%	90.63%
<b>Care Coordination/Patient Safety</b>	97.27%	88.32%	65.23%	58.86%
<b>Preventive Health</b>	94.50%	95.11%	100.00%	91.56%
<b>Clinical Care for At-Risk Population</b>	98.92%	100.0%	100.00%	92.50%
<b>Total</b>	94.16%	90.15%	84.40%	83.39%

\*Each quality domain is weighted at 25% in producing the final total quality score

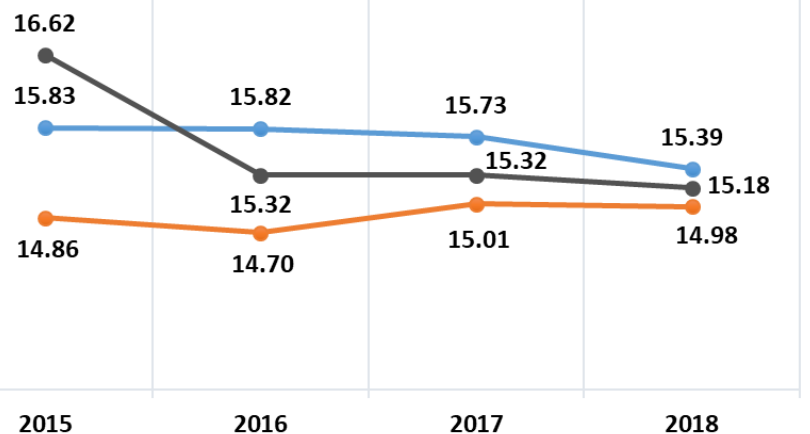
**Largest quality improvement opportunity is in enhancing the performance of Care Coordination/Patient Safety Domain**

# Performance in Review

## Corrective Action Plan

The ACO submitted a plan to CMS on improving quality measures ACO-8 & ACO-38 of the Care Coordination/Patient Safety domain because we did not reach their respective 30<sup>th</sup> Percentile Benchmarks.

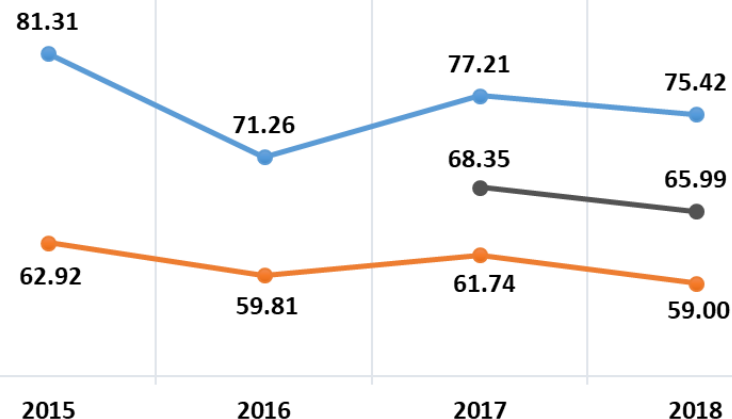
**ACO-8: Risk Standardized, All Condition Readmission**



Lower Rate means better performance

— HHC ACO — National SSP ACOs Avg. — 30th Percentile

**ACO-38: All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions\***



Lower Rate means better performance

— HHC ACO — National SSP ACOs Avg. — 30th Percentile

\*AMI, Alzheimer's disease and related disorders, Atrial fibrillation, CKD, COPD and asthma, Depression, CHF, Stroke and TIA



# ACO & NYC H+H Integration Community Care Partnership

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**The ACO initiated a pilot with Community Care's Transition Care Nursing (TCN) program to reduce avoidable readmissions.**

## **Partnership Model:**

- Data: ACO to deliver daily 'admission to discharge' report to Community Care
- Enrollment: Community Care to enroll patients while pending discharge
- Engagement: Community Care to engage patients telephonically at least once a week for 30 days to fill care coordination gaps to reduce readmissions

**Current Status:** Community Care TCNs began engaging patients

**Next Step:** ACO and Community Care to scale and adjust pilot based on success

The ACO is also focusing on the following areas for quality improvement.

### Focus Areas:

- **Epic Healthy Planet Module:** Care teams can leverage real-time quality metrics and data on attributed patient population in our EMR
- **Regional Health Information Organization (RHIO):** Visibility of attributed patient population's admissions beyond ACO participants across NYS-based facilities
- **Comprehensive Performance Improvement Exploration:** Compile, leverage, and scale best practices across all sites in the ACO to optimize care coordination
- **Post-Acute/Palliative/Hospice Care:** Increased standardization of patient pathways to post-acute care settings such as SNFs and rehabilitative facilities, as well as exploration of palliative/hospice care partnerships

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**Moving forward, the ACO will be exploring the following growth options to expand its population impact.**

**Growth in MSSP: Expand Attribution of Medicare FFS Beneficiaries**

- Connect non-attributed patients who use our ED and Inpatient services to PCPs
- Contract with community providers to earn their attribution

**All-Payer ACO: Collaborate and Contract with Additional Payors**

- Collaborate with clinical leads to structure growth strategy
- Engage with MetroPlus Medicare Advantage (MA) plan to explore improvement strategies
- Upon MA success, leverage experience to explore Medicaid Managed Care contracting

## Reserved Time for Questions

**Authorizing that each of the following persons be elected, effective immediately, to serve as a Director of HHC ACO Inc. (“ACO”) Board of Directors in accordance with the laws of the State of New York...**

NAME	GROUP REPRESENTED
Mitchell Katz, M.D.	NYC Health + Hospitals
Dave Chokshi, M.D.	NYC Health + Hospitals
John Ulberg, Jr., M.P.H.	NYC Health + Hospitals
Andrea Cohen, Esq.	NYC Health + Hospitals
Israel Rocha, Jr., M.P.A.	NYC Health + Hospitals
Gary Kalkut, M.D.	NYC Health + Hospitals, recommended by NYU to represent their employed physicians at Bellevue, Cumberland, and Woodhull
Jasmin Moshirpur, M.D.	Mt. Sinai Elmhurst Faculty Practice
Luis Marcos, M.D.	Physician Affiliate Group of New York, P.C.
Warren Seigel, M.D.	Coney Island Medical Practice Plan, P.C., Downtown Bronx Medical Assoc. P.C., Harlem Medical Associates, P.C., and Metropolitan Medical Practice Plan, P.C.
Lori Donnell, M.B.A.	Non-Affiliated Participants (Community Healthcare Network and University Physicians of Brooklyn)
Hyacinth Peart	Medicare Beneficiary



# Appendix

- **ACO Overview**
- **Performance Year 2018 Quality Measure Scores**

### **Description:**

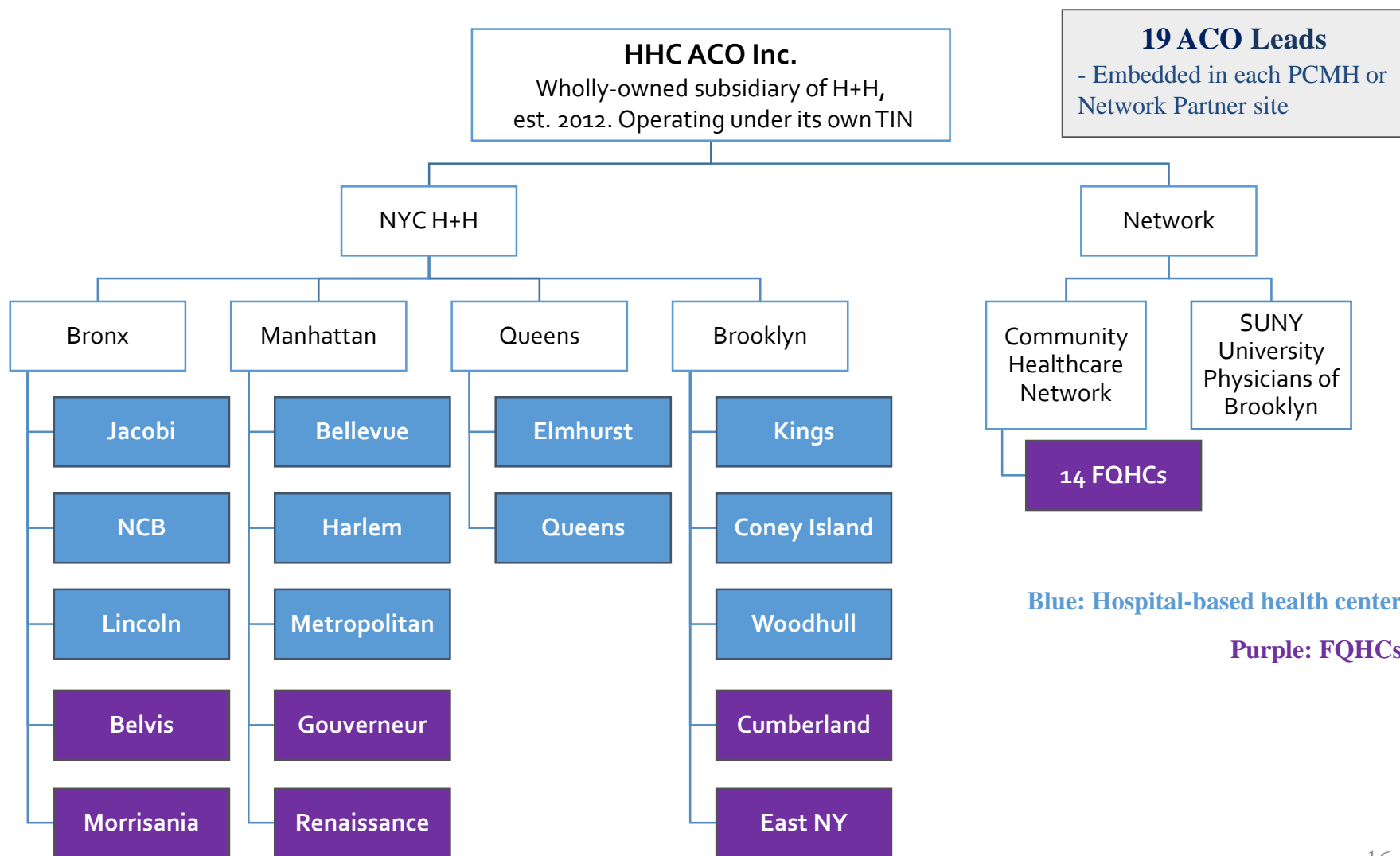
- Collective of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to patients
- Has participated in the Medicare Shared Savings Program (MSSP) since 2013
- Wholly owned subsidiary non-profit organization of NYC Health + Hospitals, with NYC Health + Hospitals as its Sole Member

### **Population Scope:**

- Accountable to 10,000 –12,000 attributed Medicare FFS beneficiaries identified at beginning of each performance year by CMS
- Support over 350 PCPs in their care of beneficiaries

### **Success Measures:**

- Savings – Difference between actual and CMS benchmark expenditures
- Quality – Scoring on CMS-defined quality measures split across domains





Improvement
Decline
No Change

ACO Overall Quality Score
83.39%

Domain	Domain Score 2018	Measure #	Measure Name	H+H ACO 2013	H+H ACO 2014	H+H ACO 2015	H+H ACO 2016	H+H ACO 2017	H+H ACO 2018	All ACOs 2018 Average
Patient/Caregiver Experience	90.63%	ACO-1	Getting Timely Care, Appointments, and Information	70.19	63.46	70.68	64.76	74.33	78.17	86.14
		ACO-2	How Well Your Doctors Communicate	89.16	89.22	86.53	87.51	89.82	91.07	93.93
		ACO-3	Patients' Rating of Doctor	89.18	90.16	86.94	89.75	88.19	90.53	92.45
		ACO-4	Access to Specialists	75.92	76.73	69.38	77.14	78.42	75.65	81.50
		ACO-5	Health Promotion and Education	63.24	64.82	57.45	59.13	67.97	67.14	59.26
		ACO-6	Shared Decision Making	70.62	70.92	74.00	70.47	58.26	59.53	61.94
		ACO-7	Health Status/Functional Status	70.35	71.13	72.75	66.31	68.92	71.42	73.35
		ACO-34	Stewardship of Patient Resources			22.14	15.97	23.47	27.11	26.26
Care Coordination/Patient Safety	58.86%	ACO-8	Risk Standardized, All Condition Readmissions	16.32	15.64	15.83	15.82	15.73	15.39	14.98
		ACO-35	SNF 30-day All-Cause Readmissions			18.74	18.13	18.42	18.71	18.59
		ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes			58.33	55.24	59.19	46.51	37.01
		ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure			107.12	87.71	102.82	103.97	76.75
		ACO-38	All-Cause Unplanned Admissions for Patients with MCCs			81.31	71.26	77.21	75.42	59.00
		ACO-43	Ambulatory Sensitive Condition Acute Composite					1.76	1.79	1.98
		ACO-11	Percent of PCPs Who Successfully Attested for MU	2.86	16.42	100.00	100.00	100.00	100.00	97.66
		ACO-12	Med Rec (updated)	93.07	95.73			86.16	79.58	85.91
		ACO-13	Falls Screen	49.56	45.96	50.36	69.69	77.20	81.25	79.73
		ACO-44	Imaging Studies for Low Back Pain					72.13	80.00	64.36
Preventive Health	91.56%	ACO-14	Flu	75.29	76.87	72.93	77.78	76.52	76.23	72.71
		ACO-15	Pneumovax	79.52	79.84	85.09	83.66	87.20	84.58	75.97
		ACO-16	BMI Screen + f/u	59.34	64.22	64.34	78.85	73.17	82.72	76.83
		ACO-17	Tobacco Screen + f/u	88.40	87.32	93.09	96.44	N/A	87.18	72.81
		ACO-18	Depression Screen + f/u	86.57	88.87	91.15	83.98	91.45	87.70	66.74
		ACO-19	Colorectal Screen	75.57	70.96	65.33	66.26	76.19	71.00	68.27
		ACO-20	Breast CA Screen	76.41	76.14	81.85	73.82	84.34	75.67	71.96
		ACO-42	Statin for CVD				84.31	89.51	92.37	81.74
At Risk Population	92.50%	Diabetes Composite	DM Composite	21.48	27.81	50.19	47.23	53.23	54.85	46.80
		ACO-27	A1c > 9	14.26	16.39	18.77	16.91	16.13	19.09	15.51
		ACO-41	DM Eye			59.39	55.10	62.50	64.55	52.42
		ACO-40	Depression Remission			9.43	12.31	10.34	15.52	8.76
		ACO-28	HTN control	68.34	63.71	62.36	69.91	69.64	70.57	73.10
		ACO-30	IVD on ASA	87.38	93.46	91.25	90.75	93.38	88.10	88.92