HHC ACO INC.
ANNUAL SOLE MEMBER MEETING
December 10, 2020
At 1:00 p.m.
Held via teleconference/videoconference
New York City

AGENDA

CALL TO ORDER

OLD BUSINESS

1. Approve and adopt minutes of the HHC ACO Inc. (“ACO”) Membership meeting held on December 19, 2019 (Exhibit A)

NEW BUSINESS

2. REPORT by ACO Chief Executive Officer Matthew Siegler, Esq. and Chief Medical Officer David Stevens, 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
ATTENDEES

MEMBERS

Mr. José Pagán  
Dr. Mitchell Katz  
Dr. Helen Arteaga Landaverde  
Ms. Sally Piñero-Hernandez  
Ms. Freda Wang  
Mr. Feniosky Peña-Mora

PRESENTERS

Dr. Dave Chokshi  
Dr. Adam Aponte

CALL TO ORDER

The 2019 Annual Membership Meeting of HHC ACO Inc. (the “ACO”) was called to order by Mr. José Pagán, Chair of the New York City Health + Hospitals Board of Directors, at approximately 2:10 PM.

OLD BUSINESS

A motion was made and duly seconded to adopt the minutes from the January 24, 2019 Annual Membership Meeting, and the motion was unanimously adopted.

NEW BUSINESS

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

Dr. Chokshi and Dr. Aponte reported on the ACO’s most recent 2018 Performance Year results, historical performance, current improvement activities, and future
plans. The ACO earned $2.9 million in shared savings from the 2018 Performance Year, thus continuing its shared savings achievement for six consecutive years. The ACO is the only participant in the shared savings program in New York State, and only one of 18 ACOs around the country to earn this distinction. Moving forward, the ACO will focus on improving its quality measures in the Care Coordination/Patient Safety Domain and will continue exploring growth options.

Discussion on this 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.;
- 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”);
- 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. Pagán adjourned the meeting at approximately 2:53 PM.
RESOLUTION
RESOLUTION OF NEW YORK CITY
HEALTH AND HOSPITALS CORPORATION (the “CORPORATION”)

Authorizing that each of the following persons be elected, effective immediately, to serve as a Director of HHC ACO Inc. (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.;

Matthew Siegler, Esq.;

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

Andrea Cohen, Esq.;

Nicole Jordan-Martin, 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 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 by such majority that is delivered to the Chairman of the ACO; and

A Director to be named pursuant to a joint designation by Community Healthcare Network, Inc., and University Physicians of Brooklyn, Inc., (the “Non-Affiliate Participants”) as specified in a writing by such Non-Affiliate Participants 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:

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A Director to be named pursuant to a joint designation by Community Healthcare Network, Inc., and University Physicians of Brooklyn, Inc., (the “Non-Affiliate Participants”) as specified in a writing by such Non-Affiliate Participants that is delivered to the Chairman of the ACO.
NYC Health + Hospitals
Accountable Care Organization

Annual Sole Member Meeting
December 10, 2020

Matthew Siegler, Esq.
CEO of HHC ACO Inc.

David Stevens, MD
CMO of HHC ACO Inc.
• Approve and Adopt Meeting Minutes
• ACO CMO Introduction: David Stevens, MD
• PY 2019 Performance Results
  • Outcome of MSSP Contract Renewal
  • Quality Performance
• Expenditure Comparison: ACO and Regional/National
• Role and Functions of ACO
• ACO Model for High-Risk Patients
  • Clinical Initiatives
• HHC ACO Inc. Board of Directors
  • Resolution
David Stevens, MD has been appointed as the Chief Medical Officer of the ACO
HHC ACO has earned Performance Payments for seven consecutive years, while improving the quality of care for the patients we serve.

Performance Results To Date:

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Assigned Beneficiaries</td>
<td>12,369</td>
<td>13,294</td>
<td>12,241</td>
<td>10,042</td>
<td>10,293</td>
<td>10,569</td>
<td>11,026</td>
<td>9,092</td>
<td>51,599,573</td>
</tr>
<tr>
<td>Total Savings ($)</td>
<td>7,428,094</td>
<td>7,122,016</td>
<td>13,118,302</td>
<td>3,592,166</td>
<td>5,276,973</td>
<td>7,262,050</td>
<td>3,343,801</td>
<td>4,456,171</td>
<td>23,694,566</td>
</tr>
<tr>
<td>Quality Score (%)</td>
<td>100.00%</td>
<td>75.78%</td>
<td>94.16%</td>
<td>90.15%</td>
<td>84.40%</td>
<td>83.39%</td>
<td>92.17%</td>
<td>92.17%</td>
<td></td>
</tr>
<tr>
<td>PY Earned Performance Payment ($)</td>
<td>3,639,766</td>
<td>2,644,605</td>
<td>6,052,364</td>
<td>1,586,859</td>
<td>2,182,360</td>
<td>2,967,275</td>
<td>1,540,960</td>
<td>3,080,377</td>
<td>4,621,337</td>
</tr>
</tbody>
</table>

Key Performance Takeaways:

- **PY 2019 Performance Payment:** $4,621,337 - compared to $2,967,275 in PY 2018
- **PY 2019 Quality Score:** 92.17% (adjusted)* - compared to 83.39% in PY 2018
  *Initial Quality Score of 86.69% was adjusted in accordance with a CMS policy
- **Difference in the Number of Assigned Beneficiaries:**
  - Switched the beneficiary assignment methodology to focus on improving quality performance
  - CMS estimates for PY 2020 and PY 2021 seem stable
## PY 2019 Performance Payment

<table>
<thead>
<tr>
<th>ACO Track</th>
<th>Track 1</th>
<th>ENHANCED Track</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Period</strong></td>
<td>January 1, 2019 to June 30, 2019</td>
<td>July 1, 2019 to December 31, 2019</td>
</tr>
<tr>
<td><strong>Total Savings</strong></td>
<td>$6,687,603</td>
<td>$8,912,342</td>
</tr>
<tr>
<td><strong>Base Sharing Rate</strong></td>
<td>50%</td>
<td>75%</td>
</tr>
<tr>
<td><strong>Quality Score</strong></td>
<td>92.17%</td>
<td>92.17%</td>
</tr>
<tr>
<td><strong>Final Sharing Rate</strong></td>
<td>46.1%</td>
<td>69.1%</td>
</tr>
<tr>
<td><strong>Shared Savings</strong></td>
<td>$3,081,920</td>
<td>$6,160,755</td>
</tr>
<tr>
<td><strong>Performance Payment</strong></td>
<td>$1,540,960</td>
<td>$3,080,377</td>
</tr>
</tbody>
</table>

* Calculated based on the entire CY 2019

** Adjusted for 6-month performance period

Financial figures rounded to the nearest dollar
### Quality Performance

<table>
<thead>
<tr>
<th>Domain</th>
<th>2018 Domain Score</th>
<th>2019 Domain Score*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Caregiver Experience</td>
<td>90.63%</td>
<td>84.00%</td>
</tr>
<tr>
<td>Care Coordination/Patient Safety</td>
<td>58.86%</td>
<td>75.25%</td>
</tr>
<tr>
<td>Preventive Health</td>
<td>91.56%</td>
<td>95.00%</td>
</tr>
<tr>
<td>At-Risk Population</td>
<td>92.50%</td>
<td>92.50%</td>
</tr>
</tbody>
</table>

- Significant reduction in Ambulatory Care Sensitive Admissions & All-Cause Readmissions
- Continue to work on improving All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (High-Risk Patients)

*On Nov. 2020, CMS closed the requested Corrective Action Plan*

- On Oct. 2019, CMS issued a request for Corrective Action Plan
- This was in response to the ACO failing to meet the Minimum Attainment Level on the Care Coordination/Patient Safety Domain for PY 2018.

*Full set of metrics available in the Appendix*
Expenditure Comparisons
HHC ACO and Regional/National

ACO Provides Efficient Care

Rates of Change in Expenditures between PY 2018 and PY 2019/PY 2020*
*After removing costs associated with treatment of COVID-19

COVID-19 Impact on Our Patients

- Our patients tend to have more complex medical and socioeconomic needs
- Our patients were in need for more intensive care

• PY 2020 Expenditures are estimated as of Sep. 2020
• Expenditures are not risk-adjusted

Percentage of PY 2020 Expenditures Associated with Acute Care Inpatient Services for Treatment of COVID-19
Core Role

Central ACO Team

• Timely patient-specific data to facilities
• Support Expected Practice implementation
• Notify changes in MSSP contract rules and policies

Clinical Sites

ACO Clinical Leads

• Raise systematic challenges to improving care
• Provide feedback on project implementation
• Provide insights on enhancing data reports

Care Teams
Evolving Role
Partnerships and Engagements

Focus on Patients with Chronic Advanced Illnesses

Office of Managed Care/Payors
Community Care
Office of Ambulatory Care
Clinical Councils
ACO Site Clinical Leads
Central ACO Team
Integrate Care

Better Outcomes for Patients with Chronic Advanced Illnesses
Increased Risk Revenue
Central ACO Team

- **Expected Practices for High-Risk Patients:**
  - Develop standardized care models
  - Coaching and support for implementation at facilities

- **Quality:**
  - Identify Care Gaps
  - Develop workflows for addressing gaps

- **Data and Analytics:**
  - Provide timely data to facilities on high-risk patients including transitions in care
  - Perform analyses to identify trends and populations to be targeted with interventions

- **Administrative Support:**
  - Invest earned shared savings at care sites
  - Interpret MSSP contract policies/rules and communicate to stakeholders
  - Perform impact analysis on policy/rule changes and forecast outcomes
ACO Model for High-Risk Patients

Patient Groups
- Identify High-Risk, High-Utilizer Patients
  - Frail elderly, palliative care, homebound, etc.

High-Risk Expected Practices
- More Patient-Centered Approach to Meeting Patient Needs
- Address Social Drivers of Utilization
- Optimize Management for High-Risk Conditions

Organizational Financial Outcomes
- Decrease Expenditures
- Increase Revenue
  - MSSP Performance and Payor Arrangements

Upstream Actions: Reduce Utilization & Improve Health Outcomes

Downstream Impact: Decrease Expenditures & Increase Revenue
Clinical Initiatives
ACO Model for High-Risk Patients

**Annual Wellness Visit**
- Partnered with Geriatrics Council to create the clinical standards
- Ambulatory Care leadership has approved our request to proceed with building a standardized Epic note template

**High-Risk Patient CBO Directory**
- Compiled a preferred listing of endorsed CBOs that are most relevant to our population’s SDOH needs
- Shared through an online drive to make it easy for our care teams to access at the point-of-care

**Self Management Coaching Program**
- Integrate evidence-based factors (e.g. frailty, comorbidities, hospital utilization, etc.) to generate High-Risk patient lists for each care site
- Develop support tools (e.g. standardized assessments, training, etc.) for non-provider staff engaging High-Risk patients

**CHF Integrated Care Model**
- Partner with Community Care and Cardiology to design and implement clinical pathways to optimize the care coordination of Heart Failure patients
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<td>Mitchell Katz, M.D.</td>
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<tr>
<td>Andrea Cohen, Esq.</td>
<td>NYC Health + Hospitals</td>
</tr>
<tr>
<td>Gary Kalkut, M.D.</td>
<td>NYC Health + Hospitals, recommended by NYU to represent their employed physicians at Bellevue, Cumberland, and Woodhull</td>
</tr>
<tr>
<td>Nicole Jordan-Martin, M.P.A.</td>
<td>NYC Health + Hospitals</td>
</tr>
<tr>
<td>Jasmin Moshirpur, M.D.</td>
<td>Mt. Sinai Elmhurst Faculty Practice</td>
</tr>
<tr>
<td>Luis Marcos, M.D.</td>
<td>Physician Affiliate Group of New York, P.C.</td>
</tr>
<tr>
<td>Lori Donnell, M.B.A.</td>
<td>Non-Affiliated Participants (Community Healthcare Network and University Physicians of Brooklyn)</td>
</tr>
<tr>
<td>Hyacinth Peart</td>
<td>Medicare Beneficiary</td>
</tr>
</tbody>
</table>
Have a safe and wonderful holiday season!

We hope to see you in person next year.
Appendix
## PY 2019 Quality Performance

### Domain: Patient/Caregiver Experience
- **Score 2018:** 90.63%
- **Score 2019:** 84.00%
- **Measure # & Name:**
  - ACO-1: Getting Timely Care, Appointments, and Information (78.17%)
  - ACO-2: How Well Your Doctors Communicate (91.07%)
  - ACO-3: Patients’ Rating of Doctor (90.53%)
  - ACO-4: Access to Specialists (75.65%)
  - ACO-5: Health Promotion and Education (67.14%)
  - ACO-6: Shared Decision Making (59.53%)
  - ACO-7: Health Status/Functional Status (71.42%)
  - ACO-34: Stewardship of Patient Resources (27.11%)
  - ACO-45: Courteous and Helpful Office Staff (81.51%)
  - ACO-46: Care Coordination (81.45%)

### Domain: Care Coordination/ Patient Safety
- **Score 2018:** 58.86%
- **Score 2019:** 75.25%
- **Measure # & Name:**
  - ACO-8: Risk Standardized, All Condition Readmissions* (15.39%)
  - ACO-38: All-Cause Unplanned Admissions for Patients with MCCs* (75.42%)
  - ACO-43: Ambulatory Sensitive Condition Acute Composite* (1.79%)
  - ACO-13: Falls Risk Screen (81.25%)

### Domain: Preventive Health
- **Score 2018:** 91.56%
- **Score 2019:** 95.00%
- **Measure # & Name:**
  - ACO-14: Flu (76.23%)
  - ACO-17: Tobacco Screen + f/u (87.18%)
  - ACO-18: Depression Screen + f/u (87.70%)
  - ACO-19: Colorectal Screen (71.00%)
  - ACO-20: Breast CA Screen (75.67%)
  - ACO-42: Statin for CVD (92.37%)

### Domain: At Risk Population
- **Score 2018:** 92.50%
- **Score 2019:** 92.50%
- **Measure # & Name:**
  - ACO-27: Diabetes: Hemoglobin A1c Poor Control (> 9%) (19.09%)
  - ACO-40: Depression Remission (15.52%)
  - ACO-28: HTN control (70.57%)

### Observations
- **Significant reduction** in Ambulatory Care Sensitive Admissions & All-Cause Readmissions
- **Continue to work on** improving All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (High-Risk patients)