

**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

**HHC ACO INC.
MINUTES OF THE
MEMBERSHIP MEETING
December 19, 2019
125 Worth Street, Room 532
New York City**

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:

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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”);

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 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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Matthew Siegler, Esq.;

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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:

	PY 2013	PY 2014	PY 2015	PY 2016	PY 2017	PY 2018	PY 2019 (Jan - Jun)	PY 2019 (Jul-Dec)	Total
Assigned Beneficiaries	12,369	13,294	12,241	10,042	10,293	10,569	11,026	9,092	
Total Savings (\$)	7,428,094	7,122,016	13,118,302	3,592,166	5,276,973	7,262,050	3,343,801	4,456,171	51,599,573
Quality Score (%)	100.00%	75.78%	94.16%	90.15%	84.40%	83.39%	92.17%	92.17%	
PY Earned Performance Payment (\$)	3,639,766	2,644,605	6,052,364	1,586,859	2,182,360	2,967,275	1,540,960	3,080,377	23,694,566
							4,621,337		

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		
ACO Track	Track 1	ENHANCED Track
Performance Period	January 1, 2019 to June 30, 2019	July 1, 2019 to December 31, 2019
Total Savings	\$ 6,687,603	\$ 8,912,342
Base Sharing Rate	50%	75%
Quality Score	92.17%	92.17%
Final Sharing Rate	46.1%	69.1%
Shared Savings	\$ 3,081,920	\$ 6,160,755
Performance Payment**	\$ 1,540,960	\$ 3,080,377
* Calculated based on the entire CY 2019		
** Adjusted for 6-month performance period		
Financial figures rounded to the nearest dollar		

Domain	2018 Domain Score	2019 Domain Score*
Patient/Caregiver Experience	90.63%	84.00%
Care Coordination/Patient Safety	58.86%	75.25%
Preventive Health	91.56%	95.00%
At-Risk Population	92.50%	92.50%

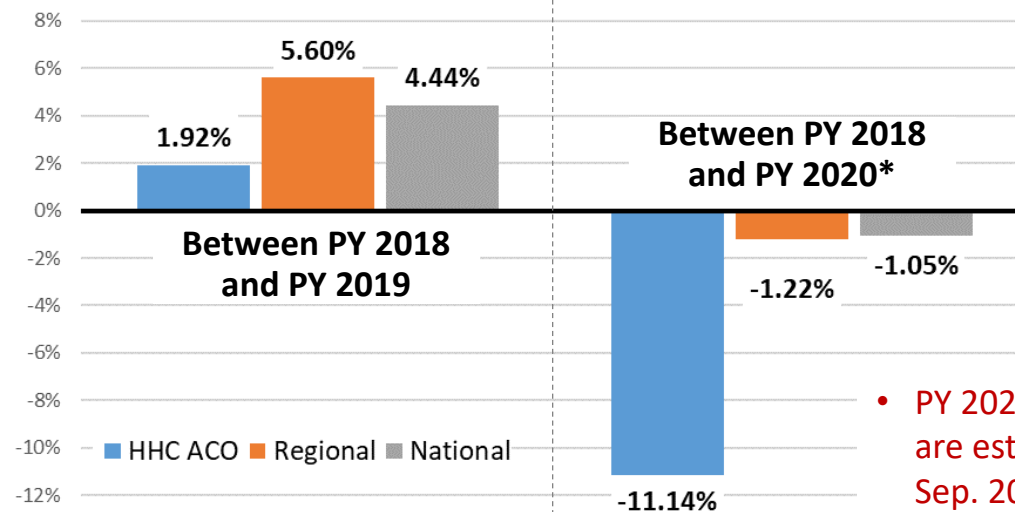
- Significant reduction in Ambulatory Care Sensitive Admissions & All-Cause Readmissions
- Continue to work on improving All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (High-Risk Patients)

- 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.

ACO Provides Efficient Care

Rates of Change in Expenditures between PY 2018 and PY 2019/PY 2020*

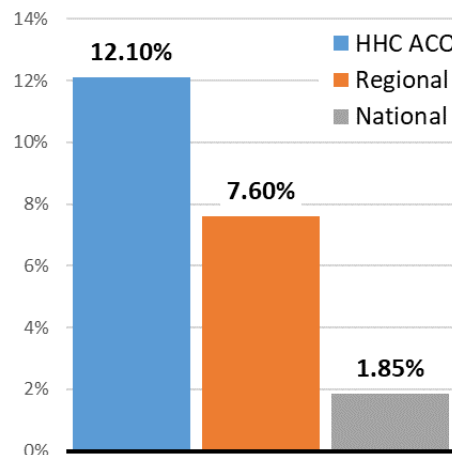
***After removing costs associated with treatment of COVID-19**



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

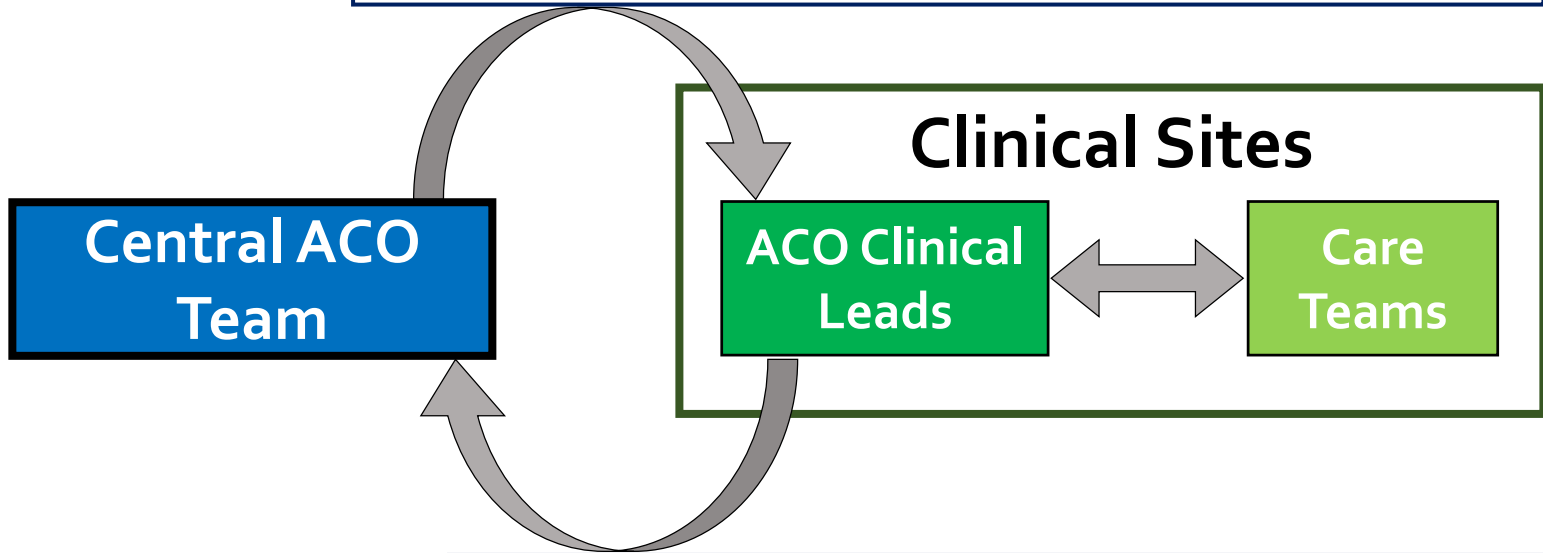
COVID-19 Impact on Our Patients

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



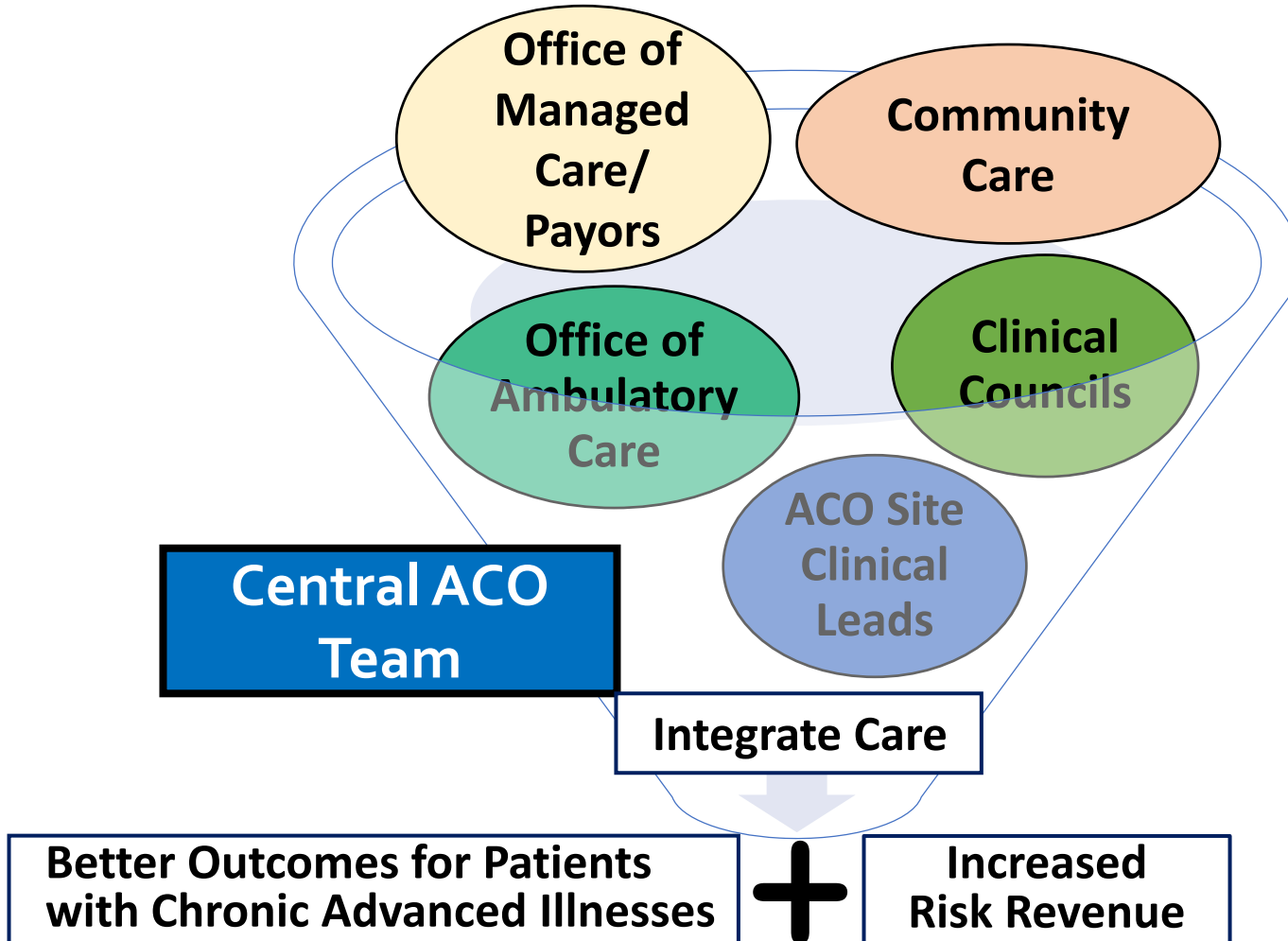
Percentage of PY 2020 Expenditures Associated with Acute Care Inpatient Services for Treatment of COVID-19

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



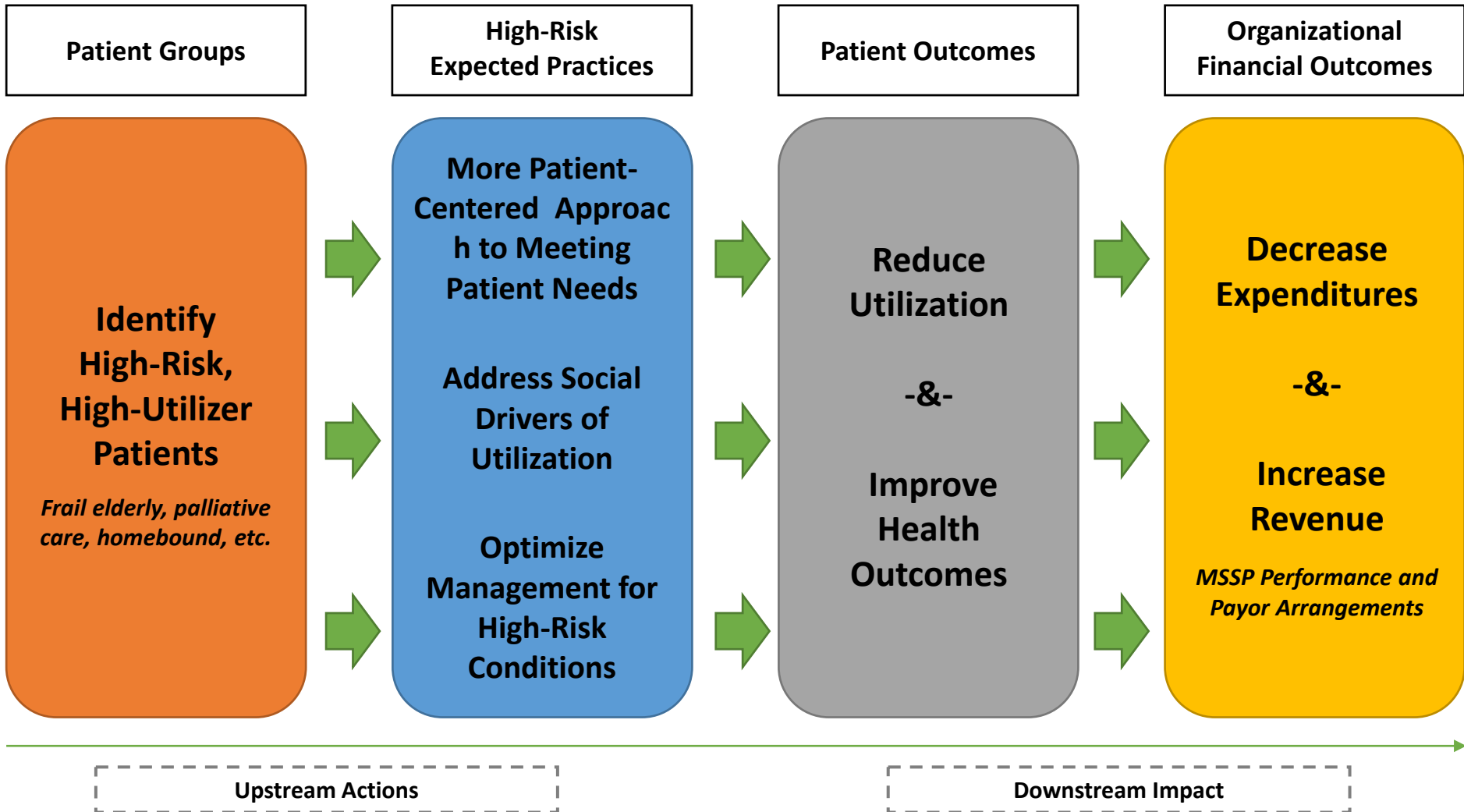
- Raise systematic challenges to improving care
- Provide feedback on project implementation
- Provide insights on enhancing data reports

Focus on Patients with Chronic Advanced Illnesses



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



**High-Risk
Expected Practices**

**More Patient-
Centered Approach
to Meeting Patient
Needs**

**Address Social
Drivers of
Utilization**

**Optimize
Management for
High-Risk
Conditions**

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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NAME	GROUP REPRESENTED
Mitchell Katz, M.D.	NYC Health + Hospitals
Matthew Siegler, Esq.	NYC Health + Hospitals
John Ulberg, Jr., M.P.H.	NYC Health + Hospitals
Andrea Cohen, Esq.	NYC Health + Hospitals
Gary Kalkut, M.D.	NYC Health + Hospitals, recommended by NYU to represent their employed physicians at Bellevue, Cumberland, and Woodhull
Nicole Jordan-Martin, M.P.A.	NYC Health + Hospitals
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 Associates 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



*Have a safe and wonderful
holiday season!*

*We hope to see you in person
next year.*



Appendix

Domain	Domain Score 2018	Domain Score 2019	Measure #	Measure Name	H+H ACO 2018	H+H ACO 2019	All ACOs 2019 Average
Patient/Caregiver Experience	90.63%	84.00%	ACO-1	Getting Timely Care, Appointments, and Information	78.17	75.37	85.86
			ACO-2	How Well Your Doctors Communicate	91.07	89.63	94.11
			ACO-3	Patients' Rating of Doctor	90.53	89.95	92.69
			ACO-4	Access to Specialists	75.65	78.87	81.54
			ACO-5	Health Promotion and Education	67.14	64.74	60.44
			ACO-6	Shared Decision Making	59.53	59.62	62.78
			ACO-7	Health Status/Functional Status	71.42	71.14	73.79
			ACO-34	Stewardship of Patient Resources	27.11	17.69	26.17
			ACO-45	Courteous and Helpful Office Staff		81.51	92.84
			ACO-46	Care Coordination		81.45	86.89
Care Coordination/ Patient Safety	58.86%	75.25%	ACO-8	Risk Standardized, All Condition Readmissions*	15.39	14.58	14.86
			ACO-38	All-Cause Unplanned Admissions for Patients with MCCs*	75.42	77.61	58.15
			ACO-43	Ambulatory Sensitive Condition Acute Composite*	1.79	1.65	1.87
			ACO-13	Falls Risk Screen	81.25	77.73	84.04
Preventive Health	91.56%	95.00%	ACO-14	Flu	76.23	73.41	74.77
			ACO-17	Tobacco Screen + f/u	87.18	92.59	78.04
			ACO-18	Depression Screen + f/u	87.70	88.26	70.40
			ACO-19	Colorectal Screen	71.00	72.81	70.76
			ACO-20	Breast CA Screen	75.67	76.21	73.84
			ACO-42	Statin for CVD	92.37	89.29	82.17
At Risk Population	92.50%	92.50%	ACO-27	Diabetes: Hemoglobin A1c Poor Control (> 9%)	19.09	18.98	13.88
			ACO-40	Depression Remission	15.52	17.54	13.58
			ACO-28	HTN control	70.57	74.32	75.04

ACO Overall Quality Score 2018	ACO Overall Quality Score 2019
83.39%	92.17%

Significant Improvement
Significant Decline
No Significant Change

- 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)