

**HHC ACO INC.
ANNUAL SOLE MEMBER MEETING
December 16, 2021
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 January 28, 2021 (Exhibit A)

NEW BUSINESS

2. 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
3. REPORT by ACO Chief Executive Officer Matthew Siegler on the ACO’s PY 2020 Performance Results and PY 2021 Expenditure Projection
4. REPORT by ACO Chief Medical Officer David Stevens, M.D. on the ACO's Clinical Activities

ADJOURNMENT

EXHIBIT A

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION ACCOUNTABLE CARE
ORGANIZATION SOLE MEMBER ANNUAL MEETING**

A meeting of HHC ACO, Inc. Sole Member Annual Meeting of New York City Health and Hospitals Corporation was held via teleconference/videoconference on the 28th day of January, 2021, pursuant to a notice which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated via teleconference/videoconference:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Dr. Dave Chokshi
Mr. Phillip Wadle
Mr. Scott French - left at 4:11
Ms. Helen Arteaga Landaverde - joined at 4:16
Ms. Barbara Lowe
Mr. Robert Nolan
Ms. Sally Hernandez-Piñero
Ms. Freda Wang
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra - joined at 2:13

Mr. Pagán, Chair of New York City Health + Hospitals Board, called the meeting to order at 4:04 p.m. Mr. Pagán chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board and the public that Scott French would be representing Steven Banks and Phillip Wadle would be representing Deputy Mayor Melanie Hartzog for this portion of the meeting, both in a voting capacity.

ADOPTION OF MINUTES

The minutes of the meeting of the HHC ACO Sole Member meeting held on December 19, 2019, were presented to the Board. On motion made and duly seconded, the Board unanimously adopted the minutes

RESOLVED, that the minutes of the meeting of the HHC ACO Sole Member meeting held on December 19, 2019, copies of which have been presented to the Board, be and hereby are adopted.

Mr. Pagán then turned the meeting over to Matthew Siegler, Chief Executive Officer of HHC ACO, Inc. to present the next items on the agenda.

Mr. Siegler read the resolution into the record:

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:

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, NYU Physicians representative 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 Seigler, M.D.	Coney Island Medical Practice Plan, P.C., Harlem Medical Associated, 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

Upon motion made and duly seconded, the Board unanimously approved the resolution.

Mr. Siegler provided an update of the ACO activities during the past year. He advised that Dr. David Stevens is now the new Chief Medical Officer for the ACO. He highlighted the performance payments for 2019, the MSSP contract renewal, quality performance metrics, an expenditure comparison of the ACO to regional and national benchmarks, the ACO's evolving role with partnerships and engagements, and the ACO's clinical model for high-risk patients.

OLD BUSINESS/NEW BUSINESS - ADJOURNMENT

After discussion - hearing of no old business or new business to bring before the HHC ACO, Inc. Sole Member Annual Meeting, the meeting was adjourned at 4:23 P.M.

A handwritten signature in blue ink, appearing to read 'Colicia Hercules', written over a horizontal line.

Colicia Hercules NYC Health +
Hospitals Corporate Secretary

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”);

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:

Mitchell Katz, M.D.;

Matthew Siegler, Esq.;

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

Andrea Cohen, Esq.;

Nicole Jordan-Martin, M.P.A.;

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NYC Health + Hospitals Accountable Care Organization

Annual Sole Member Meeting

December 16, 2021



Matthew Siegler.
CEO of HHC ACO Inc.

David Stevens, MD
CMO of HHC ACO Inc.

- Approve and Adopt Meeting Minutes
- HHC ACO Inc. Board of Directors
 - Resolution
- PY 2020 Performance Results
- PY 2021 Expenditure Projection
 - Benchmark Calculation and Risk Score
- Clinical Activities
 - ACO High-Utilizer Pathway
 - Annual Wellness Visit
 - Plan for 2022

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.

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
Richard Becker, 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.
Daniel Napolitano, M.D.	Non-Affiliated Participants (Community Healthcare Network and University Physicians of Brooklyn)
Hyacinth Peart	Medicare Beneficiary

PY 2020 Performance Results - 8 Consecutive Years of Success -

Performance Results for the Current Contract:

	PY 2019	PY 2020	Total (2019-2020)
Savings to Medicare (\$)	7,799,972	15,712,618	23,512,590
Quality Score (%)	92.17%*	96.87%*	
Earned Performance Payment (\$)	4,621,337	11,415,300	16,036,637

Performance from past contracts available in the Appendix

COVID Utilization and Related Policy Changes had Major Impact

- COVID expenditures excluded from shared savings calculation
- Initial Quality Scores were adjusted in accordance with a CMS policy
 - PY 2019 Initial: 87%; PY 2020 Initial: 93%

Total Savings and Earned Performance Payment (2013-2020):

- Total Savings to Medicare: \$67,312,191
- Total Earned Performance Payment: \$35,109,866

PY 2020 provider distributions will be largest in history of ACO

- ACO planning \$2.7m deferred distribution fund for PY2021

Domain	2019 Domain Score	2020 Domain Score*
Patient/Caregiver Experience*	84.00%	100.00%
Care Coordination/Patient Safety*	75.25%	96.25%
Preventive Health	95.00%	90.00%
At-Risk Population	92.50%	87.50%

Full set of metrics available in the Appendix

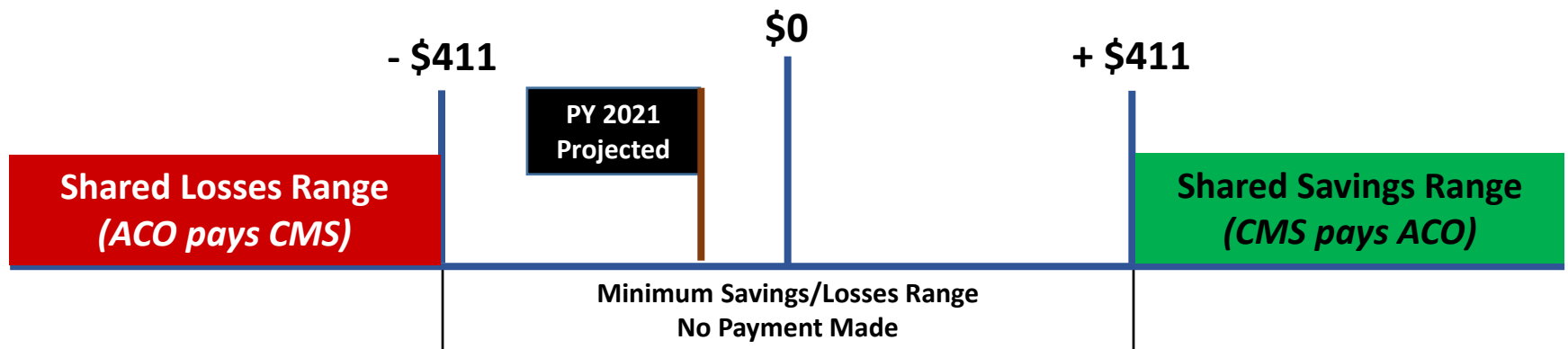
***CMS Extreme and Uncontrollable Circumstances Policy**

- In effect for the entire PY 2020
- CMS gave ACOs full credit for the following quality domain/metrics:
 - CAHPS
 - All Condition Readmissions
 - Admissions for Patients with Multiple Chronic Conditions

Projections based on CMS data from Jan-Sept 2021 indicate that the ACO will not be able to earn shared savings but will not owe money to CMS

- Projected Savings/losses: **-\$82** per beneficiary
- Projected Threshold to earn Shared Savings: **\$411** per beneficiary

Savings



2021 Challenges Driven by Post COVID Patient Acuity and ACO Program Design Issues

- HHC ACO continues to spend less than regional and national averages, deliver high quality care with lower hospital admissions.
- Reducing expenditure per beneficiary and/or CMS relaxing the cap on risk adjustment may be critical to earn future shared savings.

Rate of Change Compared to 2018 (Baseline)	2019	2020	2021 Q3
Number of Hospital Admissions per 1,000	-0.9%	-26.7%	-24.7%
Average Cost of Hospital Admission	7.0%	15.0%	44.2%
Overall Risk Score	1.1%	0.4%	TBD
ACO Expenditure per Beneficiary	3.6%	-9.2%	11.2%
Regional Expenditure per Beneficiary	6.5%	0.8%	7.4%
National Expenditure per Beneficiary	4.8%	1.4%	5.5%

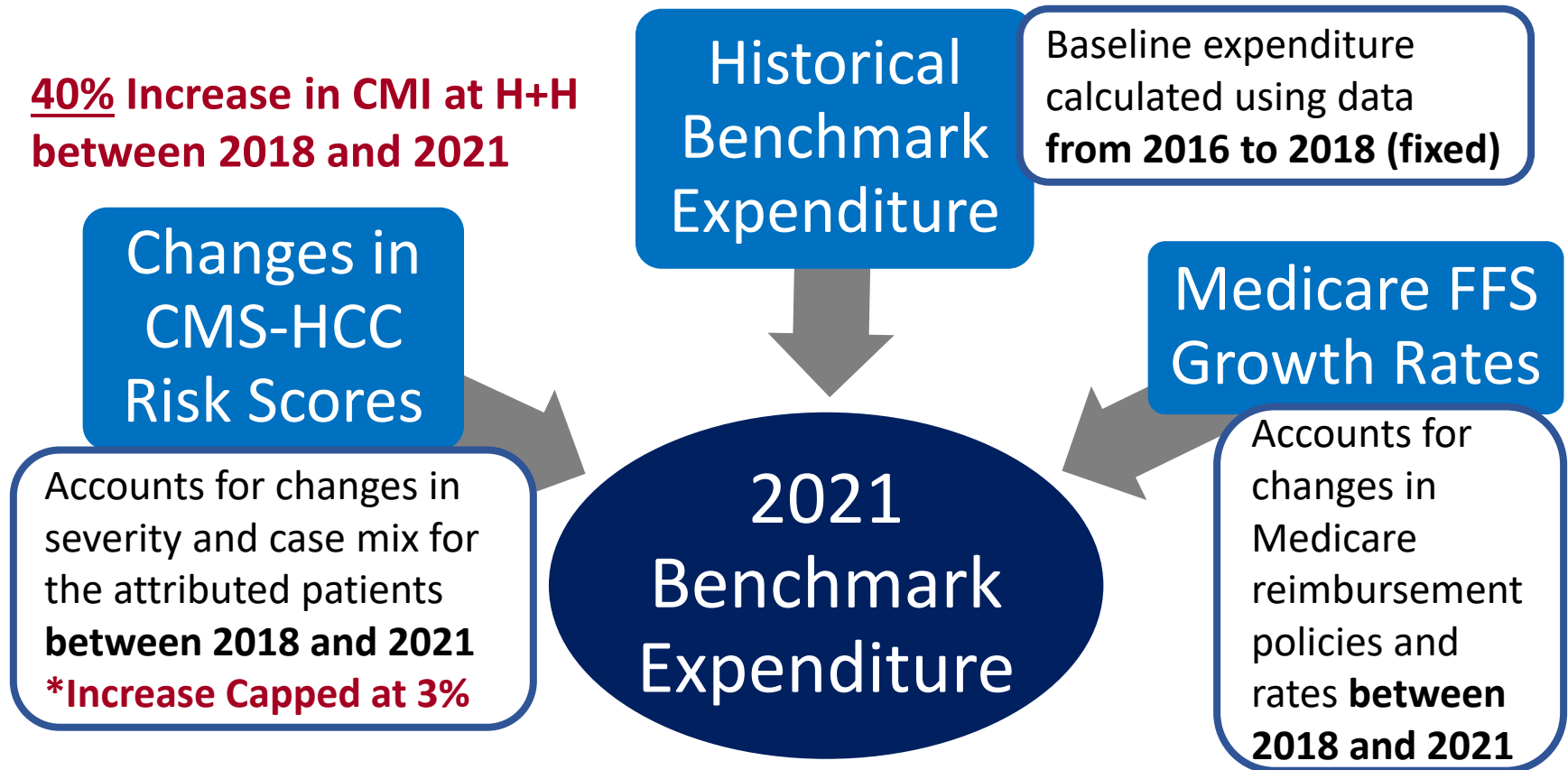
Per Patient Exp. (COVID Excluded)	2019	2020	2021 Q3
HHC ACO	\$12,127	\$10,714	\$13,164
Regional*	\$17,193	\$16,350	\$17,885
National*	\$16,142	\$15,670	\$15,709

*Weighted average based on our ACO's population proportion

Key ACO program design features present challenges to H+H:

- ACO benchmark pre-dates H+H EPIC conversion and revenue cycle improvements
- Risk adjustment capped at 3% per year
- These factors are not as relevant in our Managed Care Value Based Payment contracts

**40% Increase in CMI at H+H
between 2018 and 2021**



Capping any increase in the risk adjustment at 3 percent does not account for risk score growth in the ACO's regional service area and is not well suited for systems with major IT and revenue cycle enhancements like H+H

- Problematic for ACOs in regions with beneficiaries whose risk scores rise more than 3 percent
- May be penalizing ACOs with complex beneficiaries where the cap may be inadequate to account for changes in beneficiaries' disease burden over time

Current risk adjustment methodology may not adequately adjust for changes in health status among continuously assigned beneficiaries between the benchmark and performance years; specifically it may not adequately account for issues facing HHC ACO patients such as:

- Socioeconomic factors
- Frailty and functional status
- Chronic conditions requiring ongoing care

CMS recognizes that the current approach may be inadequate and may not account for the aforementioned factors; however CMS argues that:

- Having no cap or higher cap would provide insufficient protection against efforts to increase coding intensity
- 3 percent cap represents a reasonable balance between recognizing potential differences in health status for ACO assigned beneficiaries between years while protecting the Medicare Trust Funds against excessive coding



Clinical Activities

Updates by David Stevens, MD
ACO Chief Medical Officer

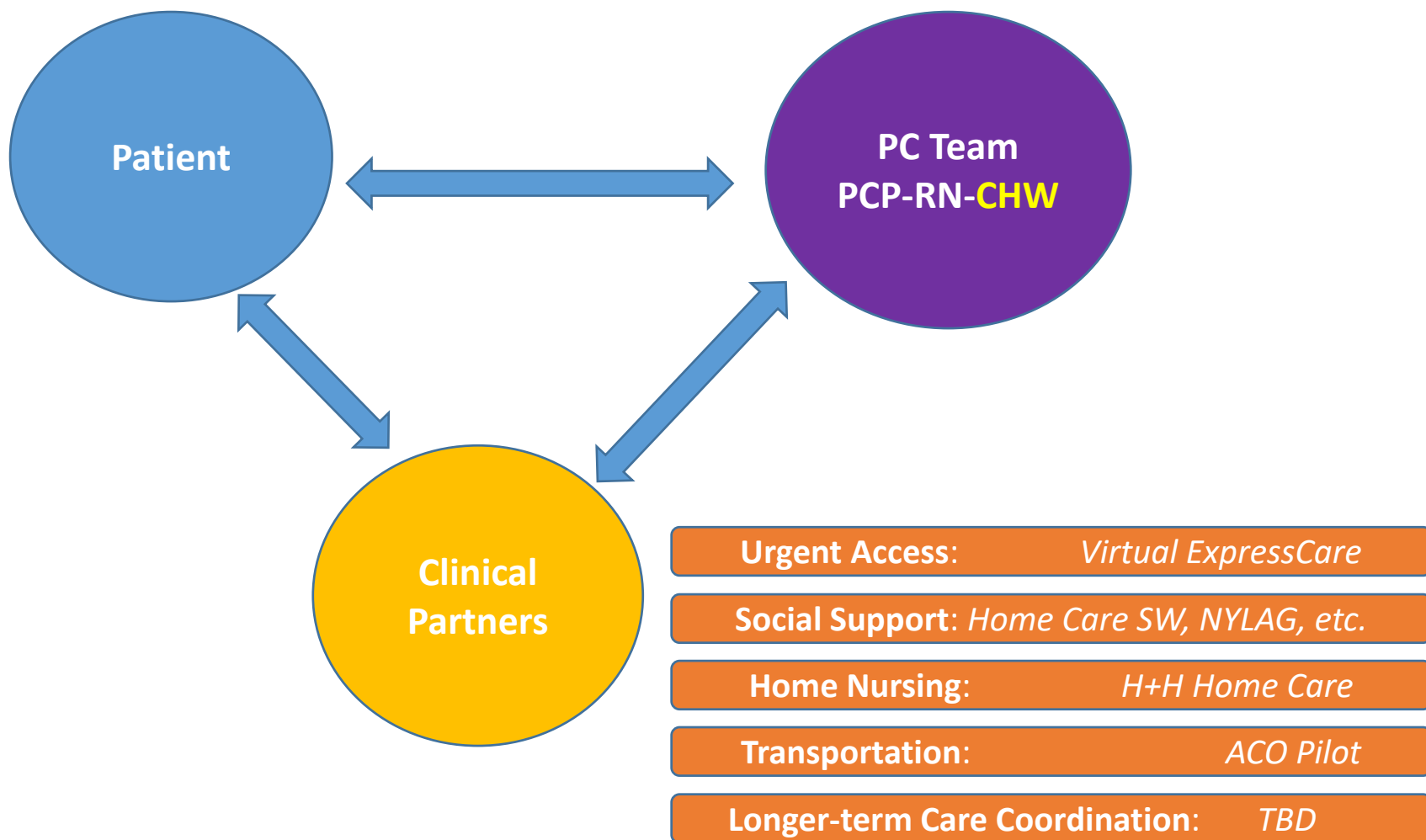
What we know:

1. *A very small number of patients account for disproportionately high cost*

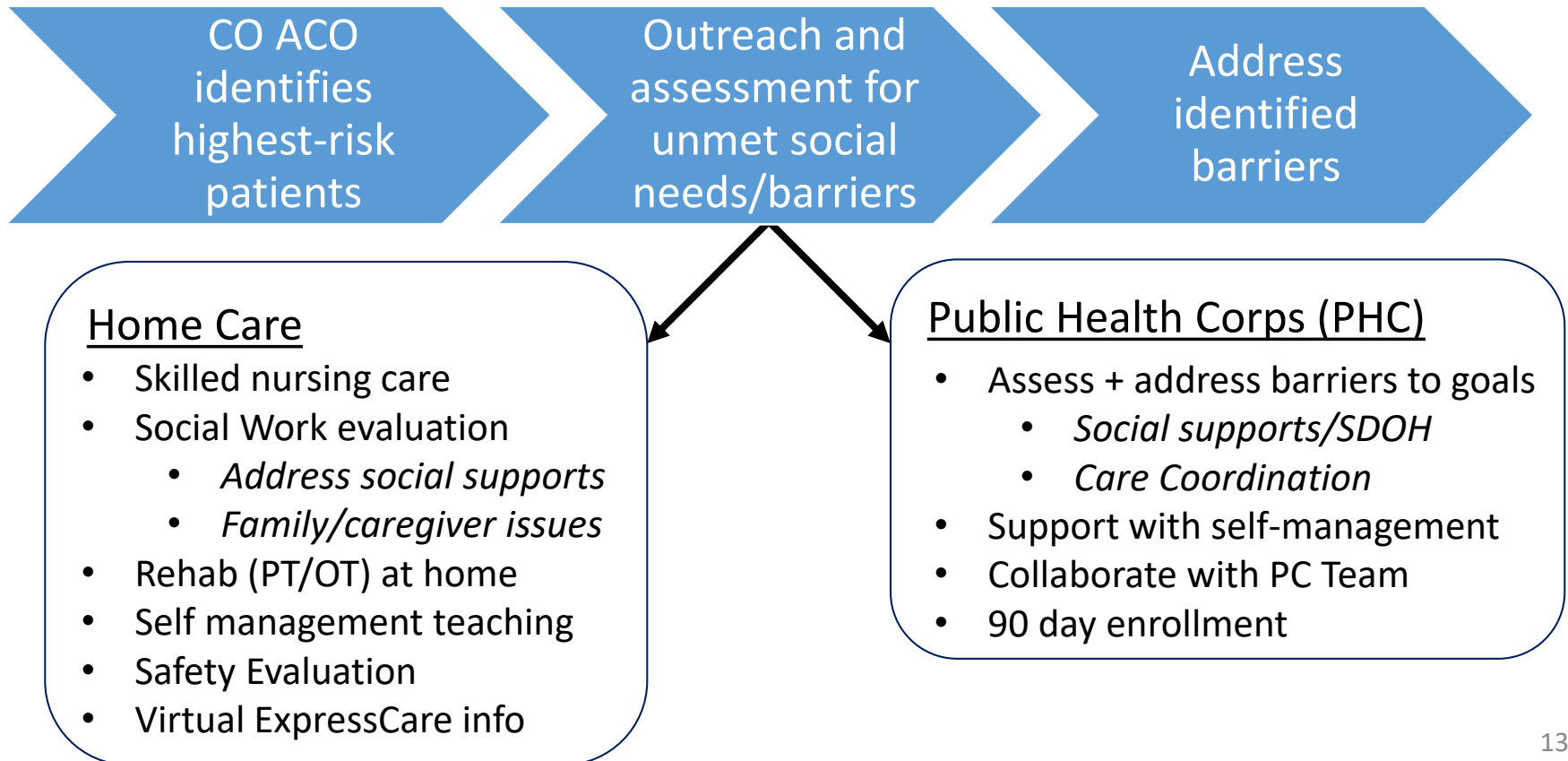
	Top 2%	98%
Per Patient Proj. Cost for PY 2021	~\$120,000	~\$11,000

2. *ACO Patients who have been admitted twice in a year have a VERY high rate of additional admissions within the year*
 - *Based on Past Data, Risk of 3rd Admission: **41.5%***
 - *2021: ~**200** patients with 2 or more admissions*

ACO High-Utilizer Pathway Care Model



Hypothesis: Patients with 2 or more admissions in a given year are >50% likely to have repeat admissions.
Can we identify and address barriers to optimal care?

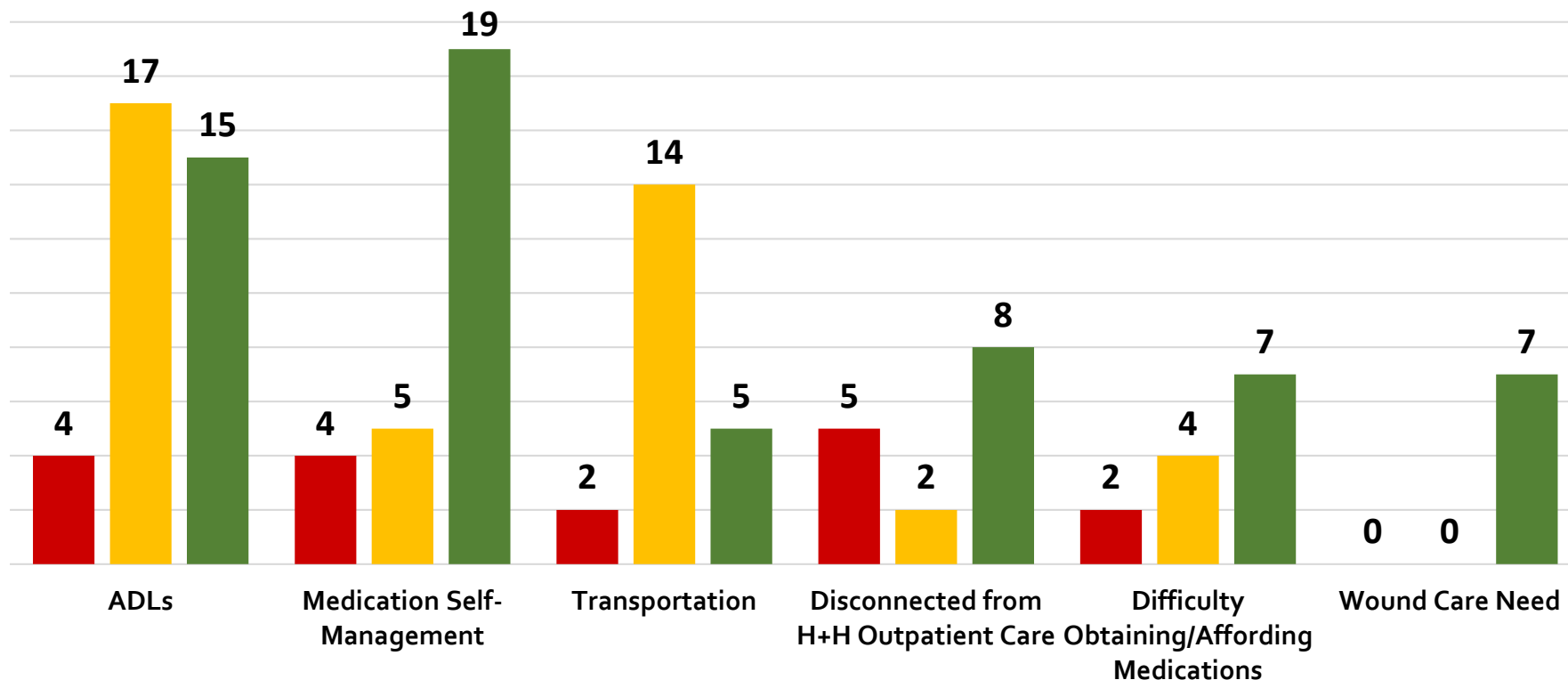


ACO High-Utilizer Pathway

Barriers Breakdown

107 Patients
Fully Assessed

Barriers Identified	Barriers Addressed	In-Progress	Unaddressed
120	61 (47.8%)	42 (37.2%)	17 (15.0%)



■ # of Barriers Unaddressed

■ # of Barriers In-Progress

■ # of Barriers Addressed

ACO High-Utilizer Pathway

24 Hour Contacts

- All H+H ACO High-Utilizer patients received this flyer
- H+H Home Care nurses give it to ACO patients during their home visits
- Public Health Corps CHWs trained to give these phone numbers

- PC Teams identified Transportation as a key barrier to care
- **Plan:** Provide free car service for high-priority ACO patients with transportation challenges
 - *ACO-funded and coordinated*
 - *Facility teams identify appropriate patients*
 - *Established vendor (Sentry) used*

***Medicare-defined benefit that reimburses
Comprehensive Geriatric Risk management***

Reason for Action:

- Address health risks *early* (12 functional screens)
- Close quality gaps (falls screening, etc.)
- Support capturing CRG scores (*‘Dependent for ADLs’*, etc.)
- Engages non-provider staff to deliver more value efficiently

Status: Implemented at 7 facility Geriatrics practices

Plan: Implement across adult primary care in 2022

Annual Wellness Visit

Epic Express Lane – Screen and Notes

Express Lane

Review Express Report

Problem List

None

Medications

aspirin 81 MG EC tablet

Prior Authorizations

Fall Risk Screening as of today

Morse Fall Risk

History of Falling, Immediate or Within 3 Months 0 [0]

Ambulatory Aid 0

Hester Davis Fall Risk Assessment

Depression Screen as of today

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Will the patient answer the depression risk questions? Y

Little interest or pleasure in doing things Not at all

Feeling down, depressed, or hopeless Not at all

Depression Risk 0

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Intake Screenings Completed by RN+ PCA

Medicare Annual Wellness Visit

+ Add SmartSet Expand All

Click here to select a pharmacy

Sign Express Lane

Hyperlinks to CMS references on Annual Wellness Visit and Preventive Services are provided below.

- CMS - ABCs of Annual Wellness Visit (AWV)
- CMS - Preventive Services Educational Tools
- CMS - Preventive Services Quick Reference

Progress Note

MEDICARE ANNUAL WELLNESS VISIT NOTE

Breast CA Screen

Click on any Risk that screened positive to bring up order set and add diagnoses

Adv Care Plan

Click to expand

Obesity

Click to expand

ASCVD Risk

Click to expand

Alcohol Misuse

Click to expand

Tobacco Use

Click to expand

Notes This Visit

+ Create Note 1 Standard 2 Simple 3 Procedure

My Note Sensitive Share w/ Patient Details

ROS Physical Exam

Service: Family Medicine

Cosign Required

Insert SmartText

Current Outpatient Medications

Medication	Sig
aspirin 81 MG EC tablet	Take 81 mg by mouth in the morning.

No current facility-administered medications for this visit.

Review of Systems

List of current healthcare providers

No care team member to discuss

Morse Fall Risk

History of Falling, Immediate or Within 3 Months: No (0)

Ambulatory Aid: Walks without aid/bedrest/nurse assist

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Will the patient answer the depression risk questions?: Yes

Little interest or pleasure in doing things: Not at all

Feeling down, depressed, or hopeless: Not at all

Depression Risk: 0

Attached Files (0)

Sign when Signing Visit Refresh Accept Cancel

Screenings and Plans pulled into note

Annual Wellness Visit:

- a. Expand to Adult Primary Care H+H wide

High-Priority Patient Work: *continue to:*

- a. Support Facility ACO teams, CHW involvement
- b. Develop Clinical Partnerships (VEC, HC, others)

Innovations being explored:

- a. Model for extended **social support/coordination**
- b. Start-up support for **Home Based Primary Care**
- c. Alternatives to **Subacute Rehab**
- d. Integrate with system-wide **care transitions** work
- e. Strengthening partnership with **Behavioral Health**



*Have a safe and wonderful
holiday season!*



Appendix

Domain	Domain Score 2019	Domain Score 2020	Measure #	Measure Name	H+H ACO 2019	H+H ACO 2020	All ACOs Average 2020
Patient/Caregiver Experience (CAHPS)	84.00%	100.00%		CMS waived the CAHPS requirement for PY 2020 and assigned automatic full credit for the entire domain			
Care Coordination/ Patient Safety	75.25%	96.25%	ACO-8	Risk Standardized, All Condition Readmissions*, †	14.58	15.74	15.07
			ACO-38	All-Cause Unplanned Admissions for Patients with MCCs*, †	77.61	66.26	49.50
			ACO-43	Ambulatory Sensitive Condition Acute Composite †	1.65	0.77	0.95
			ACO-13	Falls Risk Screen	77.73	75.57	84.97
Preventive Health	95.00%	90.00%	ACO-14	Influenza Immunization	73.41	74.10	76.03
			ACO-17	Tobacco Screen + f/u	92.59	83.33	81.67
			ACO-18	Depression Screen + f/u	88.26	82.72	71.46
			ACO-19	Colorectal Screen	72.81	76.69	72.59
			ACO-20	Breast CA Screen	76.21	60.36	74.05
			ACO-42	Statin for CVD	89.29	84.59	83.37
At Risk Population	92.50%	87.50%	ACO-27	Diabetes: Hemoglobin A1c Poor Control (> 9%) †	18.98	21.20	14.70
			ACO-40	Depression Remission	17.54	14.29	13.99
			ACO-28	HTN control	74.32	64.96	72.87

*CMS assigned automatic full credit for measure due to PHE

† Lower rate means better performance

‡ Extreme and uncontrollable circumstances policy was in affect for entire PY 2020. Accordingly, CMS awarded SSP ACO's the higher of the mean quality score across all ACOs or the ACO's own quality score in PY 2020

Significant Improvement	ACO Overall Quality Score 2019	ACO Overall Quality Score 2020
Significant Decline		
No Significant Change		
Final	92.17% ‡	96.87% ‡
Initial	86.69%	93.44%

Performance Results All Contract Years

	PY 2013	PY 2014	PY 2015	PY 2016	PY 2017	PY 2018
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
Quality Score (%)	100.00%	75.78%	94.16%	90.15%	84.40%	83.39%
Earned Performance Payment (\$)	3,639,766	2,644,605	6,052,364	1,586,859	2,182,360	2,967,275

	PY 2019 (Jan - Jun)	PY 2019 (Jul-Dec)	PY 2020	Total (2013-2020)
Assigned Beneficiaries	11,026	9,092	9,268	
Total Savings (\$)	3,343,801	4,456,171	15,712,618	67,312,191
Quality Score (%)	92.17%*	92.17%*	96.87%*	
Earned Performance Payment (\$)	1,540,960	3,080,377	11,415,300	35,109,866
	4,621,337			