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
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Group Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitchell Katz, M.D.</td>
<td>NYC Health + Hospitals</td>
</tr>
<tr>
<td>Matthew Siegler, Esq.</td>
<td>NYC Health + Hospitals</td>
</tr>
<tr>
<td>John Ulberg, Jr. M.P.H.</td>
<td>NYC Health + Hospitals</td>
</tr>
<tr>
<td>Andrea Cohen, Esq.</td>
<td>NYC Health + Hospitals</td>
</tr>
<tr>
<td>Gary Kalkut, M.D.</td>
<td>NYC Health + Hospitals, NYU Physicians representative at</td>
</tr>
<tr>
<td></td>
<td>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>Warren Seigler, M.D.</td>
<td>Coney Island Medical Practice Plan, P.C., Harlem Medical Associated, P.C. and Metropolitan Medical Practice Plan, 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>

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.

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.;

Hyacinth Peart, a Medicare beneficiary Director;

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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 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
**HHC ACO Inc. Board of Directors Resolution**

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.

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<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>
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<td>Nicole Jordan-Martin, M.P.A.</td>
<td>NYC Health + Hospitals</td>
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<td>Jasmin Moshirpur, M.D.</td>
<td>Mt. Sinai Elmhurst Faculty Practice</td>
</tr>
<tr>
<td>Richard Becker, M.D.</td>
<td>Physician Affiliate Group of New York, P.C.</td>
</tr>
<tr>
<td>Daniel Napolitano, M.D.</td>
<td>Non-Affiliated Participants (Community Healthcare Network and University Physicians of Brooklyn)</td>
</tr>
<tr>
<td>Hyacinth Peart</td>
<td>Medicare Beneficiary</td>
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</tbody>
</table>
PY 2020 Performance Results
- 8 Consecutive Years of Success -

Performance Results for the Current Contract:

<table>
<thead>
<tr>
<th></th>
<th>PY 2019</th>
<th>PY 2020</th>
<th>Total (2019-2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings to Medicare ($)</td>
<td>7,799,972</td>
<td>15,712,618</td>
<td>23,512,590</td>
</tr>
<tr>
<td>Quality Score (%)</td>
<td>92.17%*</td>
<td>96.87%*</td>
<td></td>
</tr>
<tr>
<td>Earned Performance Payment ($)</td>
<td>4,621,337</td>
<td>11,415,300</td>
<td>16,036,637</td>
</tr>
</tbody>
</table>

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

Performance from past contracts available in the Appendix
## PY 2020 Quality Performance

<table>
<thead>
<tr>
<th>Domain</th>
<th>2019 Domain Score</th>
<th>2020 Domain Score*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Caregiver Experience*</td>
<td>84.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Care Coordination/Patient Safety*</td>
<td>75.25%</td>
<td>96.25%</td>
</tr>
<tr>
<td>Preventive Health</td>
<td>95.00%</td>
<td>90.00%</td>
</tr>
<tr>
<td>At-Risk Population</td>
<td>92.50%</td>
<td>87.50%</td>
</tr>
</tbody>
</table>

*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
• 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)

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021 Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Hospital Admissions per 1,000</td>
<td>-0.9%</td>
<td>-26.7%</td>
<td>-24.7%</td>
</tr>
<tr>
<td>Average Cost of Hospital Admission</td>
<td>7.0%</td>
<td>15.0%</td>
<td>44.2%</td>
</tr>
<tr>
<td>Overall Risk Score</td>
<td>1.1%</td>
<td>0.4%</td>
<td>TBD</td>
</tr>
<tr>
<td>ACO Expenditure per Beneficiary</td>
<td>3.6%</td>
<td>-9.2%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Regional Expenditure per Beneficiary</td>
<td>6.5%</td>
<td>0.8%</td>
<td>7.4%</td>
</tr>
<tr>
<td>National Expenditure per Beneficiary</td>
<td>4.8%</td>
<td>1.4%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

### Per Patient Exp. (COVID Excluded)

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021 Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHC ACO</td>
<td>$12,127</td>
<td>$10,714</td>
<td>$13,164</td>
</tr>
<tr>
<td>Regional*</td>
<td>$17,193</td>
<td>$16,350</td>
<td>$17,885</td>
</tr>
<tr>
<td>National*</td>
<td>$16,142</td>
<td>$15,670</td>
<td>$15,709</td>
</tr>
</tbody>
</table>

*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**

**Changes in CMS-HCC Risk Scores**
Accounts for changes in severity and case mix for the attributed patients between 2018 and 2021 *Increase Capped at 3%

**Historical Benchmark Expenditure**
Baseline expenditure calculated using data from 2016 to 2018 (fixed)

**Medicare FFS Growth Rates**
Accounts for changes in Medicare reimbursement policies and rates 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

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

<table>
<thead>
<tr>
<th>Top 2%</th>
<th>98%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Patient Proj. Cost for PY 2021</td>
<td>~$120,000</td>
</tr>
</tbody>
</table>
ACO High-Utilizer Pathway
Care Model

Patient

PC Team
PCP-RN-CHW

Clinical
Partners

Urgent Access: Virtual ExpressCare
Social Support: Home Care SW, NYLAG, etc.
Home Nursing: H+H Home Care
Transportation: ACO Pilot
Longer-term Care Coordination: TBD
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?

CO ACO identifies highest-risk patients

Outreach and assessment for unmet social needs/barriers

Address identified barriers

Home Care
- Skilled nursing care
- Social Work evaluation
  - Address social supports
  - Family/caregiver issues
- Rehab (PT/OT) at home
- Self management teaching
- Safety Evaluation
- Virtual ExpressCare info

Public Health Corps (PHC)
- Assess + address barriers to goals
  - Social supports/SDOH
  - Care Coordination
- Support with self-management
- Collaborate with PC Team
- 90 day enrollment
### ACO High-Utilizer Pathway

**Barriers Breakdown**

<table>
<thead>
<tr>
<th>Barriers Identified</th>
<th>Barriers Addressed</th>
<th>In-Progress</th>
<th>Unaddressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
<td>61 (47.8%)</td>
<td>42 (37.2%)</td>
<td>17 (15.0%)</td>
</tr>
</tbody>
</table>

107 Patients Fully Assessed

**Barriers**

- **ADLs**
  - # of Barriers Unaddressed: 4
  - # of Barriers In-Progress: 5
  - # of Barriers Addressed: 19
- **Medication Self-Management**
  - # of Barriers Unaddressed: 4
  - # of Barriers In-Progress: 5
  - # of Barriers Addressed: 14
- **Transportation**
  - # of Barriers Unaddressed: 2
  - # of Barriers In-Progress: 2
  - # of Barriers Addressed: 12
- **Disconnected from H+H Outpatient Care**
  - # of Barriers Unaddressed: 8
  - # of Barriers In-Progress: 2
  - # of Barriers Addressed: 6
- **Difficulty Obtaining/Affording Medications**
  - # of Barriers Unaddressed: 4
  - # of Barriers In-Progress: 4
  - # of Barriers Addressed: 7
- **Wound Care Need**
  - # of Barriers Unaddressed: 0
  - # of Barriers In-Progress: 0
  - # of Barriers Addressed: 7

# of Barriers Unaddressed

- **ADLs**: 4
- **Medication Self-Management**: 4
- **Transportation**: 2
- **Disconnected from H+H Outpatient Care**: 8
- **Difficulty Obtaining/Affording Medications**: 4
- **Wound Care Need**: 0

# of Barriers In-Progress

- **ADLs**: 5
- **Medication Self-Management**: 5
- **Transportation**: 2
- **Disconnected from H+H Outpatient Care**: 2
- **Difficulty Obtaining/Affording Medications**: 4
- **Wound Care Need**: 0

# of Barriers Addressed

- **ADLs**: 19
- **Medication Self-Management**: 14
- **Transportation**: 12
- **Disconnected from H+H Outpatient Care**: 6
- **Difficulty Obtaining/Affording Medications**: 7
- **Wound Care Need**: 7
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
ACO High-Utilizer Pathway
Transportation Needs

• 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
Intake Screenings Completed by RN+ PCA

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

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
CMS assigned automatic full credit for measure due to PHE
† Lower rate means better performance
‡ Extreme and uncontrollable circumstances policy was in effect 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
# Performance Results

## All Contract Years

<table>
<thead>
<tr>
<th></th>
<th>PY 2013</th>
<th>PY 2014</th>
<th>PY 2015</th>
<th>PY 2016</th>
<th>PY 2017</th>
<th>PY 2018</th>
</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>
</tr>
<tr>
<td>Total Savings ($)</td>
<td>7,428,094</td>
<td>7,122,016</td>
<td>13,118,302</td>
<td>3,592,166</td>
<td>5,276,973</td>
<td>7,262,050</td>
</tr>
<tr>
<td>Quality Score (%)</td>
<td>100.00%</td>
<td>75.78%</td>
<td>94.16%</td>
<td>90.15%</td>
<td>84.40%</td>
<td>83.39%</td>
</tr>
<tr>
<td>Earned Performance Payment ($)</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>
</tr>
</tbody>
</table>

### PY 2019 (Jan - Jun)

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<th></th>
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</thead>
<tbody>
<tr>
<td>Assigned Beneficiaries</td>
<td>11,026</td>
<td>9,092</td>
<td>9,268</td>
<td>67,312,191</td>
</tr>
<tr>
<td>Total Savings ($)</td>
<td>3,343,801</td>
<td>4,456,171</td>
<td>15,712,618</td>
<td>67,312,191</td>
</tr>
<tr>
<td>Quality Score (%)</td>
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<td>96.87%*</td>
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</tr>
<tr>
<td>Earned Performance Payment ($)</td>
<td>1,540,960</td>
<td>3,080,377</td>
<td>11,415,300</td>
<td>35,109,866</td>
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**Total**: 4,621,337