

**HHC ACO INC.
ANNUAL SOLE MEMBER MEETING
FOR CALENDAR YEAR 2023**

November 30, 2023

**At 1:30 p.m.
50 Water Street
New York City**

AGENDA

CALL TO ORDER

OLD BUSINESS

1. Approve and adopt minutes of the HHC ACO Inc. (“ACO”) Membership meeting held on March 30, 2023 (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 2022 Performance Results, PY 2023 Shared Savings Forecast, and Contract Renewal
4. REPORT by ACO Chief Medical Officer David Stevens, M.D. on the ACO's PY 2022 Quality Performance Final Results, Quality Scoring Methodology Changes, CAHPS, and Reducing Avoidable Admissions: Driver Diagram

ADJOURNMENT

EXHIBIT A

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION ACCOUNTABLE CARE
ORGANIZATION SOLE MEMBER ANNUAL MEETING for Calendar Year 2022**

A meeting of HHC ACO, Inc. Sole Member Annual Meeting of New York City Health and Hospitals Corporation was held in room 1701 at 50 Water Street, New York, New York 10004 on the 30th day of March, 2023 at 1:00 P.M., 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 in person:

Mr. José Pagán
Ms. Freda Wang
Dr. Mitchell Katz
Ms. Karen St. Hilaire
Dr. Vincent Calamia
Dr. William Fisher
Dr. Patricia Marthone
Ms. Sally Hernandez-Piñero
Mr. Feniosky Peña-Mora
Ms. Jackie Rowe-Adams

Mr. Pagán, Chair of New York City Health + Hospitals Board, called the meeting to order at 1:10 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 Dr. William Fisher is representing Deepa Avula and Karen St. Hilaire is representing Molly Wasow Park - both in a voting capacity.

ADOPTION OF MINUTES

The minutes of the meeting of the HHC ACO Sole Member meeting held on December 16, 2021, 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 16, 2021, 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
Vacant	Physician Affiliate Group of New York, P.C.
Warren Seigel, M.D.	Coney Island Medical Practice Plan, P.C., Harlem Medical Associated, 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

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

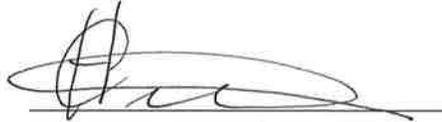
Mr. Siegler provided an update of the ACO activities during the past year. He gave an update on the participant list change, highlighted the performance results for performance year 2021 and a lookback at its' projected recap, and the performance year 2022 shared savings forecast. and performance year 2021 quality performance results, challenges driven by post COVID patient acuity and ACO program design issues, drivers of ACO shared savings, and concerns from ACOs on risk adjustment and benchmark calculation.

Dr. Stevens provided an update on performance year 2021 quality performance results, performance year 2023 and beyond quality measures, and ACO clinical activities on reducing avoidable

admissions. He highlighted key populations which include CHF, Frail Elderly, Historical High-Utilizer, Asthma, and ESRD.

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 1:56 P.M.

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

Colicia Hercules
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 Grossman 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 by Community Healthcare Network, Inc. (the “Non-Affiliate Participant”), as specified in a writing by such Non-Affiliate Participant 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 by Community Healthcare Network, Inc. (the "Non-Affiliate Participant"), as specified in a writing by such Non-Affiliate Participant that is delivered to the Chairman of the ACO.



NYC Health + Hospitals Accountable Care Organization

Annual Sole Member Meeting
November 30, 2023

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
- CEO Updates
 - PY 2022 Performance Results
 - PY 2023 Shared Savings Forecast
 - Contract Renewal
- CMO Updates
 - PY 2022 Quality Performance Final Results
 - Quality Scoring Methodology Changes
 - CAHPS
 - Reducing Avoidable Admissions: Driver Diagram

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
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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 physicians practicing at NYC Health + Hospitals
Nicole Jordan-Martin, M.P.A.	NYC Health + Hospitals
Jasmin Moshirpur, M.D.	Mt. Sinai Elmhurst Faculty Practice
Vacant	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)
Hyacinth Peart	Medicare Beneficiary

PY 2022 Performance Results 10 Consecutive Years of Success

Performance Results for the Current Contract:

	PY 2019	PY 2020	PY 2021	PY 2022	Total (2019-2022)
Savings to Medicare (\$)	7,799,972	15,712,618	5,451,716	10,907,994	39,872,300
Quality Score (%)	92.17%	96.87%	79.54%*	74.65%*	
Earned Performance Payment (\$)	4,621,337	11,415,300	4,007,011	8,017,376	28,061,024

* under the new scoring methodology

Total Savings and Earned Performance Payment (2013-2022):

- Total Savings to Medicare: \$83,671,901
- Total Earned Performance Payment: \$47,134,253

Performance from past contracts available in the Appendix

➤ **Potential to Owe Shared Losses:**

- During the PHE, ACOs did not owe money to CMS for losses
- For PY 2023, Shared Losses will be prorated to 58% (7 out of 12 months not under PHE) if an ACO has losses due to the PHE ending mid-year

➤ **Costs Associated with COVID-19 Treatments:**

- During the PHE, COVID-19 associated costs were excluded from ACO's expenditure and benchmark calculations
- Both performance year expenditure and benchmark are expected to rise
- Based on PY 2021 and 2022 data, our ACO would have earned Shared Savings even if costs associated with COVID-19 treatments were included

➤ **Quality Score Adjustment:**

- During the PHE, ACOs received the higher of their own quality score or the minimum threshold score to be eligible to earn Shared Savings
- For PY 2023, the same adjustment will be applied
- Our past performances had been above the minimum threshold

Projections based on CMS data from 2023 indicate that the ACO will be able to earn shared savings and will not owe money to CMS

- Projected Savings/losses: **\$555** per beneficiary
- Projected Threshold to earn Shared Savings: **\$479** per beneficiary

Per Beneficiary Expenditure	2023 Q1	2023 Q2	2023 Q3
Estimated Benchmark	\$13,459	\$13,732	\$13,874
Estimated Expenditure	\$12,831	\$13,247	\$13,319
Savings/Losses	\$628	\$485	\$555
Minimum Savings/Losses	±\$451	±\$467	±\$479
Eligible to Earn Shared Savings	Yes	Yes	Yes

- Factors not controlled
- Risk adjustments
 - Incomplete claims

➤ **Current Contract**

- Enhanced Track
- 5.5 year agreement period: Jul. 1, 2019 to Dec. 31, 2024

➤ **Next Contract**

- Application cycle starts May 2024
- Enhanced Track
- 5 year agreement period: Jan. 1, 2025 to Dec. 31, 2029
- There are 'exit strategies' both during the application cycle and within 5-year agreement period

Measure Name	H+H ACO 2021	H+H ACO 2022	All ACOs 2022 Average	Percentile Rank
CAHPS for MIPS Survey (Composite of 10 questions)	N/A	N/A	N/A	30th
30-Day, All-Cause Unplanned Readmission Rate (MIPS)	18%	17%	15%	30th
All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions*	45.1	31.3	31.0	50th
Depression Screen + f/u	80.2	87.1	77.0	80th
Diabetes: Hemoglobin A1c Poor Control (> 9%)*	14.9	15.5	10.7	80th
HTN Control	67.3	72.8	76.2	70th

* ~\$2 million reduction in expenses from improvements in the All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions measure

ACO Overall Quality Score 2022
74.65
(30 th Percentile)

Performance Year	PY 2017	PY 2018	PY 2019	PY 2020	PY 2021	PY 2022
Raw Score (%)	84	83	87	93*	68	73
Adjusted Quality Score (%)	84	83	92	97	80	75
Scoring Methodology	<ul style="list-style-type: none"> Score and percentile based on static absolute scale Domain-based scoring method 		<p>Due to PHE policy all compliant ACOs received these scores at a minimum</p>		<ul style="list-style-type: none"> Score and percentile determined by comparing against performances of other systems Individual measure-based scoring method 	

* In PY 2020, ACOs received maximum scores for CAHPS, readmission, and admission for MCC patients measures

- 1. Our ACO's overall score slightly decreased compared to 2017/2018**
- 2. CMS changed scoring methodology; harder to achieve high percentiles**
- 3. Our ACO's raw scores on each metric are either better or unchanged**

- P/G measures % of patients that give their PCPs the highest score (9 or 10 out of 10 – no partial credit)
- 90% of patients are very satisfied with you as their PCP
- What can we do with the other 10%?
 - Worked with the Office of Quality to come up with individual PCP score cards and guidance (appendix)

What Drives a 9 or 10 on Rate Your Provider?

Key Driver Summary – New York City Health and Hospitals Corporation

Top Drivers: Rate provider 0-10 (CAHPS)

Linear
Correlation

Driver Index

Show respect for what you say (CAHPS)

0.68

98

Provider listen carefully to you (CAHPS)

0.7

93

Provider expl in way you understand (CAHPS)

0.66

69

Give easy to understand instruction (CAHPS)

0.64

66

Reducing Avoidable Admissions: Driver Diagram

Objective

Key Populations

Plan

Reduce
Avoidable
ED + IP
Admissions

CHF

Ambulatory CHF Advisory Group: to establish expected practices

- Clinical Standards (3d call, 7d appt, GDMT, Hotline, Tracking, CHW)
- Tool Kit (pt ed/action plans, mgmt of exacerbations, etc.)
- Virtual Express Care CHF Hotline
- Gap Analysis: Meeting with all facilities

Transitional Care Mgmt – partnering at Woodhull, Queens



Reducing Avoidable Admissions: Driver Diagram

Objective

Key Populations

Plan

Reduce
Avoidable
ED + IP
Admissions

Frail
Elderly

Annual Wellness Visit

- Currently live at 5 out of 17 Primary Care Sites. Live at all Geriatric Practices.
- 3 HIV PC practices are trained and soon to go live
- Working with Amb Care to incorporate screenings into tablets/MyChart

Cognitive Impairment Screening and Management

- Guidelines approved and training completed

Reducing Avoidable Admissions: Driver Diagram

Objective

Key Populations

Plan

**Reduce
Avoidable
ED + IP
Admissions**

High-Utilizer

- Daily facility reports of high-utilizers
- Guidelines for care coordination (approved by Amb Care)
- Tracking performance on standard metrics
 - 3-day follow up call
 - 7-day provider appointment
 - CHW referral
- Next steps – Support facilities with dedicated staff to focus on high-utilizers

Reducing Avoidable Admissions: Driver Diagram

Objective

Key Populations

Plan

Reduce
Avoidable
ED + IP
Admissions

Asthma

- Support facilities in QI for improving controller use
- VBP Coaches providing real time reminders
- Live at 5 Facilities
- Worked with MC plans to update formularies

Reducing Avoidable Admissions: Driver Diagram

Objective

Key Populations

Plan

Reduce
Avoidable
ED + IP
Admissions

ESRD

- Convened work group to explore opportunities to improve ESRD patient care
- Provider education materials on Home Dialysis options
- Exploring options for PI for patients with CKD to delay dialysis

Reducing Avoidable Admissions: Driver Diagram

Objective

Key Populations

Plan

Reduce
Avoidable
ED + IP
Admissions

BH

- Reviewing all ACO BH H+H discharges (August – October 2023)
- 100% (n=17) actively engaged in BH care management or in appropriate care for their condition



Have a safe and wonderful year!

Happy Holidays



Appendix

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	PY 2021	PY 2022	Total (2013-2022)
Assigned Beneficiaries	11,026	9,092	9,268	8,434	7,623	
Total Savings (\$)	3,343,801	4,456,171	15,712,618	5,451,716	10,907,994	83,671,901
Quality Score (%)	92.17%	92.17%	96.87%	79.54%	74.65%	
Earned Performance Payment (\$)	1,540,960	3,080,377	11,415,300	4,007,011	8,017,376	47,134,253
	4,621,337					

CAHPS Benchmark Comparison

2019 vs 2022

CAHPS Summary Measures	H+H ACO 2019 Score	H+H ACO 2022 Score	H+H ACO 2019 Percentile Rank	H+H ACO 2022 Percentile Rank
Getting Timely Care, Appointments, and Information	75.37	79.64	70th	30th
How Well Your Providers Communicate	89.63	86.40	80th	30th
Health Promotion and Education	64.74	65.23	90th	80th
Patient's Rating of Provider (9 or 10 out of 10)	89.95	89.61	80th	30th
Shared Decision Making	59.62	54.85	70th	30th
Stewardship of Patient Resources	17.69	19.85	30th	40th
Courteous and Helpful Office Staff	81.51	83.37	N/A	30th
Care Coordination	81.45	79.57	N/A	30th
Access to Specialists	78.87	77.93	70th	30th

CAHPS Benchmarks are getting higher

Domain	Measures	Measure Type	Level of Concern
Chronic Disease Management (ALL Payors)	DM: A1C <9%	Registry-based	Green
	Depression: Screening + Follow-Up	Registry-based	Green
	HTN: <140/90	Registry-based	Green
Patient Satisfaction	CAHPS: 10 Summary Questions	Survey	Yellow
Hospital Utilization	Admissions: Multiple Chronic Conditions	Claims	Yellow
	Readmissions: All Cause	Claims	Red

PCP: Dr. Average PCP

Surveys Returned: 112

2022 Survey	% Giving You Highest Rating*	Average H+H PCP Score for Highest Rating*	Your Percentile (compared to National)**
“Rate Your PCP”	80	82	11
Showed Respect for What Pt Said	90	94	19
Listened Carefully to Pt	88	92	16
Explained in a Way Pt Understood	86	90	15
Gave Pt Easy to Understand Instruction	86	90	24

* **Highest Rating** is a 9 or 10 out of 10 for “Rate Your PCP”

For other measures, highest rating is “Very Good” out of Poor/Fair/Good/Very Good

** **Percentile**: Higher number is better

Domain	Best Practices	Examples
ALL	Agenda setting Clear Statement of “investment” Demonstrate knowledge of all aspects of care	<i>“Today, I want to hear how your back has been doing and go over all your results. What do you want to make sure we cover today?”</i> <i>“It’s important to me that we get your BP perfect, so I’d like you to check in with my nurse in 2 weeks”</i>
Showed respect for what I said	Empathic statement Explain why you’re facing the computer Statement of partnership/commitment	<i>“I can see how upsetting that must be”</i> <i>“I’m taking notes as you’re speaking so I can get everything down”</i> <i>“We’re going to need to work together to get this fixed”</i>
Listened carefully to me	Open-ended questions Provide a summary of what the patient said Avoid interruptions Respond to all questions	<i>“Tell me more about that?”</i> <i>“Let me make sure I’m understanding what’s happening...”</i> <i>“Have I answered all your questions?”</i> <i>“If you think of anything else after our visit today, you can send me a message via MyChart...”</i>
Explained in a way I understood	Check patient’s baseline understanding Teach-back Usual visuals when appropriate	<i>“Tell me what your thoughts are /what you’ve heard about xx”</i> <i>“Just so I know we’re on the same page, could you tell me what we decided to do before our next visit?”</i>
Involved me in decisions	Advise on your recommendation as well as alternatives	<i>“Based on our discussion, I understand that XYZ is important to you. My recommendation would be to do either ___ or ___. What are your thoughts about these options?”</i>