

1800 Northwest 49th Street, Suite 110, Ft. Lauderdale, 33309

ACO BOARD OF DIRECTORS MEETING **April 13, 2022 5:30PM**

The Regular meeting of the ACO Board of Directors was held electronically via TEAMS video conference.

I. NOTICE

Notice of this meeting is attached to the official Minutes as EXHIBIT I. The official Agenda for this meeting, as presented for the consideration of the Board, is attached to the Minutes as EXHIBIT II and EXHIBIT III.

II. CALL TO ORDER

There being a quorum present, the meeting was called to order by Chair Foster, M.D. at 5:32 PM.

III. ROLL CALL:

BOARD MEMBERS

Present: Keith Foster, M.D. President
Jon Albee
Aldo Calvo, DO
Jerry Capote, MD
Husman Khan, MD
Joshua Lenchus, DO

Additionally Present: Alisa Bert, ACO Officer, VP Financial Services; Gavin Malcolm, Director, Population Health; Alessi Rodriguez, Coordinator Clinical Integration and Operations; Gerald DeLamo, Deputy General Counsel; Adlin Tuya, Associate, General Counsel, David Weisman, VP Managed Care, Heavenson Aristryld, Pharmacist, ACO

IV. PUBLIC COMMENTS: None

V. APPROVAL OF ACO MINUTES – (EXHIBIT 11)

Mr. Albee asked to defer approval of March 9, 2022 minutes until May 2022 meeting as he had not received them.

VI. BROWARD HEALTH SYSTEM UPDATE Ms. Bert reported:

Broward Health continues to have strong volumes compared to last year. Revenues continues to be strong but the challenge has been the cost of labor, which is the same across the country.

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There has been an upgrade from B+++ to an A- on the S&P global rating. Broward Health has been waiting for a feedback from Moody's which resulted in an improved positive outlook but has not changed the rating.

Ms. Bert noted that United went to non-PAR for hospital contract on April 1, 2022. She noted that negotiations continue with United on the physician practice and hospital contracts and offered to have Mr. Weisman answer any questions about the status of the agreement. There were no questions from the Board.

VII. MEDICARE ACO UPDATE Mr. Malcolm reported:

The traditional shared savings program became available as of last week and the application for Notice of Intent to Apply is June 7. Mr. Malcolm noted that the application deadline for REACH program remains April 22 but that at this time Broward Health will not be pursuing that program. Mr. Malcolm noted that there do not seem to be many existing ACOs that are pursuing REACH program due to issues with compliance with its requirements.

Mr. Malcolm explained that the rationale for applying is to obtain data from Medicare in order to get a more accurate financial modeling of whether becoming a Medicare ACO would be financially viable for Broward Health ACO to pursue. Legal counsel has confirmed that Broward Health can withdraw the application at any point up until November 17, 2022. Mr. Malcolm noted that at this time there are no plans to pursue provider agreement amendments with ACO physicians for Medicare ACO status since the outcome of the application remains in doubt at this time. Mr. Malcolm will provide updates to the Board as they arise and provided the timeline for the application deadlines.

Mr. Malcolm noted that Mr. Ortiz has left Broward Health and introduced Adlin Tuya as the attorney who will be supporting the ACO and asked her to introduce herself. Ms. Tuya introduced herself and noted that she is working with Mr. Malcolm on the ACO application and will continue to do so.

Dr. Foster verbalized support for this plan of action. No formal motion was required at this time.

VIII. LEGAL EXPENSE UPDATE Mr. Tuya and Mr. Malcolm did not note any additional expenses to date.

IX. SUBCOMMITTEE UPDATES: Mr. Malcolm reported:

- A. **Clinical Outcomes and Utilization:** For Cigna, no additional updates from last month's meeting. The update should be provided by the next Board meeting. All but one quality metric is in the green. Pediatric well child visits dropped but it was due to one patient. Depression screening remains a challenge for Cigna to measure.

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For Florida Blue, all quality metrics are at or above the market for the month of October 2021. Mr. Malcolm noted that as noted previously, nephropathy screening has been replaced by colorectal cancer screening and the ACO is exceeding the market at this time in that metric. Mr. Malcolm noted the GDR is considered better than the market which is notable due to the population served. Mr. Malcolm noted that the risk scores for this population is significantly higher than the market, which increases ability to earn additional shared savings. Inpatient utilization is higher than market but improved from previous months. Readmission rate is significantly improved and well below the market. Mr. Malcolm noted that the ER utilization rate remains slightly above market and remains an opportunity.

Mr. Malcolm noted that shared savings has improved since last year and is presently at \$1.83 million, up from 2020. The final determination will await data through December 2021.

- B. **Clinical Guidelines:** Mr. Malcolm noted that there were two new guidelines for review and three annual reviews. Mr. Malcolm noted that if the guidelines had not been received, he would recommend deferring voting on the guidelines until the May Board Meeting. Board agreed to defer.
- C. **Infrastructure and Data Analytics:** Mr. Malcolm noted that the Broward Health ACO website has been updated. Mr. Malcolm noted that he will be requesting headshots of the Directors for increased transparency. Mr. Malcolm thanked Mr. Albee for his assistance in validating the website access.
- D. **Patient Engagement:** Mr. Malcolm reviewed trend of annual visits for 2022 and noted that 2021 ended higher than previous years and that 2022 is off to a positive start with January being higher than 2021 at the same time.
- E. **Physician Engagement:** Mr. Malcolm noted that there have been no additional signed contracts and reinforced the importance of a dedicated person given changes in contracting. Mr. Malcolm reviewed physician refusal reasons, noting a large number of physicians that have retired (21%). Mr. Malcolm reviewed participation in another ACO prior to being contacted and noted that of those that participated in another ACO, 7% stated they would consider, 14% agreed to change, 21% chose to remain with their ACO and 58% are pending feedback on their decision. Mr. Malcolm noted efforts to shift positions as part of the budget process to create a dedicated physician outreach and that Joan Bossie will be supporting with her expertise as physician recruitment. Mr. Malcolm noted that this will be positive overall for the budget.
- X. **ACO Financial Report:** Mr. Malcolm reviewed the process by which Broward Health ACO is paid by Florida Blue and Cigna, noting that Cigna pays a Per Member Per Month (PMPM) care coordination fee based on the number of lives and presuming that all quality metrics are met.

Mr. Malcolm noted that Florida Blue pays also PMPM but does so in one lump sum at the end of the year, provided Broward Health has met the quality metrics and has achieved shared

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savings based on calculation of risk and cost trend. This payment typically comes after the close of the fiscal year.

Mr. Malcolm reviewed downstream financial indicators. Ms. Bert clarified that the downstream indicators reflect cost savings and revenue for Broward Health and not the ACO.

Mr. Malcolm reviewed revenue to date, noting that the total year to date is \$437,592.86. Mr. Malcolm noted a slight decline in January 2022 since this is typically due to changes in health insurance being held by employers. Reviewed YTD for February and the operating revenue, noting that at this point it is higher than budget. Mr. Malcolm noted that this is due to \$950,000 posted this month from the Florida Blue shared savings. Mr. Malcolm noted the decline in patients in Cigna due to changes in participation and the importance of increasing the number of physicians and in turn, patients in the ACO.

Dr. Calvo asked for clarification for the process of payment by Cigna. Mr. Malcolm noted that the entire payment is per month and that this is based on meeting quality metrics and not done in one lump sum.

XI. BOARD MEMBER COMMENTS

There were no comments.

XII. ADJOURNMENT: 5:57PM

Chair Foster entertained a motion to adjourn.

MOTION It was *moved*, by Dr. Capote *seconded* by Dr. Foster to:

Adjourn the April 2022 ACO Board of Directors meeting.

Motion *carried* unanimously.

The next ACO Board of Director's meeting will be held on **May 11, 2022** at 5:30 PM via Microsoft Teams.