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

I. **BROWARD HEALTH SYSTEM UPDATE**

Mr. Fernandez reported that on May 14, Broward Health will be hosting the Broward Health ball at the Hard Rock Casino and hotel. He noted that there has not been a ball for the last three years and that there has been a great response from the community, anticipating over 600 to attend.

Mr. Fernandez deferred to Dr. Foster to talk about the TCAR procedures at Broward Health North. Dr. Foster noted that Dr. Mohammed Abdallah, the Vice Chief of Staff is now trained to do TCAR procedures to treat carotid artery disease using a minimally invasive approach. Dr. Foster noted these are ideal for people who are high risk for traditional carotid bypass surgery with a much faster recovery time. This is the first in Broward County and patients that have undergone it are very happy with the outcomes and improvements in quality and length of life. He noted that marketing is working on putting together a campaign to let the community and physicians know about this being available.

Mr. Fernandez noted that Broward Health celebrated Nurses Week last week and this week will be celebrating Hospital Week with the theme of Carnival. He noted that there are various activities for the employees across the system.

Mr. Fernandez provided an update on the situation with United Health, noting that as of April 1, 2022, Broward Health inpatient facilities are out of network with United Health Care. He stated that everyone is aware of the disruption this may cause and they continue to work towards a resolution in the coming weeks and months.

Dr. Calvo asked if this situation had occurred with other payers in the past and what were the outcomes. Mr. Fernandez noted that there have been similar situations with termination notices. Mr. Fernandez noted that historically, Managed Care had not had an aggressive negotiating approach which led to Broward Health having some of the lowest rates for care in Broward County. He noted that the goal is to bring the rates to be market competitive, not the highest but more appropriate for the services provided. He noted that when negotiation for improved rates was not successful, termination notices were issued in the past as a means to facilitate an improvement in the rates. In the past, these issues were addressed prior to the patients receiving the notices. He noted that efforts at negotiation with United have been ongoing since October 2020 without success. He stated this is the first time of which the termination has gone through but that discussions have restarted and he remains hopeful for resolution.

II. **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
III. ROLL CALL:

BOARD MEMBERS

Present: Keith Foster, M.D. President
Aldo Calvo, DO
Jerry Capote, MD
Husman Khan, MD
Avinash Persad, MD

Excused Absence Jon Albee
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 Aristyld, Pharmacist, ACO

IV. CALL TO ORDER

There being a quorum present, the meeting was called to order by Chair Foster, M.D. at 5:41 PM.

V. APPROVAL OF ACO MINUTES – (EXHIBIT 11)

Chair Foster entertained a motion to approve the March 9, 2022 ACO Board Meeting Minutes.

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

Approve the minutes dated March 9, 2022
Motion carried unanimously.

VI. APPROVAL OF ACO MINUTES – (EXHIBIT 12)

Chair Foster entertained a motion to approve the April 13, 2022 ACO Board Meeting Minutes.

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

Approve the minutes dated April 13, 2022
Motion carried unanimously.

Dr. Foster commented on Mr. Fernandez’s report noting that he appreciates the explanation on the situation with United Health Care, noting that the physicians on the inpatient and outpatient basis are working to provide the best care to the patients while also working closely with the
Patient Logistics Center department to transfer them to appropriate levels of care to avoid surprise bills for the patients.

VII. **MEDICARE ACO UPDATE** Mr. Malcolm reported:

Broward Health met with Broward Guardian ACO regarding the possibility of joining that existing Medicare ACO rather than pursuing Medicare Shared Savings Program status independently. Mr. Malcolm noted that a decision has not yet been made on that.

Mr. Malcolm noted that because the deadline for applying for MSSP versus joining Broward Guardian is June 8, he requested that the Board consider moving the next meeting to June 1 to allow for presentation of the recommended steps and allow time to move forward.

Chair Foster stated that he supported moving the next Board Meeting to June 1 noting that he would not be present for the meeting and would ask Vice Chair Calvo to facilitate the meeting. There were no objections and Chair Foster noted that doing so would allow the Board time to review the materials and make the recommendation.

**Reschedule the next Board Meeting to June 1.**

Mr. Malcolm noted previous discussion with Mr. Fernandez regarding financial feasibility for applying to Medicare for MSSP status. Mr. Malcolm noted that Broward Guardian presented a positive financial picture if Broward Health ACO were to join the Medicare ACO, noting that the Commercial ACO would remain unchanged and wholly governed by this Board. Mr. Malcolm noted that there has been no disruption in the application process for MSSP since the decision has not yet been made. No questions posed.

Dr. Foster verbalized support for this plan of action.

VIII. **LEGAL EXPENSE UPDATE** Mr. Tuya and Mr. Malcolm did not note any additional expenses to date but noted that the application or decision to join Broward Guardian would likely require some legal expenses. Mr. Malcolm noted ACO is still under budget for this section.

IX. **SUBCOMMITTEE UPDATES:** Mr. Malcolm reported:

A. **Clinical Outcomes and Utilization:** For Cigna, December 2021, the ACO passed the quality gate for the year. There were two metrics that dropped slightly but were due to a total of 3 patients. All quality requirements have been met to continue the care coordination payments moving forward. Mr. Malcolm noted that there will be a meeting in the next couple of months with final reconciliation but noted that Cigna does not usually come to final reconciliation until around June. Mr. Malcolm reviewed Cigna utilization for potentially avoidable visits is 25/1000 versus 23/1000. Mr. Malcolm noted that ACSC visits is slightly below the market. Mr. Malcolm noted that High Utilization visits are significantly lower than the market at 15/1000 versus 26/1000 and that the staff have been working diligently to address this utilization. Dr. Foster inquired as to whether the staff have sufficient support
from the Board to be successful. Mr. Malcolm stated that the support is appreciated and the only item that requires additional consideration would be a position to focus on physician recruitment that will be discussed in more detail later.

B. Clinical Guidelines: Mr. Malcolm noted that there were 10 guidelines for review from this month and last which include 4 new guidelines and 6 annual reviews.

Chair Foster entertained a motion to approve the clinical guidelines below:

MOTION: It was moved by Dr. Calvo, seconded by Dr. Capote to approve:

- COA – Medication Review (annual review)
- COA – Pain Assessment (annual review)
- COA – Advance Care Planning (annual review)
- COA – Functional Assessment (annual review)
- Depression Screening Guideline (annual review)
- Childhood Immunization Status (annual review)
- Antidepressant Medication Management
- Pneumococcal Immunization Status
- Falls Risk Assessment
- Falls Risk Care Plan

Motion carried unanimously.

C. Infrastructure and Data Analytics: Mr. Malcolm noted this committee was deferred as the system is waiting to determine next steps with the CRM software.

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 March being higher than all previous years. Mr. Malcolm noted that the RN Care Coordinators are scheduling and working closely with the CAC department and RN Connect.

E. Physician Engagement: Mr. Malcolm noted that there have been no additional signed contracts in part because of changes in the contracting department which led to significant limitations in physician outreach. Mr. Malcolm noted that as part of the budget process, he has proposd reducing two positions to allow for a dedicated position given changes in contracting. Mr. Malcolm noted that there were no changes in the physician refusal reasons due to limitations in outreach and noted request for a position dedicated to expanding physician outreach. Dr. Foster inquired about the timeline of a determination about the position being approved. Mr. Malcolm stated that he would follow up offline and provide an update at the next Board Meeting.

X. ACO Financial Report: Mr. Malcolm noted that the YTD payments from Cigna total $437,592.86 and as discussed at the last meeting, there was a drop off of about $5,000 from December to January. Mr. Malcolm noted that the goal is to increase the number of physicians because this brings in more patients, which increases the PMPM as well as
potential Shared Savings. Mr. Fernandez asked if the ACO had lost physicians during this time period. Mr. Malcolm noted that from December to January, there are changes in the health insurance that employers utilize and that Cigna reported that they lost some employers during this time period.

Mr. Malcolm noted that the YTD for March is above budget noting that the gain is $337,580 higher than budget. Mr. Malcolm noted that this is due in part to $950,000 posted in February from the Florida Blue shared savings. Mr. Malcolm reiterated the importance of adding physicians to the ACO to increase the monthly payments and continue to increase the shared savings potential. Mr. Malcolm noted that increasing the number of physicians would have a greater impact on Cigna because the roster can be adjusted on a quarterly basis whereas Florida Blue only allows the roster to be changed annually. Mr. Malcolm noted that there are ongoing efforts to control costs and expenses.

Mr. Malcolm noted that the most recent data shows a hypothetical shared savings from Florida Blue for $1.8 million for 2021 which is higher than what was paid for 2020. Ms. Bert inquired as to whether this would be for FY21 or FY22. Mr. Malcolm noted that it would be applied to FY22 because the shared savings comes in after the close of the year typically and is done by calendar year. Dr. Calvo inquired as to why there was an increase. Mr. Malcolm noted that the higher risk scores than the market as well as trend in the cost drivers are lower. The market has increased while Broward Health has decreased. Dr. Calvo asked about trainings with the community physicians. Mr. Malcolm noted that the new liaison with Florida Blue has been excellent and will inquire about options to provide to the community and BH physicians on ways to continue to improve the documentation for more accurate risk score measurement. Mr. Fernandez asked about the decline from the hypothetical shared savings of $3.059 million for the beginning of 2020. Mr. Malcolm noted that the decline occurs due to usage and spend over the course of the year. Mr. Malcolm noted that there is the opportunity to push back if there is a concern. June is when the reconciliation is completed. Mr. Fernandez expressed concern about the drop from $3.059 to $1.8 million over the course of 6 months. Mr. Malcolm noted that the feedback has been positive recently but that we await feedback from Florida Blue. Dr. Foster asked if COVID was carved out. Mr. Malcolm noted that COVID has not been carved out. Mr. Fernandez requested a deeper look at the decrease in shared savings. Mr. Malcolm agreed. Mr. Weisman noted a decline in Cigna as well. Mr. Malcolm noted that the decline in Cigna was in January 2022 and not related to this timeframe or to cost but to membership.

XI. BOARD MEMBER COMMENTS

There were no comments.

XII. ADJOURNMENT: 6:08PM

Chair Foster entertained a motion to adjourn.
MOTION It was moved, by Dr. Foster seconded by Dr. Calvo to:

Adjourn the May 2022 ACO Board of Directors meeting.

Motion carried unanimously.

The next ACO Board of Director’s meeting will be held on June 1, 2022 at 5:30 PM via Microsoft Teams.