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LETTER FROM OUR BOARD CHAIR

The Quality Alliance continued to press forward in 2022, into the headwinds facing the U.S. healthcare system.

As we emerged from the pandemic, we faced new opportunities as well as new uncertainties impacting our practices, our patients and ourselves. The sustained shift to telemedicine following the COVID-19 pandemic has changed how we supply care for many of our patients and emphasized the need for additional electronic medical record abilities and data collection systems.

Consolidation of healthcare systems has continued into 2023 (Kaiser and Geisinger), making it even more important for smaller, independent practices to join integrated networks to sustain business models, increase contracting power, enhance value-based revenue and share best practices.

It was a difficult time for the Quality Alliance in 2022 due to multiple major changes, particularly in our data aggregation and analytics vendor. We had a data “blackout” that lasted longer than expected, impacting our ability to measure and report on utilization, quality and cost. In 2023, we anticipate the data will be available again in time to impact our care gaps, readmissions, utilization and quality metrics. We hope you will continue to engage with us in these areas of improvement and excellence so that your hard work is not only reported but rewarded appropriately.

Continued higher rates of inflation also have affected our businesses and ourselves, making financial situations more difficult.

The year 2022 was a time of expansion for the Quality Alliance, in part from the acquisition of Mercy Hospital and the addition of several employed and independent physicians associated with Mercy. We added 278 independent providers (MD, DO, PA and NP) during 2022, and we look forward to more growth in 2023. Total network providers now exceed 9,000!

At the same time, we worked hard to seek new value-based contracts to increase attributed lives and value-based revenue from shared savings, quality payments and care coordination payments. We will continue that process in 2023. Though our incentive payments from 2022 were lower than some prior years, new contracts are on the horizon. Our ACO may show shared savings, though 2022 results are not final yet.

The Quality Alliance is looking towards downside risk. Taking on downside risk will allow an opportunity for better upside cost sharing and payouts. We are devising strategies to mitigate and limit downside exposure while enhancing upside gains.

The most important part of the Quality Alliance isn’t the business and contracting side, but the incredible hard work and excellent medical care that our independent providers offer our patients every day. Remember that the Quality Alliance can help your practices with care coordination and patient navigation services, as well as performance improvement initiatives. We encourage you to take advantage of those services if you are not already doing so. As always, reach out to us with any questions or concerns.

Here’s hoping for a successful and pandemic-free 2023, and wishing you, your staff and your families all the best.

Sincerely,

Bruce I. Rogen, MD, MPH
OUR MISSION
To transform the delivery of healthcare into a collaborative system where healthcare resources are used in a fiscally and socially responsible manner while improving the quality of care and patient experience.

PROGRAM DESCRIPTION
The Quality Alliance is an integrated network comprising independent provider practices and employed Cleveland Clinic providers. We are uniquely positioned to succeed in our goal of transforming the care of patient populations by collaborating on measures and engaging practices through assessment, training and education. Our focus is on improving healthcare quality, the provider and patient experience, and patient outcomes, while managing costs. Our goal is to enable Quality Alliance members to improve their patients’ health by delivering superior quality care at lower cost with excellent patient experience.

PROGRAM GOVERNANCE
The Quality Alliance is a physician-led organization composed of a Board of Trustees and various committees responsible for overseeing the program, monitoring member compliance, setting policy and guiding strategic development.
BOARD MEMBERS

Matthew Andresen, MD
Broadview Heights Family Medicine

Fadi Bashour, MD
Digestive Disease Consultants of Medina

John Bertsch, MD
Cleveland Clinic

Georgeanne Botek, DPM
Cleveland Clinic

Kenneth Braman, DO
Cleveland Clinic

Keith Fuller, MD
Cleveland Clinic

Jessica Hohman, MD
Cleveland Clinic

Leslie Jurecko, MD
Cleveland Clinic

Kamal Khalafi, MD
Kamal Khalafi, MD, Inc.

Ahmad Kilani, MD
Cleveland Clinic

Michael Lew, MD
Orthopaedic Associates, Inc.

Michelle Medina, MD
Cleveland Clinic

Amy O’Linn, DO
Cleveland Clinic

Christopher Reese, MD
Urology Partners, LLC

Bruce Rogen, MD
Cleveland Clinic

Bindu Sehgal, MD
Premier Physicians Centers, Inc.

Ranjit Tamaskar, MD
Atrium Medical Group, Inc.

FINANCE COMMITTEE

Matthew Andresen, MD
Broadview Heights Family Medicine

John Bertsch, MD
Cleveland Clinic

Preti Chaturvedi, MD
Kidney Health Group

Erick Kauffman, MD
Neighborhood Family Practice

Ahmad Kilani, MD
Cleveland Clinic

George Khuri, MD
Lakepoint Medical Group

Jan Kriwinsky, MD
Pediatric Place, Inc.

Vijay Mistry, MD
Vijay G. Mistry, MD, Inc.

Shelly Senders, MD
Senders Pediatrics

Jeffrey Roberts, MD
Orthopaedic Associates, Inc.

Bruce Rogen, MD
Cleveland Clinic
QUALITY COMMITTEE

Ken Braman, DO
Akron General Partners Physician Group

Susan Clark-Frantz, MD
Generations Women’s Healthcare

Baruch Fertel, MD
Cleveland Clinic

Melanie Golembiewski, MD
Neighborhood Family Practice

Jessica Hohman, MD
Cleveland Clinic

Robert Jones, MD
Cleveland Clinic

Leslie Jurecko, MD
Cleveland Clinic

Michael Kalus, MD
Michael Kalus, MD

Ahmad Kilani, MD
Cleveland Clinic

Jeffrey Lautman, MD
Cleveland Kidney & Hypertension Consultants

Matthew Miller, DO
Cleveland Clinic

Eliot Mostow, MD
Akron Dermatology

Karen Murray, MD
Cleveland Clinic

Amy O’Linn, MD
Cleveland Clinic

Ted Peterson, DPM
Ted S. Peterson, DPM, Inc.

Bruce Rogen, MD
Cleveland Rogen

Mark Rood, MD
Cleveland Clinic

Steven Shook, MD
Cleveland Clinic

Ranjit Tamaskar, MD
Atrium Medical Group, Inc.

Terry Wagner, MD
Hudson Family Practice
MEMBERSHIP

The Quality Alliance is composed of physicians and allied health professionals who are employed by, independent of or affiliated with Cleveland Clinic health system.

<table>
<thead>
<tr>
<th>QUALITY ALLIANCE MEMBERS</th>
<th>2021</th>
<th>2022</th>
<th>% Change</th>
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<tbody>
<tr>
<td>Cleveland Clinic Medical Group (Quality Alliance Employed, QAE)</td>
<td>5,989</td>
<td>6,478</td>
<td>8.2%</td>
</tr>
<tr>
<td>Quality Alliance Independent (QAI)*</td>
<td>1,765</td>
<td>2,112</td>
<td>19.7%</td>
</tr>
<tr>
<td>Both**</td>
<td>153</td>
<td>181</td>
<td>18.3%</td>
</tr>
<tr>
<td>CVS</td>
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<td>105</td>
<td>0.0%</td>
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<tr>
<td>TOTAL MEMBERSHIP</td>
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<td>8,876</td>
<td>10.8%</td>
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</table>

*Includes ACMC, Akron PPG, Community, Mercy and Union.
**Providers employed by both Cleveland Clinic and a Quality Alliance Independent practice.

<table>
<thead>
<tr>
<th>MEMBERSHIP</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
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<td>958</td>
<td>1,027</td>
<td>1,050</td>
<td>1,070</td>
<td>1,161</td>
<td>1,439</td>
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<tr>
<td>Akron PPG</td>
<td>284</td>
<td>439</td>
<td>482</td>
<td>513</td>
<td>502</td>
<td>579</td>
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<tr>
<td>AMC</td>
<td>74</td>
<td>76</td>
<td>78</td>
<td>72</td>
<td>71</td>
<td>79</td>
</tr>
<tr>
<td>Union</td>
<td>13</td>
<td>38</td>
<td>45</td>
<td>65</td>
<td>68</td>
<td>69</td>
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<tr>
<td>Mercy</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>115</td>
<td>126</td>
</tr>
<tr>
<td>Community % Increase</td>
<td>-0.6%</td>
<td>7.2%</td>
<td>2.2%</td>
<td>1.9%</td>
<td>8.5%</td>
<td>23.9%</td>
</tr>
</tbody>
</table>
NEW PRACTICES JOINING THE QUALITY ALLIANCE

Cincinnati Eye Institute
   Cataract Eye Center, Inc.
   Corrective Eye Center
   Novus Clinic
   Retina Vitreous Associates

Cornerstone Podiatry, LLC
Gastroenterology Specialists, Inc.
HMT Dermatology Associates, Inc.
Justin W. Havemann, MD, LLC
Kidney and Hypertension Consultants, Inc.
Northeast Ohio Endocrinology & Osteoporosis Institute, Inc.

Quick Med Urgent Care, LLC
Radiant Dermatology, LLC
Stark County Foot and Ankle Clinic, LLC
Stark County Medical Group, Inc.
Total Women’s Care, Inc.
Troy W. Bishop, MD, LLC
Twinsburg Family Medicine and Foot & Ankle Center
Valley Eye Institute, Inc.
Western Reserve Dermatology, Inc.
PROFESSIONAL TEAM

The Quality Alliance professional team is composed of professionals with both clinical and nonclinical expertise and a broad range of backgrounds and experience.

LEADERSHIP

Bruce I. Rogen, MD, MPH
Board Chair, Cleveland Clinic Quality Alliance

Ahmad Kilani, MD, MBA, MLS, MSIT, CHCQM-PHYADV, FACP, FACHE
Regional Medical Director; Chair, Quality Committee, Cleveland Clinic Quality Alliance

Thomas Atkinson, MBA, MHA
Senior Director, Cleveland Clinic Quality Alliance

TEAM

Lisa Fortin, MSN, BSN, RN
Quality & Utilization Director

Patricia Radatz, MBA, CHRC, CPC
Regulatory & Privacy Director

Jeanne Ineman, MBA Administrator

Stephanie Brashear, BS, RHIA
Provider Engagement Manager
CARE COORDINATION TEAM

Benjamin Boroway, BSN, RN, CCM  
Manager, Care Coordination

Bridget Mundy, RN, CCM  
Care Coordinator

Candice Short, BSN, RN  
Care Coordinator

Jill Bunnell, RN-BC, CCM  
Care Coordinator

Linda Nearhood, RN, CCM  
Care Coordinator

Lonnie Weekley, MSN, RN, CAPA  
Care Coordinator

Renee Mohr, BSN, RN  
Care Coordinator

Sara Booher, BSN, RN  
Care Coordinator

Tammy Chesser, BSN, RN  
Care Coordinator
CARE COORDINATION

The care coordination team consists of nine registered nurse care coordinators who provide support to the independent primary care physicians and their offices. Throughout 2022, this support was provided in four primary ways:

1. Transitional Care Management
   As a primary approach to help reduce readmissions and improve patient outcomes, the care coordination team continued transitional calls to all high-risk patients in the days following hospitalization and skilled nursing facility (SNF) stays. In 2022, over 8,000 calls for transitional care management (TCM) were made to patients. Additions to the TCM program in 2022 included:
   • Further development of SNF discharge processes to capture this population as they transitioned to the home setting
   • 30-day post-discharge follow-up with patients as needed to help ensure appointments and services were in place, as well as to offer patient education
   • A transportation question on TCM documentation. All patients were asked if they had reliable transportation to appointments and were provided resources if needed

2. Actionable Finding Support
   This work involved reviewing imaging recommendations from radiology and following up with providers and patients to ensure follow-through. In 2022, the care coordination team averaged over 300 encounters per month, which included notifying providers of findings, receiving orders and assisting patients with scheduling follow-up.

3. Primary Care Coordination
   Primary care coordination focused on chronic disease education for patients and their families, appropriate utilization, and reviewing social determinants of health and securing resources. In 2022, the care coordination team completed almost 9,000 primary care coordination encounters. Patients were primarily from TCM and primary care provider referral. However, the team also chart reviewed over 750 patients to evaluate for possible care coordination. On average, the care coordination team managed a panel of about 600 patients per month.

4. Value-Based Contract Medication Adherence
   As a measure to improve both patient outcomes and Quality Alliance metrics, the care coordination team began medication adherence work for some of the value-based contracts in 2022. This effort involved reviewing payer lists and reaching out to patients to ensure timely refilling of medications. Outreach was to local pharmacies, to provider offices for refills, and to patients for reminders to pick up medication and to highlight the importance of compliance with medications. While this work was started towards the end of 2022, the team reached out to an average of more than 100 patients per month. They look forward to further developing this program in 2023.

The care coordination team truly puts patients first and strives for best outcomes for the Quality Alliance.
**2022 HIGHLIGHTS**

We are proud to highlight accomplishments that enhanced our service initiatives and training opportunities. Special thanks to the regional councils for taking part in our strategic endeavors.

› Growth of network by 25%
› Implementation of new data aggregator, Arcadia
› Creation of subcommittees and 119 measures in 21 specialties
› Implementation of Unite Us platform for care coordination and placing community referrals for social needs
› Initiated value-based contract medication adherence program
› Established Regional Hospital Quality and Care Management councils
› Distribution of ACO funds
› Training on hierarchical condition category
› Training on advance care planning
› Enhancement of website for independent members
PROVIDER ENGAGEMENT

The provider engagement (PE) team strives to build a meaningful connection between the Quality Alliance and Cleveland Clinic. The team consists of five professionals with diverse healthcare and educational backgrounds. Each of the Quality Alliance’s valued community practices is assigned a PE team partner. These partners support each community practice in initiatives involving quality improvement, evidence-based care, operational efficiency, coordination of care and more.

The year 2022 was a year of transition following the retirement of our data aggregator IBM Watson Health in February. The Quality Alliance is committed to the success of the implementation of our new data aggregator, Arcadia, and would like to thank our practices for their patience during this transition. We recognize our network’s dedication to delivering quality patient care and are confident that Arcadia will be a valuable tool for our practices to harness data and advance timely quality care.

(L to R) Eric Zehner, Stephanie Brashear, Kathleen Dickson, Melissa Brazis, Chris Stevens
**POPULATION HEALTH**

Similar to our care coordination and provider engagement teams, the population health navigation team supports practices by focusing on quality measures for Quality Alliance value-based contracts.

When practices participate in our value-based contracts and consent to outreach efforts, our team works to resolve open quality measures (gaps in care and health maintenance items). Population health navigators help align patients with Quality Alliance providers, unless otherwise requested, to help close care gaps, including:

- Colorectal cancer screening
- Breast cancer screening
- Diabetes eye exams
- HbA1C testing for patients with diabetes
- Kidney/nephropathy monitoring for patients with diabetes
- Controlling blood pressure

In 2022, the population health navigation team:

- Provided support for pending orders for due colonoscopies, mammograms, HbA1C testing and albumin testing
- Scheduled services such as mammograms, colonoscopies and diabetic retinal exams
- Sent MyChart messages and/or mailed letters reminding patients of care gaps
- Mailed letters for health maintenance items due
- Mailed letters for Fidelity (primary care provider)
- Uploaded Epic medical records to payer portals
- Helped secure care gap documentation

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**Mallory Reinking**  
Navigation Manager  
702.218.3899  
reinkim@ccf.org

**Miranda Guy**  
Navigation Work Leader  
216.986.1213  
guym3@ccf.org

**Kristy Owens**  
Navigator  
216.986.1119  
durrk@ccf.org
Medicare Shared Savings Program Results

In performance year (PY) 2022, Cleveland Clinic Medicare Accountable Care Organization (CCMACO) entered into a new five-year agreement with the Centers for Medicare & Medicaid Services (CMS). Through its participation in the Medicare Shared Savings Program (MSSP) Enhanced ACO track, CCMACO took on more financial risk for effectively managing the health of ACO patients across the total continuum of care. At the same time, many primary care practices also began participating in the next generation of the patient-centered medical home model known as Primary Care First, which financially and operationally is intertwined with the ACO.

The ACO and Primary Care First models focus on driving high-value care, or better outcomes at equal or lower costs for patients. As part of MSSP Enhanced, CCMACO shares in savings (at a rate now increased to 75%) generated by effectively managing the health of this patient population, but also takes on downside financial risk if patients are not tightly managed and the total costs of care for the population exceed expectations set each year. Notably, CCMACO’s risk corridor has increased from 1% in prior years to 2% starting in PY 2022 and lasting for the duration of this agreement period. This raises the difficulty in achieving shared savings. Expenditures must be at least 2% lower than benchmark, or CMS keeps any savings.

In assuming greater financial accountability for the total costs and quality of care delivered, actively managing unnecessary acute utilization has become paramount to success in these programs. CCMACO identified four priority domains for PY 2022: chronic disease management, avoidable acute utilization, Part B drug/pharmacy and post-acute care. Targets were set for CCMACO in each domain as well as for each individual system, with progress reported at quarterly meetings with each system’s leadership teams. Workstreams supporting each domain further engaged stakeholders across systems in disseminating best practices, development of new interventions, identifying areas of opportunity and data sharing.

### CCMACO PY 2022 | YEAR IN REVIEW

#### Post-Acute Care
- 1,431 SNF days/k
- ACO home health network
- Growth of HomeCare+
- Expansion of ACO SNF network
- CarePort integration
- Comprehensive PAC performance management rollout
- Launch of PAC trial
- SNF mortality model creation

#### Chronic Disease Management
- 282 Cohort IP/k
- 438 Cohort ED/k
- Partnership with kidney medicine to launch OTP for ACO
- ACO COPD pilot Fairview
- ACO Ecosystem outreach/launch
- DaVita ESRD program

#### Part B/Pharmacy
- $111 PMPM
- System-based hotpotting
- Pharmacy for Life for high-risk ACO patients
- Creation of business case for pharmacy investment

#### Avoidable Acute Utilization
- 15.8% Readmission Rate
- 30 Avoidable ED/k
- Primary Care Physician First campaign
- Patient education materials
- Partnership with virtual ED to develop business case to support network
- Development of REMO collaboration

CLEVELAND CLINIC MEDICARE ACCOUNTABLE CARE ORGANIZATION
In PY 2022, we saw a flurry of new programs and work done in support of achieving the targets noted above. Key highlights included:

› The development of a dedicated post-acute/transitional care team to further support ACO patients while in SNF and while transitioning home from institutional post-acute care settings

› The launch of an ACO preferred home care network

Post-acute care represented a key strategic focus. We further refined a performance management structure for our network of preferred SNFs and introduced performance management for the newly formed home health network, among other highlights. At the same time, efforts in the post-acute space also focused on integrating better pharmacy and end-of-life support for ACO patients.

We are incredibly thankful for the tremendous work and partnerships in support of this patient population, both internally and externally.

Through these partnerships, we have been able to better address the needs of ACO patients, particularly our high-cost, high-need patient segment. Key highlights have included:

› Partnerships with kidney medicine to implement an optimal transition program to help prevent crash starts onto dialysis for ACO patients with kidney disease

› Collaboration with respiratory therapy and pharmacy to provide COPD wraparound post-discharge care and education for patients with COPD hospitalized at Cleveland Clinic Fairview Hospital

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**ACO PAC PRIORITIES**

**RIGHT CARE, RIGHT SETTING**

**Optimize Days at Home**

› Grow and evaluate new care models, including HC+

› Expanded partnership and development of home-based programs

› Preoperative planning

› Support value-concordant transitions

**Discharge to High-Quality Partners**

› Address gaps in hospital participation in three-day waiver

› IP care management, therapy, and provider engagement and education

› Launch home care network

**Optimize Preferred Network Performance**

› Dedicated resourcing

› Data sharing

› Standardized care paths

› Performance management and accountability

**Improve PAC Transitions**

› High-risk navigation

› Advance care planning

› Identification of hospice-eligible patients and development of dedicated pathways

› Enhance multidisciplinary support/monitoring
PY 2022 Performance

In 2022, CCMACO saw significant decreases in inpatient and SNF utilization rates, which helped to keep our total expenditures flat while the national experience saw more than a 2% rise in overall spend. Performance improved in most of the key target utilization domains. Our inpatient utilization rate continues to decline and move closer to the national median experience.

Increasing discharge-to-home rates and decreasing SNF utilization remain key areas of opportunity.

CCMACO also saw an improvement across several of its key quality measures, notably improved rates of diabetes control, and breast cancer and depression screening.

The Final Financial Settlement for PY 2022 will be received from CMS in August 2023. CCMACO received roughly $19 million in care management fees for PY 2022 and is projecting earning $10.8 million in Part B bonus that will be received in PY 2024. Currently, our projections have CCMACO’s just exceeding the risk corridor and earning an additional roughly $13 million in potential shared savings, but this will be dependent on a number of factors influencing our final benchmark given how close we are to the risk corridor. The final details of our performance-based payment will be available in August 2023.

<table>
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<tr>
<th>Measure Group</th>
<th>Measure Type</th>
<th>Measure Description</th>
<th>2017 Final</th>
<th>2018 Final</th>
<th>2019 Final</th>
<th>2020 Final</th>
<th>2021 Final</th>
<th>2022 CC</th>
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<tr>
<td>CC/Patient Safety</td>
<td>PP</td>
<td>Falls: Screening for Future Fall Risk</td>
<td>97.56</td>
<td>97.20</td>
<td>98.21</td>
<td>97.42</td>
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<td>Diabetes Composite</td>
<td>PP</td>
<td>Diabetes: Hemoglobin A1C Poor Control</td>
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<td>11.74</td>
<td>11.87</td>
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<td>Hypertension (HTN)</td>
<td>PP</td>
<td>Controlling High Blood Pressure</td>
<td>74.61</td>
<td>74.73</td>
<td>74.71</td>
<td>70.95</td>
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<td>Mental Health (MH)</td>
<td>PR</td>
<td>Depression Remission at 12 Months (PHQ9)</td>
<td>3.85</td>
<td>2.27</td>
<td>1.89</td>
<td>2.86</td>
<td>8.54</td>
<td>11.46%</td>
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<td>Preventive (PREV)</td>
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<td>Breast Cancer Screening</td>
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<td>84.16</td>
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<td>Preventive (PREV)</td>
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<td>89.34</td>
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<td>PP</td>
<td>Tobacco Use: Screening and Cessation Intervention</td>
<td>97.72</td>
<td>67.74</td>
<td>82.98</td>
<td>100.00</td>
<td>100.00</td>
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<td>Preventive (PREV)</td>
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<td>Screening for Clinical Depression and Follow-Up Plan</td>
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<td>83.94</td>
<td>81.32</td>
<td>88.61</td>
<td>91.1%</td>
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CCMACO | UTILIZATION RATES

HOW DOES OUR 4Q2022 COMPARE TO THE NATIONAL ACO EXPERIENCE?

CCMACO
National ACOs (Median)

<table>
<thead>
<tr>
<th>Metric</th>
<th>CCMACO</th>
<th>National ACOs</th>
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<tbody>
<tr>
<td>admits per 1,000</td>
<td>276</td>
<td>255</td>
</tr>
<tr>
<td>SNF days per 1,000</td>
<td>1,459</td>
<td>1,264</td>
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<tr>
<td>ER cases per 1,000</td>
<td>418</td>
<td>415</td>
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<tr>
<td>primary care visits per 1,000</td>
<td>2,793</td>
<td>3,332</td>
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<tr>
<td>specialist visits per 1,000</td>
<td>4,146</td>
<td>4,449</td>
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<tr>
<td>paid PBPY (Aged/non-dual)</td>
<td>10,826</td>
<td>10,951</td>
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</table>

CCMACO Paid PBPY for aged non-duals is slightly better than national median. CCMACO has higher rates of acute utilization than median, but lower ambulatory visit rates.

CCMACO | FINANCIAL PERFORMANCE

ACO REVENUE, $M

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-Claims Based Payments</th>
<th>Shared Savings</th>
<th>Part B Bonus</th>
<th>Total</th>
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<td>$14M</td>
<td>$8.2</td>
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<td>$31.5M</td>
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<tr>
<td>PY 2018</td>
<td>$25.2M</td>
<td>$9.5</td>
<td>$10.3</td>
<td>$43.5M</td>
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<td>PY 2019</td>
<td>$27.7M</td>
<td>$9.5</td>
<td>$10.3</td>
<td>$43.5M</td>
</tr>
<tr>
<td>PY 2020</td>
<td>$35.9M</td>
<td>$7.7</td>
<td>$10.3</td>
<td>$53.9M</td>
</tr>
<tr>
<td>PY 2021</td>
<td>$31.5M</td>
<td>$10.3</td>
<td>$13.3*</td>
<td>$55.0M</td>
</tr>
<tr>
<td>PY 2022</td>
<td>$43.5M</td>
<td>$10.8*</td>
<td>$13.3*</td>
<td>$67.6M</td>
</tr>
</tbody>
</table>

*Projected Values

CCMACO has seen an overall growth in revenue generated in addition to Medicare FFS since 2017. Most of that revenue has been up front in the form of care management fees (CMF), which make up most of the non-claims based payments shown, and the 5% Part B bonus. CCMACO was paid ~$19M via PCF CMFs in 2022.
A Look Towards PY 2023

Health equity represents a new domain of strategic focus for PY 2023, alongside a continued focus on post-acute care, chronic disease management and avoidable acute utilization. From a health equity perspective, PY 2023 will be exploratory in focus — using and integrating data across sources to better explore and understand potential disparities in care while also improving our data collection efforts around the social needs of our patient population and connection to appropriate resources.

**STRATEGIC PRIORITIES FOR PY 2023**

**POST-ACUTE CARE**
(1,585 SNF DAYS/K)
› Healthy days at home
› Discharge to home rate
› SNF days/k

**AVOIDABLE ACUTE UTILIZATION**
(31 AVOID ED/K | READMIT 17.5%)
› Readmission rate
› Avoidable ED utilization rates

**CHRONIC DISEASE MANAGEMENT**
(425 ED/K | 290 IP MED/K)
› HF, COPD, CKD and DM ED and IP utilization rates
› Disease control quality measures

**HEALTH EQUITY**
(5% AGED DUAL MEMBERSHIP)
› Development of strategy to support dual-eligible identification and enrollment
› Identification/measurement of disparities in access and outcomes
CARE COORDINATION DISTRIBUTION

Quality Alliance primary care physicians participate in value-based contracts, which the Quality Alliance negotiates on their behalf with payers. Some of our contracted Medicare Advantage plans pay for quality performance. In some cases, payments are provided to enhance the level of care by supporting care coordination for patients with complex medical conditions.

We understand that changing clinical operations to succeed in a population management environment requires additional effort by office staff. The Quality Alliance is pleased to provide support for the efforts of our primary care physician offices by distributing care coordination funds based on a PMPM patient attribution.

To receive support, practices were required to participate. In past years, there were four primary elements for practice participation, each given 25% proration for calculating distributions. In this year’s program, there were only three primary areas, with the Quality Alliance program participation element recognizing participation in several subcomponents. For practices engaged with all three subcomponents, a 10% bonus was awarded. Practices that engaged in only one or two subcomponents could earn 10% for each, where previously no recognition was given.

› Completion of Arcadia Virtual Education (30%)
› Completion of HCC education session (30%)
› Active participation in Quality Alliance programs (40%):
  • Care coordination
  • Network navigation
  • Transitional care management

QUALITY INCENTIVE DISTRIBUTION

This year presented significant challenges for the Quality Alliance in crafting an equitable and generous incentive program. Because incentive payments lag their performance years, receipts available for the 2022 program were down approximately 32% over the prior year. Of more significance to this year’s program was the lack of performance data for 2022. After much deliberation and consultation with external counsel and the Board of Trustees, a program was selected that creates the most value for our members.

Specialist payments have been impacted by a reduction in the total number of measures available in certain specialties. In these specialties, the maximum payments have been capped at the level that will be achievable in the new reporting system.

Practices eligible for the program year distribution must meet the following criteria:

› Cleveland Clinic provider organization compliance attestation
› Member in good standing as of Dec. 31, 2022
› Member not in data delinquency
› Highest composite score from 2019 to 2021 in top two-thirds of specialty for:
  • Family medicine
  • Internal medicine
  • Pediatrics
› Utilization earnings
  • Family practice and internal medicine providers
  • Average number of measures met for the period 2019-2021
  • Total utilization earnings capped at $10,000
Data for 2022 is expected to be available in late 2023. At that time, actual 2022 performance will be compared to the performance used for the incentive payments. Then, a reconciliation process will take place, and underpayments and overpayments will be corrected.

**ONGOING INITIATIVES**

Our ongoing initiatives include:

› Arcadia rollout

› Specialty measure development

› Value-based contract performance initiatives

› Health equity initiatives

› Evaluation of value-based risk contracts

We look forward to making significant progress in rolling out our new data platform in 2023 and building measures for specialties that were not accommodated in the initial build. These specialties will begin participation in our incentive program.

Contract negotiations are ongoing with the goal of having full-risk arrangements in place for member participation. To successfully navigate future full-risk arrangements, we will begin to expand our outlook on performance management beyond traditional ambulatory quality measures. We will bring more emphasis, tools and reporting to the members for managing contract performance. An additional patient navigation resource has been added to our team. Finally, we have acquired the services of dedicated clinical pharmacists to enhance members' performance in our current value-based contracts with Anthem, Aetna and Humana.