COMMUNITY CARE COOPERATIVE

The Power of Data to Succeed in Value-Based Care

2024

Our Story

2016

Nine health center leaders created Community Care Cooperative (C3) to play a leading role in a redesigned Medicaid program in Massachusetts

2018

We launched our MassHealth (Medicaid) ACO with **15 FQHCs and 110,000 Medicaid members**

2019-2020

We grew to **17 FQHCs serving 125,000 members, making us the largest Medicaid ACO in Massachusetts**. We launched the **Telehealth Consortium** in partnership with our State's Primary Care Association (MassLeague of Community Health Centers). We launched our **Flexible Services Program** to address Health-Related Social Needs

2021-2022

We grew to **19 FQHCs/Provider Practices (PP) serving 170,000 members in 3 risk contracts** (Medicaid, BCBS, and ACO REACH). We launched 2 subsidiaries: **Community Pharmacy Cooperative (CPC)** and **Community Technology Cooperative (CTC)**

2023-2024

We grew to **23 FQHCs/PPs in Massachusetts**. Two FQHCs from Louisiana and Oregon joined our ACO REACH contract. We began participating in the Medicare Shared Savings program welcoming **17 new FQHCs from CA, NC, CT, and DC** to our network of FQHCs

Our Vision, Mission, Strategy, and Core Values

Vision

Transforming the health of underserved communities

Mission

To **leverage the collective strengths of federally qualified health centers** to improve the health and wellness of the people we serve

Strategy

We unite federally qualified health centers at scale to strengthen primary care, improve financial performance, and advance racial justice

Core Values

Social Justice, Integrity, Learning, Respect, Optimism, Results

Our success to date

$64M

- The **amount earned as an ACO** since starting operations in 2018 through 2022

98%

- The percentage **of shared savings earned** that went **directly to our network of FQHCs**

$500K

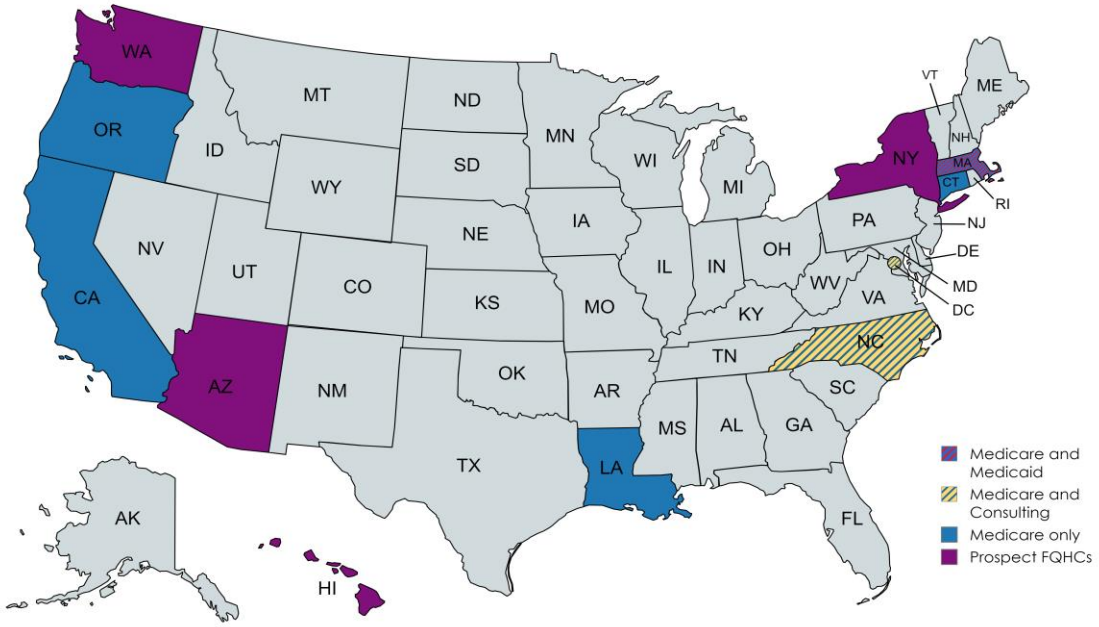
- **Average value-based payments earned** by our Member Medicaid FQHCs

250K

- **Number of members** in a value-based risk arrangement

Our National Expansion into Medicare and Medicaid

Our goal in partnering with FQHCs in other states is to **support Medicare and Medicaid value-based contracting** through **consulting engagements & partnership agreements**



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How We Support FQHCs

MCO/Commercial & Medicare Contracting

State & Federal Policy

Practice Transformation

Consulting Services

Data Enterprise

Actuarial Analysis

EHR technology

Pharmacy

Clinical Programs

Telehealth

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C3 Support Services (1 of 3)

MCO/Commercial & Medicare Contracting

- Our leadership team has **extensive experience in managing and contracting with Medicaid managed care plans – particularly in risk-based deals**. Outside of Medicaid, we have also negotiated commercial and Medicare Advantage risk deals for our members to enable them to scale their value-based, population health capabilities
- We offer two distinct Medicare value-based program opportunities in the **Medicare Share Savings Program (MSSP) and the ACO Reach Program**

State & Federal Policy

- We collaborated with Massachusetts' Medicaid agency on their successful reform, including a **direct-to-provider ACO model, social needs in risk adjustment, primary care sub-capitation, and significant infrastructure investment**
- We regularly engage with **CMS leadership,** who solicit our feedback on ACO model design, primary care payment reform, and other topics. We recently helped a coalition representing a **substantial majority of NY's FQHCs** draft a CMS comment letter on their 1115 waiver and are supporting their discussions with CMS leadership, advocating for FQHC-friendly value-based payment (VBP) and infrastructure investment terms

Practice Transformation

- Our **practice transformation team** provides each FQHC with an assigned practice transformation manager who provides **tailored support** drawing on **all C3 teams and capabilities**. We have successfully supported FQHCs with a range of functions, including improving **quality scores, risk coding, implementing advanced integrated primary care models,** and other performance improvement initiatives

C3 Support Services (2 of 3)

Consulting Services

- We provide **management consulting services to FQHCs/PCAs** focused on VBP contracting, policy and advocacy, and readiness assessments

Data Warehouse

- We have built an **enterprise data warehouse**, aggregating data from multiple EHRs, ADT systems, and payers into a single platform that services downstream functions like quality, risk adjustment, analytics, and care management

Actuarial Analysis

- We have in-house **financial analytics capacity and partner with an actuarial firm** (Milliman). Together we implement robust **financial forecasting and reporting** not only at the ACO level but also individually for each of our participating health centers

EHR Technology

- We have launched a **whole owned subsidiary technology company** that provides **Epic EHR licenses**, implementation, and operations support to FQHCs

C3 Support Services (3 of 3)

Pharmacy

- ❖We have launched a **wholly owned subsidiary pharmacy company** that works with FQHCs to decrease costs and enhance revenue
- ❖Our flexible model of support includes everything from consulting/TA to **full insourcing of pharmacy** including conversion to FQHC-managed or assist FQHCs in the build of a dispensing pharmacy on site to **maximize 340b re-capture**

Clinical Programs

- ❖We offer clinical programs tailored to the population served, including **localized care management and transitions of care programs** that we staff in collaboration with our health centers and a **home health program** with proven return on investment

Telehealth

- ❖We launched a **telehealth consortium** in 2020 that deployed an aggressive, multi-pronged strategy throughout the pandemic (incl. IT consulting, hardware, patient surveys, patient experience surveys, health center-specific assessments, fundraising, etc.) to **rapidly scale telehealth capabilities and utilization** in FQHCs, and developed a telehealth health equity framework to support this work

How do we differ from other ACO organizations?

Our Company

- **Each FQHC that participates in a C3 program has a seat on the governance** structure which allows for oversight of how funds are allocated
- We believe in **maximizing FQHC shared savings** and can offer higher proportion of savings than our competitors (e.g., 75% sharing rate after reconciliation with payor)
- We believe in **meaningful incentives for health centers** but will not gate shared savings by adding complex requirements (e.g., AWV completion rates)

Our Competitors

- Our competitors (for-profit or hospital based ACOs) typically **don't** offer equal voting rights to FQHCs on their governance structures
- Our competitors **minimize** FQHC shared savings (e.g., 50% sharing rate or lower!)
- Our competitors tend to add complex **reporting requirements** and gates to shared savings

Case for Value-Based Payment for FQHCs

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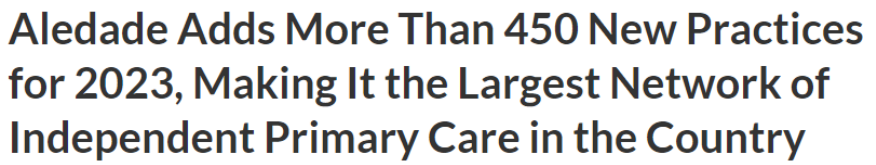
Value-Based Care has Changed the Equation on Primary Care

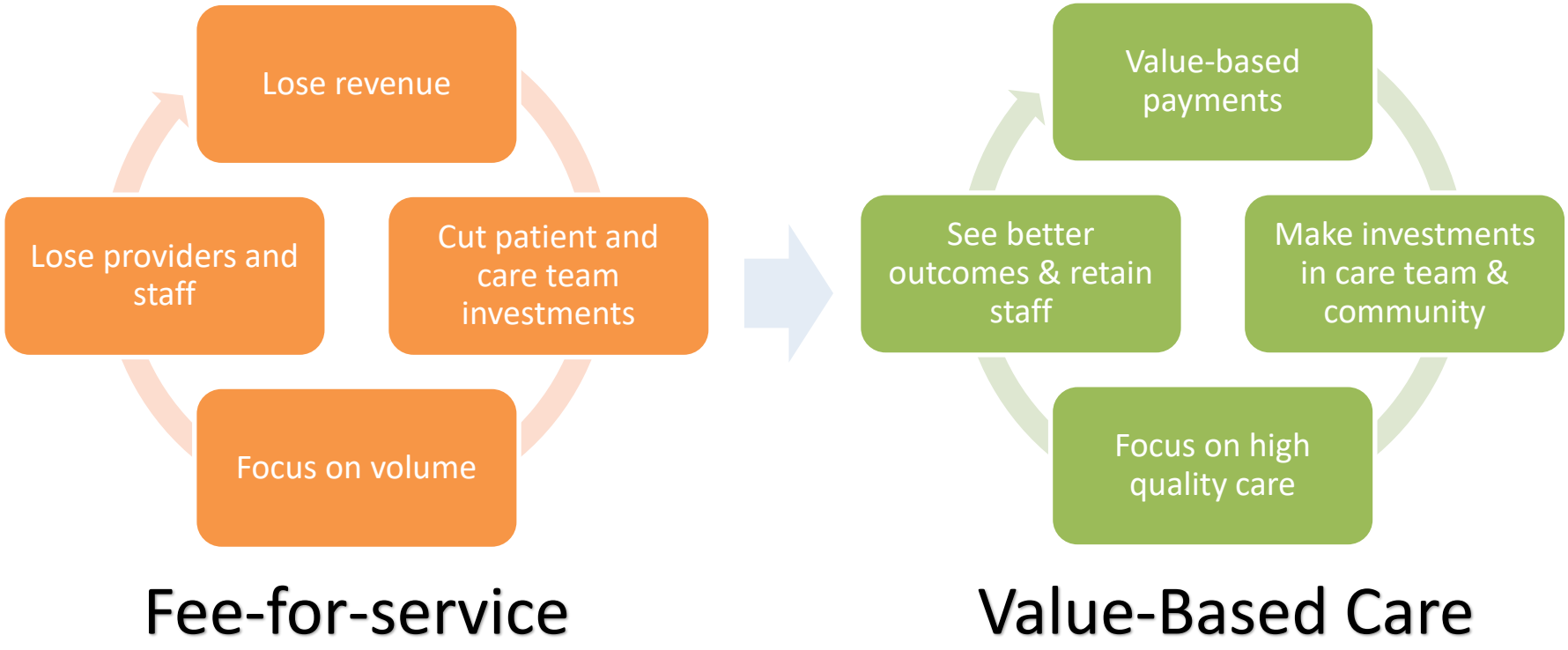
"The companies say these new arrangements will bring better, more coordinated care for patients, but some experts warn the consolidation will lead to higher prices and systems driven by the quest for profits, not patients' welfare."

-Abelson, Reed, "Corporate Giants Buy Up Primary Care Practices at Rapid Pace" The New York Times, May 8, 2023



Why Should FQHCs Consider Value-Based Contracts?

Why We're Enthusiastic about Value-Based Care



Financial Opportunity in Value-Based Contract Shared Savings

Payor	Average Total Cost of Care Per Member Per Month	Average Total Cost of Care per 1,000 Members per Year	Opportunity at 1% Savings per 1,000 Members per Year
Medicaid*	$540	$6,500,000	$66,000
Original Medicare*	$880	$10,500,000	$105,000
Dually Eligible*	$1,900	$23,200,000	$232,000
Commercial**	$450	$5,400,000	$54,000

*Average spend per enrollee per Kaiser Family Foundation in 2019
**Estimated national average spend

C3's Financial Success under VBP Contracts

Performance Years					
VBP Contract	**2018**	**2019**	**2020**	**2021**	**2022**
Medicaid: MassHealth SS	$8,071,433	$0	$9,978,086	$9,437,621 (est.)	$15,572,419 (est.)
Medicaid: MassHealth Quality	$1,307,173	$2,844,183	$3,032,660	$5,767,538	$4,760,296 (est.)
Commercial: BCBS					$915,166
Medicare: ACO REACH					$2,983,476 (est.)
Medicare: ACO REACH (OnBelay)					$(628,051)
TOTAL	***$9,378,606***	***$2,844,183***	***$13,010,746***	***$15,205,159***	***$21,603,306***

How We Use Data

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Transparency, Fairness, & Accuracy Are Hallmarks of Our Total Cost of Care Measurement

Community Care Cooperative
MassHealth ACO Program
Claims paid through 2/15/2022, MBHP encounters paid through 01/25/2022

Pro Forma | Claims Development | Benchmark Development
Performance Drivers | Milliman Cost Model | Chronic Conditions | DRG Detail | Pharmacy Detail | Preventable ED

Filters

Date Range Selected
03/01/2018 - 12/31/2021

Period Beginning in
2018-03-01

Number of Months
46

Rating Category
RC I Child
RC I Adult
RC II Child
RC II Adult
RC IX
RC X

Region
CENTRAL
GREATER BOSTON
NORTHERN
SOUTHERN
WESTERN

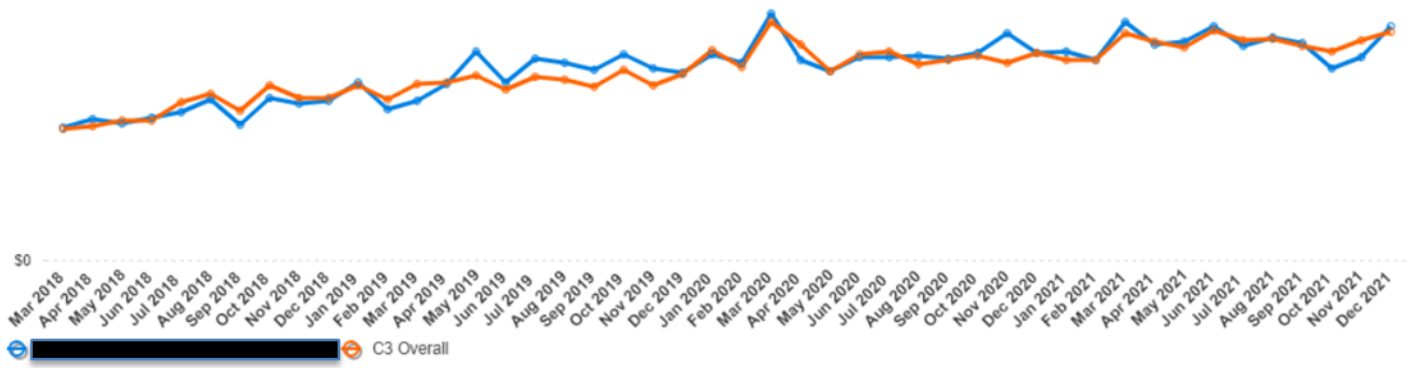
Health Center
[redacted]
Lynn
Brockton
Family HC
East Boston
Holyoke
Upham
Fitchburg
Charles River
North Shore
Dimock
Cape Cod

Performance Drivers

Claims | Revenue | Savings/Lo

Selected Metric: v. Actual PMPM, C3 Risk Normalized
Exclude Members with Annual Costs Greater than: v. Keep All Members

Monthly PMPM



Total PMPM

Month	C3 PMPM	[redacted] PMPM Risk Adjusted	C3 Member Months	[redacted] Member Months
Mar 2018	$75.51	$76.61	108,297	11,457
Apr 2018	$77.12	$80.91	111,585	11,542
May 2018	$80.55	$78.78	113,784	11,600
Jun 2018	$80.04	$81.95	112,900	11,481
Jul 2018	$90.85	$85.19	112,057	11,263
Aug 2018	$95.46	$92.28	112,621	11,263

Online portal shows results day and night for all risk contracts; this view is pharmacy trends for one health center vs. C3 since 3/2018

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2020 Example Output of Actuarial Dashboard

Summary of Shared Savings/Losses

Health Center	Member Months	Risk Tier	Claims Incurred PMPM	Risk-Adjusted Benchmark PMPM	Shared Savings/Losses PMPM Prior to IFA/...	Shared Savings/Losses PMPM after IFA/Ris...	Shared Savings/Losses $ after IFA/Risk Sharing
Brockton	177,273	2	$454.58	$487.23	$32.65	$4.09	$724,987
Cape Cod	43,804	2	$658.20	$766.31	$108.11	$9.29	$406,955
Charles River	63,660	2	$311.86	$297.15	($14.71)	($0.47)	($30,116)
Dimock	55,479	1	$511.36	$543.65	$32.29	$9.32	$516,914
East Boston	305,479	1	$383.39	$433.40	$50.01	$12.05	$3,681,597
Edward Kennedy	134,100	2	$382.50	$404.71	$22.21	$2.31	$310,296
Family HC	175,934	2	$536.83	$566.01	$29.18	$4.35	$765,853
Fenway	45,041	2	$944.43	$958.30	$13.87	$3.40	$153,008
Fitchburg	89,788	2	$521.35	$595.32	$73.98	$7.85	$704,503
Franklin	35,521	3	$457.86	$508.69	$50.82	$2.13	$75,567
HSH	14,059	3	$921.29	$1,060.30	$139.01	$6.07	$85,378
Hilltown	17,985	3	$386.65	$419.44	$32.80	$1.59	$28,549
Holyoke	133,634	2	$512.36	$589.07	$76.71	$9.04	$1,208,431
Island	6,180	3	$689.25	$447.80	($241.44)	($1.16)	($7,175)
Lynn	210,337	2	$446.32	$467.46	$21.13	$3.45	$724,765
NEW Health	17,279	2	$576.76	$669.49	$92.73	$7.91	$136,695
North Shore	55,781	3	$608.49	$649.52	$41.03	$3.72	$207,333
Upham	71,342	2	$391.71	$410.94	$19.23	$4.36	$310,857
C3 Overall	**1,652,676**		**$474.67**	**$490.29**	**$15.61**	**$5.63**	**$9,311,684**

Based on current estimates, we will pay out $10.0M in shared savings, about $690,000 more than we receive from MassHealth

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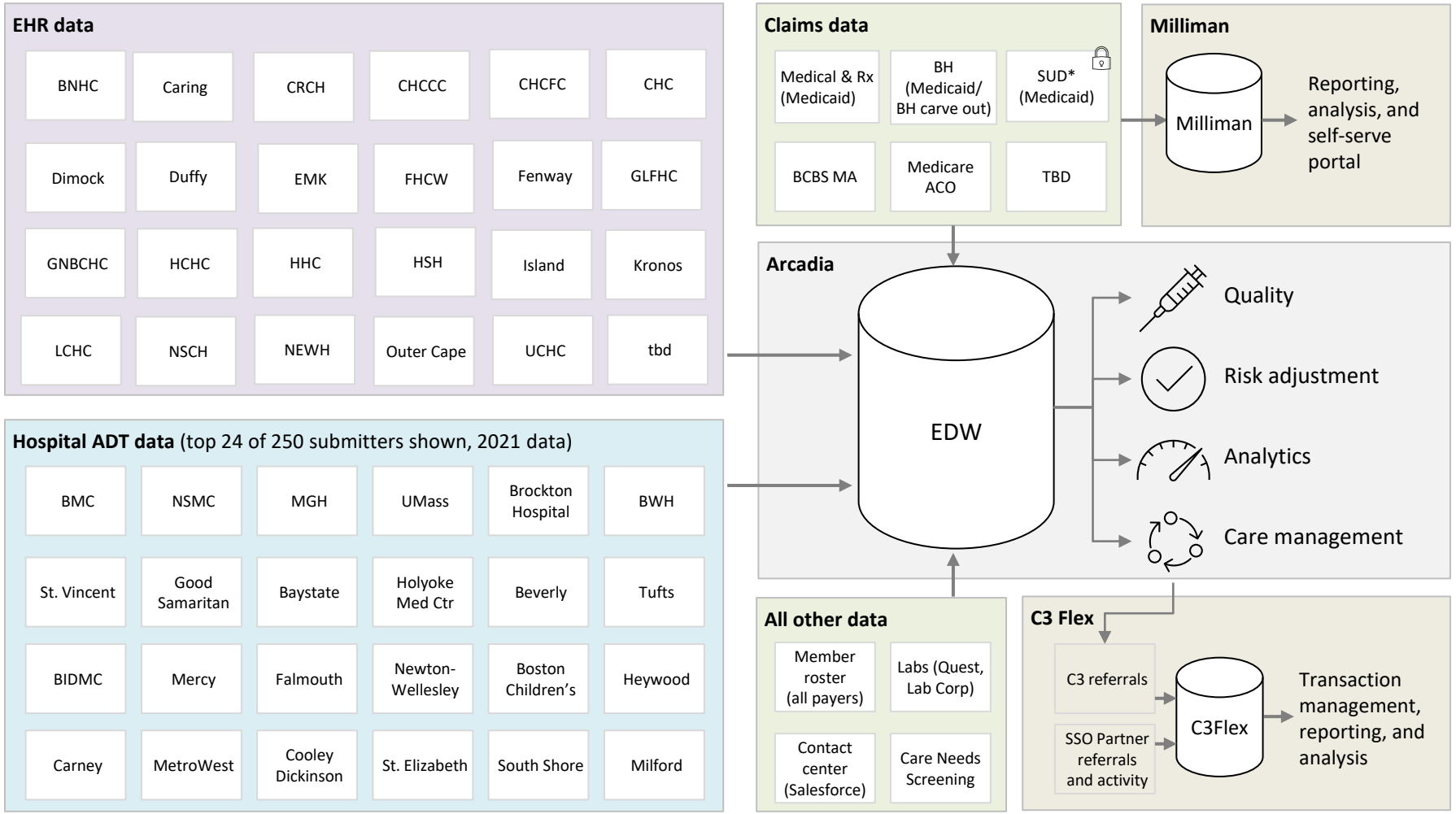
We expect to recommend a change in the Island benchmark to reflect the high cost associated with the Critical Access Hospital on Martha's Vineyard

Example: C3's aggregates data from multiple sources on behalf of its FQHCs



*SUD data available under separate Business Associate Data Management and Confidentiality Agreement; not ingested in Arcadia EDW