Medicare Shared Savings Program Waiver Disclosures

The Board of Managers of Accountable Care Organization of Pennsylvania, LLC ("DVACO") a has approved the following arrangements as detailed below under the waivers of certain federal fraud and abuse law made available by the Centers for Medicare and Medicaid Services and the US Department of Health and Human Services Office of Inspector General in connection with the Medicare Shared Savings Program and has made a bona fide determination that such arrangements are reasonably related to the purposes of the MSSP.

Pursuant to the final rule addressing "Waivers in Connection With the Shared Savings Program," DVACO identifies the arrangements for which waiver protection is sought as follows:

1. Distribution of payments from Integrated Provider Performance Incentive Plan Version 2.0 ("IPPIP"): DVACO distributes funds earned under IPPIP, an accountable care model designed by Independence Blue Cross to incent and reward superior quality and cost-effective care, to certain of its participating practices. The dates of the arrangement are 10/13/2013 – present, and the parties to the arrangement are City Line Family Medicine, Haverford Medical Associates, Lewis Family Practice, Peter R. Honig, Radnor Family Practice, Ritner Medical Associates, Steingard and Testa, Whitford Family Practice and Main Line Health Care.

2. Small Incentive Payment Arrangements: DVACO distributes incentive payments of under $200,000 from payers other than Medicare to its participating providers in accordance with DVACO's 2014 Medicare Shared Savings Program ("MSSP") Distribution Model (based on attribution) to the extent such model can reasonable be applied to such incentive payments and otherwise as is consistent with the purposes of the MSSP. The dates of the arrangement are 10/13/2013 – present, and all DVACO participants (http://dvaco.org/public-reporting/) are eligible for such payments to the extent applicable.

3. Care Coordination Support: DVACO, directly and through its member Clinically Integrated Networks, provides support for care coordination resources embedded in its participating providers' practices ("CCS"). The dates of the arrangement are 2/16/2015 – present, and all

DVACO physician practice participants (http://dvaco.org/public-reporting/) are eligible for such support.

4. PCMH Support: DVACO provides in-kind support for the transformation of its participating providers' practices' transformation to a patient centered medical home ("PCMH"). The dates of the arrangement are 2/16/2015 – present, and all DVACO physician practice participants (http://dvaco.org/public-reporting/) are eligible for such support.

5. Patient Experience Surveys: DVACO provides funding for surveys of patient experience using nationally recognized tools and processes to its participating providers ("PES"). The dates of the arrangement are 2/16/2015 – present, and all DVACO physician practice participants (http://dvaco.org/public-reporting/) are eligible for such support.

6. EMR Support: DVACO provides in-kind support with respect to the electronic medical record ("EMR") for population health operations, including but not limited to, chronic care management and care coordination ("EMR Support"). The EMR Support includes but is not limited to supplying information and assistance regarding improved work-flow and EMR use, and/or assistance to address the participant's limitations in producing quality metric information. The dates of the arrangement are 2/16/2015 – present, and all DVACO physician practice participants (http://dvaco.org/public-reporting/) which request such support or those DVACO participants for which DVACO deems such support appropriate pursuant to a corrective action plan under the participant's Participant Agreement with DVACO are eligible for such support.

7. GPRO Support. DVACO provides support to its physician providers in order to facilitate the collection of the GPRO data from the providers ("GPRO Support"). The GPRO Support will be in the following forms: (i) supplying information and assistance to DVACO physician practices regarding improved work-flow and EMR use, and/or assistance to address the practice's limitations in producing quality metric information; and/or (ii) providing monetary compensation to the physician practice or the clinically integrated network to which the physician practice belongs to collect and report the practice's GPRO data. The dates of the

arrangement are 2/3/2016 – present, and all DVACO physician practice participants (http://dvaco.org/public-reporting/) are eligible for such support.

8. Laboratory Data. DVACO receives enhanced data at no charge from LabCorp and Quest, and will make all or part of such data available to DVACO's providers ("Laboratory Arrangement") for the sole purpose of enhancing DVACO's databases and its providers' management of DVACO's attributed members under MSSP and private payer agreements and related quality reporting metrics. The dates of the arrangement were 2/3/2016 – present, and all DVACO participants (http://dvaco.org/public-reporting/) are eligible to receive such data.

9. Funds Flow Model for Performance Years Prior to 2016. DVACO has implemented a Funds Flow Distribution Methodology which includes Care Coordination support in connection with selected DVACO Payer Agreements, including but not limited to, chronic care management and care coordination to DVACO attributed beneficiaries for performance years prior to 2016. The dates of the arrangement are 2/3/2016 – present, and all DVACO participants (http://dvaco.org/public-reporting/) are eligible to receive distributions according to such methodology to the extent they participated in DVACO Payer Agreements prior to performance year 2016.

10. Preferred Skilled Nursing Facility Network: DVACO seeks to use informed clinical criteria reflecting optimal care in the skilled nursing setting to invite certain skilled nursing providers to become part of a network of skilled nursing providers who exemplify the optimal processes, qualifications and criteria that have been identified and who are similarly aligned with the DVACO mission of promoting health services quality, reducing the cost of care and improving the care delivery experience for patients. In order to be in the Preferred Network Skilled Nursing Facility providers will sign an agreement with DVACO where they will agree to commit to the participation criteria which focuses on clinical capabilities and medical coverage, communication and collaboration, access and transitional care management and quality performance measures. The dates of the arrangement are 8/2/2016 – present, and includes the skilled nursing facilities listed here: http://dvaco.org/preferred-partners-2.

11. Funds Flow Model for Performance Year 2016: DVACO uses a CIN Funds Flow Distribution Methodology for use in connection with the MSSP distributions, the DVACO/Aetna contract and all other private payer contracts entered into by DVACO for performance year 2016 and thereafter, unless and until the CIN Funds Flow Distribution Methodology is modified or replaced by the DVACO Board. The dates of the arrangement are 8/2/2016 – present and all DVACO participants (http://dvaco.org/public-reporting/) are eligible to receive distributions according to such methodology to the extent they participated in DVACO Payer Agreements in performance year 2016.

12. Connectivity Support: DVACO provides in-kind and/or direct payments to its participants for the purpose of engaging vendors to construct interfaces that will connect the participants' electronic medical record to DVACO's Wellcentive population health system. The dates of the arrangement are 8/2/2016 – present and all DVACO physician practice participants (http://dvaco.org/public-reporting/) are eligible to receive such support.

13. Funds Flow Model for Performance Year 2017 and thereafter: DVACO uses a CIN Funds Flow Distribution Methodology for use in connection with the MSSP distributions, the DVACO/Aetna contract and all other private payer contracts entered into by DVACO for performance year 2017 and thereafter, unless and until the CIN Funds Flow Distribution Methodology is modified or replaced by the DVACO Board. The dates of the arrangement are 6/15/2017 – present and all DVACO participants (http://dvaco.org/public-reporting/) are eligible to receive distributions according to such methodology to the extent they participate in DVACO Payer Agreements in performance year 2017 and thereafter.

14. Strategic Select Partner Program. DVACO has identified certain skilled nursing facilities ("SNFs") to which DVACO member providers frequently discharge patients. When such facilities do not meet the current criteria to qualify as participants in DVACO's Preferred Network of SNFs, DVACO may enter into Strategic Select Partner Agreements with such SNFs in order to support these facilities in their commitment to (1) follow current evidence based best practices; (2) participate in DVACO's event notification system; and (3) take other such actions to coordinate care

for beneficiaries assigned to DVACO. The dates of these Strategic Select Partner Agreements are January 1, 2019 to present, and as providers become Eligible SNFs, they will be added to the list found here (https://dvaco.org/wp-content/uploads/2022/01/2022-Strategic-Select-SNF-Network-1.28.2022.pdf)

15. Preferred Home Health Organization Network Waiver. DVACO has identified evidence informed clinical criteria reflecting optimal care in the home health care setting that includes but is not limited to performance against CMS Home Health Compare quality, process and patient experience metrics; cooperation with care coordination goals; best practices related to hospital admission avoidances, patient centered care, and end of life care. DVACO uses this information to invite home health organizations to become part of a network of home health organizations who exemplify said optimal processes, qualifications and criteria and who are similarly aligned with the DVACO mission of promoting health service quality, reducing the cost of care and improving the care delivery experience for patients (the "Preferred HHO Network"). DVACO has entered into Preferred Network Agreements with such home health organizations to promote accountability for the quality, cost, and overall care of patients in the community that DVACO serves. The dates of these Preferred Network Agreements are October 1, 2017 to present and can be found here (https://dvaco.org/preferred-partners/).

16. Practice Optimization Support and Training**.** The DVACO Board of Managers has approved an arrangement under which DVACO will reimburse physician practices that are DVACO MSSP Participants for attending education and training sessions developed by DVACO. The reimbursement is paid to those clinicians and administrative personnel of the practices, who (1) attest to managerial responsibility for workflow and (2) that otherwise qualify for the reimbursement, per the then-current terms of DVACO policy. The purpose of these education and training sessions is to improve their practices' performance and workflow with respect to care coordination, quality of care and service, patient engagement, clinical documentation and optimization of EMR use ("Practice Optimization Support and Training"). DVACO's

goals in providing the Practice Optimization Support and Training are to enhance its physician practice MSSP Participants' ability to engage with, coordinate the care of, render quality care and service to, and accurately and efficiently document the conditions of, Medicare fee-for -service beneficiaries. The dates of the arrangement are June 19, 2018 – present and all DVACO MSSP physician practices (http://dvaco.org/public-reporting/) are eligible for such support and training.

17. Preferred Hospice Organization Network Waiver. DVACO has identified evidence informed clinical criteria reflecting optimal care in the hospice care setting that includes but is not limited to performance against CMS Hospice Compare; process and patient experience metrics; claims-based efficiency measures; cooperation with care coordination goals; patient centered care; and best practices related to end of life care. DVACO uses this information to engage with certain hospice organizations that exemplify said optimal processes, qualifications and criteria and that are similarly aligned with the DVACO mission of promoting a redesigned care process for high quality and efficient service delivery for patients. DVACO will enter into Preferred Network Agreements with such hospice organizations to promote accountability for the quality, cost, and overall care of patients in the community that DVACO serves, including, but not limited to Medicare fee for service beneficiaries. Criterion for inclusion and performance of our Preferred Network will be reviewed regularly and updated as necessary. A listing can be found here (https://dvaco.org/preferred-partners-2/).

18. Preferred Outpatient Therapy Network. DVACO seeks to use information derived from: i) claims informed clinical efficiency measures reflecting optimal care for frail elders who receive outpatient therapy, and ii) evidence informed clinical criteria that includes, but is not limited to: cooperation with care coordination goals, best practices related to hospital admission avoidance, patient centered care, and end of life care to invite outpatient therapy organizations to become part of a network of outpatient therapy organizations who exemplify the optimal efficiency measure, processes, qualifications and criteria that have been identified and/or who are similarly aligned with the DVACO mission of promoting health service quality, reducing the cost of care and improving the care delivery experience for patients (the "Preferred Outpatient Therapy Network"). DVACO's goals in establishing the Outpatient Therapy Organization Network are to enhance its physician practice MSSP Participants' ability to

engage, coordinate care, render quality care and service to, and accurately and efficiently document the conditions of and services rendered to, Medicare fee-for-service beneficiaries.

Those outpatient therapy organizations who become participants in the Preferred Outpatient Therapy Network, will sign an agreement ("Preferred Network Agreement") with DVACO where they will agree to, among other things, cooperate with DVACO in care coordination and share clinical information with DVACO ("Preferred Network Obligations") and in return DVACO will agree to grant the outpatient therapy organizations Preferred Outpatient Therapy Organization status.

Outpatient therapy organizations within the Preferred Outpatient Therapy Network may, as a result of being in the Preferred Outpatient Therapy Network, receive or make referrals of DVACO patients from/to DVACO member providers, and such patients may be MSSP Beneficiaries or participants under certain commercial agreements held by DVACO (based on participation with said commercial payers) or DVACO hospitals. The dates of the Preferred Outpatient Therapy Preferred Network Agreements are January 2020 to the present, and as providers become participants they will be added to the list found here (https://dvaco.org/preferred-partners-2/).

19. Community Connect Support. The Boards have considered an arrangement under which DVACO participant hospitals ("Participant Hospitals") will provide fully subsidized support ("Community Connect Support") to eligible independent physician practices that are current DVACO participants ("Physician Participants") for the purposes of connecting the Physician Participants' electronic health records to the Participant Hospitals' EPIC electronic health record. The goals in providing the Community Connect Support are to promote accountability for the quality, cost, and overall care of patients in the community that DVACO serves; to improve the health and the clinical experience of DVACO's patient population; and to promote redesigned care processes for high quality and efficient service delivery for patients, all of which are reasonably related to the purposes of the MSSP. Eligibility criteria for each Participant Hospital's Community Connect Support program shall be developed by the Participant Hospital and consistently and uniformly applied to each requesting Physician Participant. Community Connect Support will include, but not be limited to

and software technology, information technology support, training, and implementation. The applicable dates for this waiver are February 27, 2020 to the present.

20. Support for Electronic Clinical Quality Measures Reporting. Current requirements set forth by the Centers for Medicare & Medicaid Services ("CMS") obligate all primary care physician practices in the Medicare Shared Savings Program to report quality metrics via electronic Clinical Quality Measures ("eCQM") processes in a file that will facilitate the aggregation of individual practice data to create a single ACO-wide score for each of the measures to be reported to CMS for all patients of the aforementioned practices, whether such patients are Medicare beneficiaries or not. This obligation is expected to be in place no later than 2024. Since some electronic medical record vendors charge for eCQM reporting and/or for the generation of the required files for eCQM reporting, the Boards have approved an arrangement whereby DVACO will provide a subsidy of up to $350/year for each DVACO primary care practice, subject to the execution of an agreement, as reimbursement for costs incurred by the practices in connection with the payment of such vendors ("ECQM Support"). In approving these arrangements, the Boards find ECQM Support to be consistent with the goals of the MSSP: promoting accountability for quality, cost and the overall care for Medicare beneficiaries. The dates of the arrangement are July 29, 2021 – present and all DVACO MSSP physician practices are eligible for such support.

21. Care Coordination, Practice Transformation and Data Analytic Support Reasonably Related to the Purposes of the Medicare Shared Savings Program. HHS has stated that arrangements between ACOs and providers furnishing care to beneficiaries in an ACO, who are not ACO participants or ACO providers/suppliers ("Outside Parties"), to promote care coordination for the Outside Parties' patients or to encourage quality improvement can be protected under certain "pre-participation" and "participation" waivers along with arrangements with DVACO Participants. The DVACO Board has considered the arrangements under which physicians practices which are DVACO Participants or Outside Parties receive; (i) support for care coordination to serve the practices' patients ("Care Coordination Support"); (ii) support towards the

transformation of the practices consistent with the principles a patient centered medical home ("Transformation Support"); and (iii) data analytics support relative to such practices' quality and cost performance with respect to beneficiaries in an ACO and other pay for value programs ("Analytic Support"); and determined that DVACO's goals in providing Transformation Support, Care Coordination Support and Analytic Support are reasonably related to the purposes of the MSSP. The applicable dates for this waiver are October 28, 2021 to the present.

22. HCC Coding Module. DVACO provides access to an HCC coding module to its physician practice participants (https://dvaco.org/public-reporting/) to improve HCC coding accuracy and compliance and enhance DVACO's ability to account for the quality, cost of care, and its assigned Medicare beneficiaries. The dates of the waiver are March 24, 2022 to present.