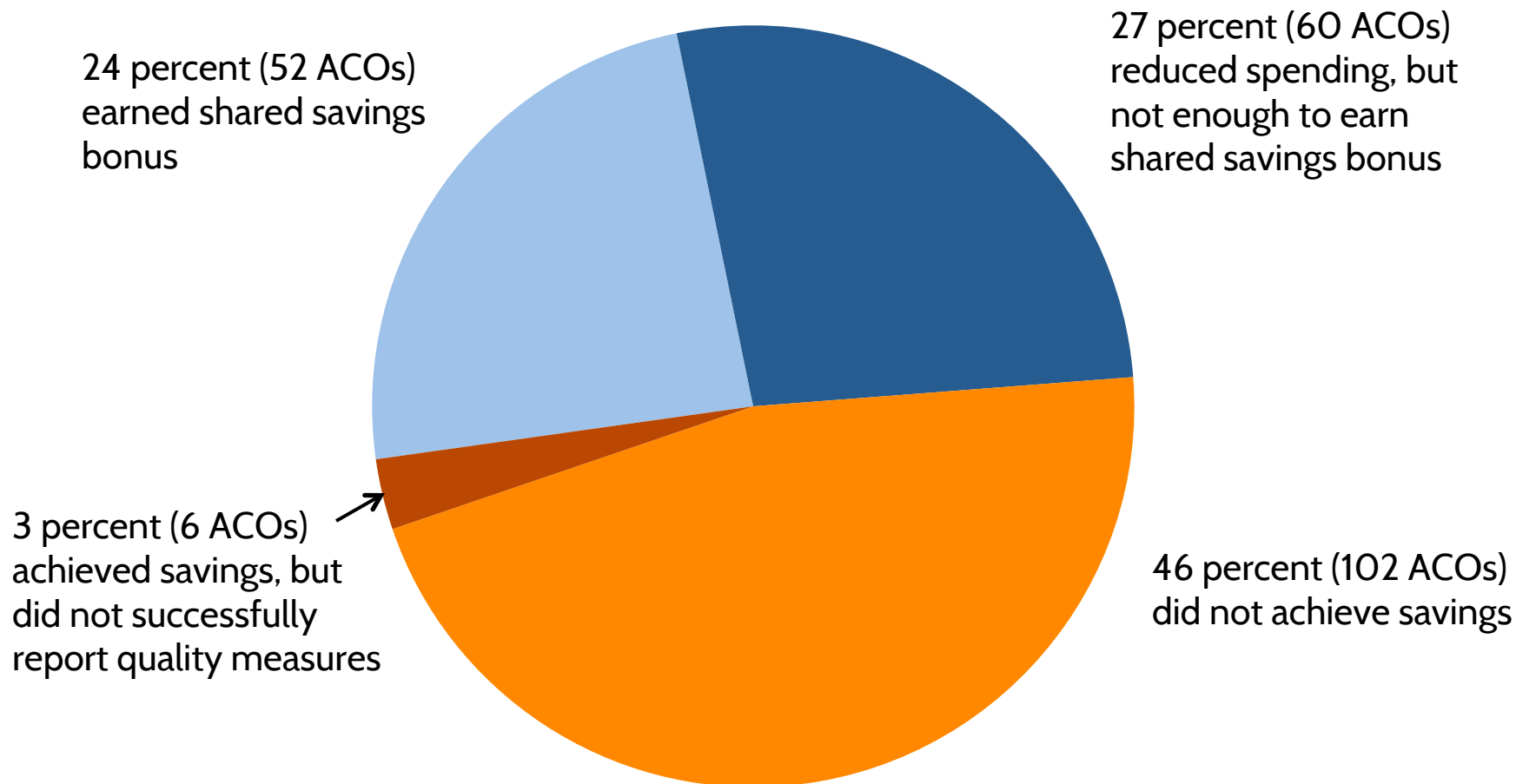


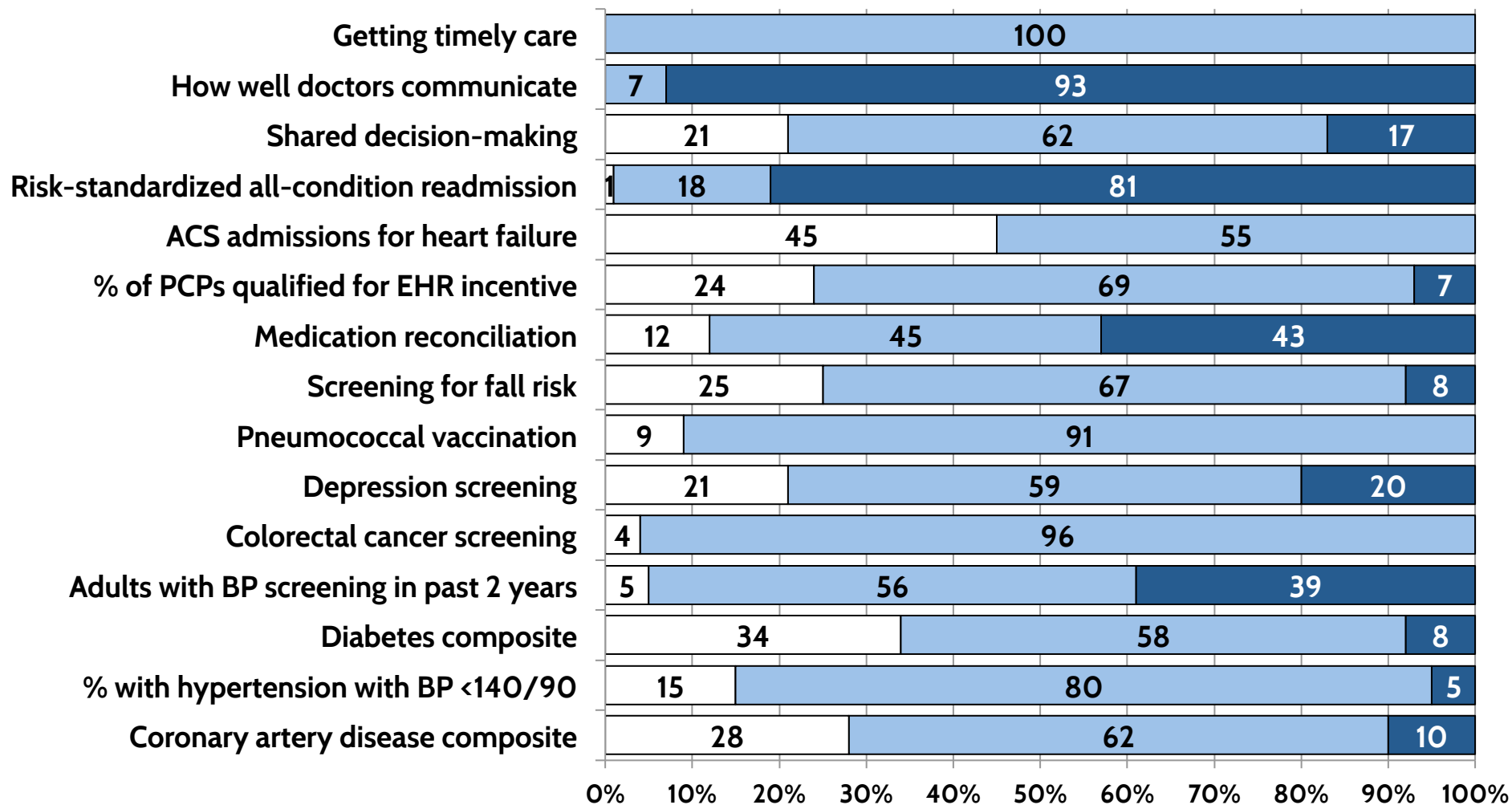
Exhibit 1. Medicare Shared Savings Program: Year 1 Performance of Participating Accountable Care Organizations (2013)



220 Medicare Shared Savings Program ACOs

Exhibit 2. Percentage of Accountable Care Organizations in the Medicare Shared Savings Program Meeting Select Quality Benchmarks (2013)

□ Did not meet benchmark
 ▒ Met minimum quality benchmark
 ■ Met maximum quality benchmark



Notes: Benchmarks are set based on the performance of Medicare providers not participating in the Shared Savings Program.

ACS = ambulatory care-sensitive.

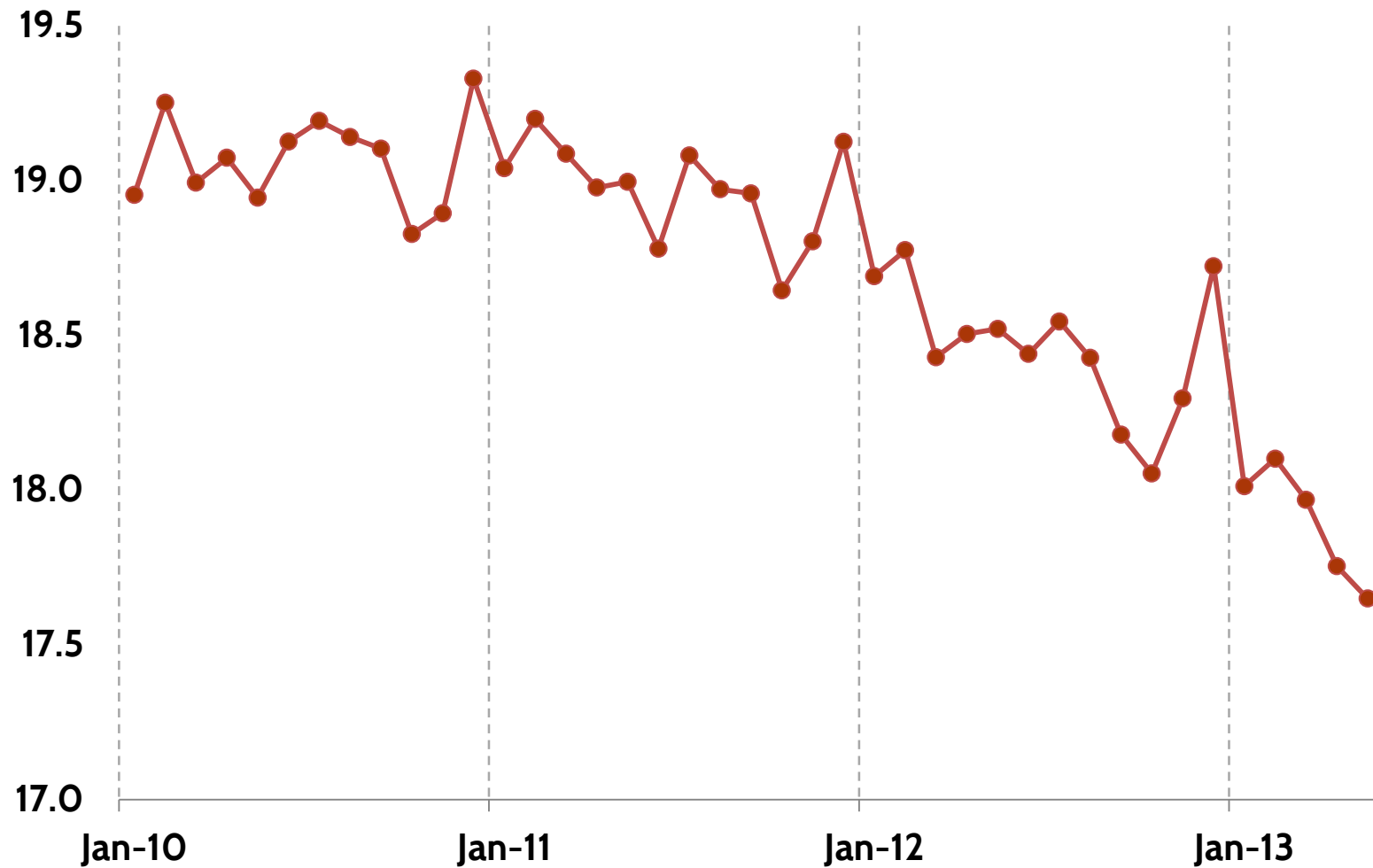
Source: Centers for Medicare and Medicaid Services, <https://data.cms.gov/ACO/Medicare-Shared-Savings-Program-Accountable-Care-O/yuq5-65xt>.

Exhibit 3. Select CMS Innovation Center Initiatives on Primary Care Transformation

	Comprehensive Primary Care Initiative	Multi-Payer Advanced Primary Care Practice Demonstration	FQHC Medical Home Demonstration	Independence at Home	Total
Patients	2,534,506	2,225,537	Total n/a; 207,000 Medicare beneficiaries	8,300	4,768,343
Providers	2,494	3,837	2,700	347	9,378
Multiple payers?	Yes	Yes	No	No	2/4 initiatives
Total payments to date	\$153.2M	\$99.2M	\$41.7M	Have not issued payments	\$294.1M
Early results	In year 1, initiative generated nearly enough savings to cover \$20 care management fee paid, although not enough for net savings. Across all seven regions, emergency department visits decreased by 3% and hospital admissions by 2%. Quality results mixed.	Generated \$4.5 million in savings across eight states.	73% of 492 participating health centers achieved Level 3 Patient-Centered Medical Home recognition based on standards set by National Committee for Quality Assurance, short of 90% goal set in 2011.	No results yet	

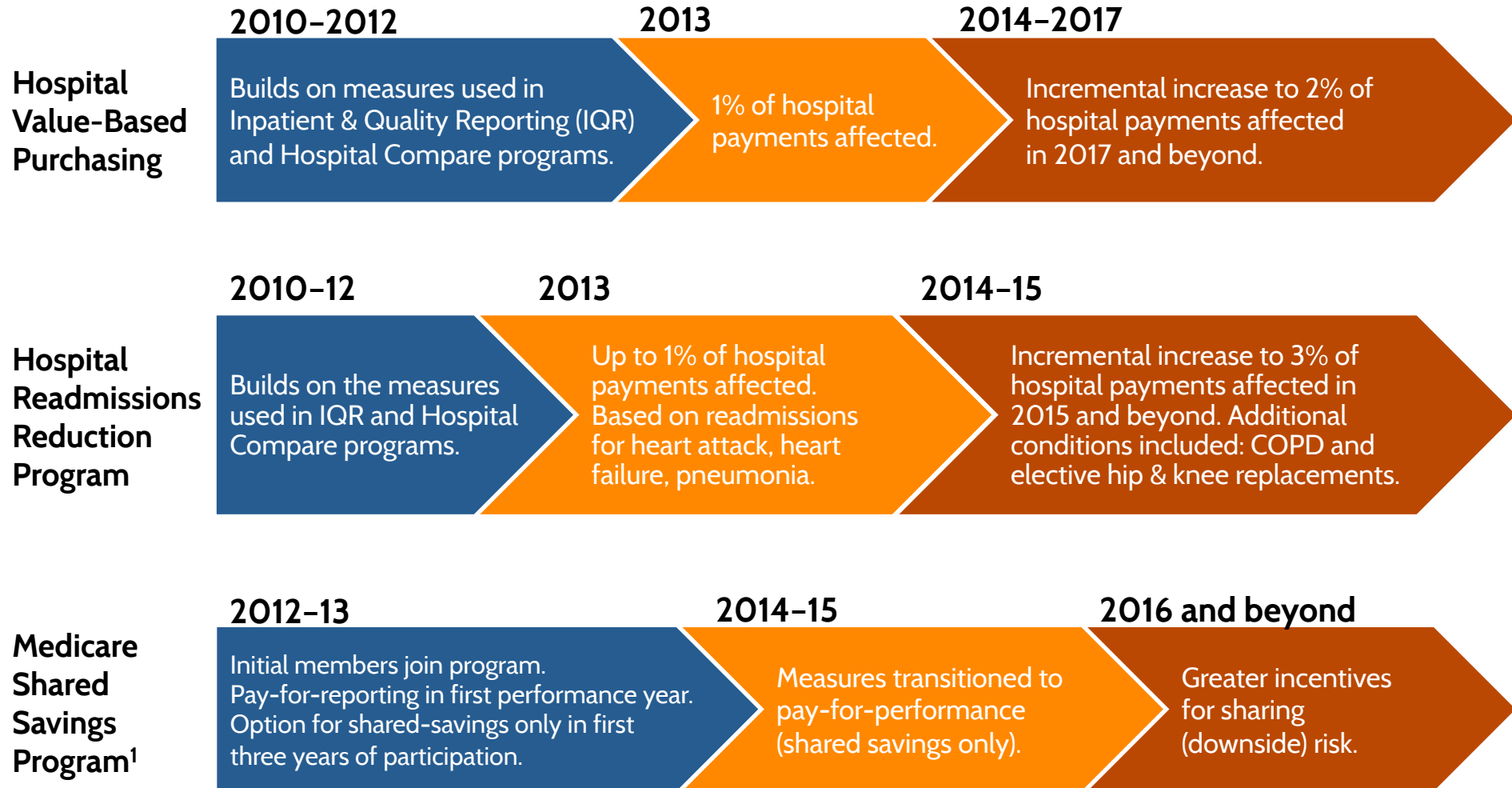
Exhibit 4. Change in All-Cause 30-Day Hospital Readmission Rates

Percent



Source: Patrick Conway, Office of Information Products and Data Analytics, Centers for Medicare and Medicaid Services.

Exhibit 5. Accelerating Implementation of Key Payment Reform Provisions



¹ Builds on Physician Group Practice demonstration. Pioneer and Advanced Payment ACOs also launched through the Center for Medicare and Medicaid Innovation in 2012 with more-sophisticated provider organizations.

Exhibit 6. CMS Innovation Center's Focus Areas and Selected Initiatives

Accountable Care

- Pioneer ACOs
- Advance Payment ACOs

Bundled Payment for Care Improvement

- Model 1: Retrospective Acute Care
- Model 2: Retrospective Acute and Postacute Care Episode
- Model 3: Retrospective Postacute Care
- Model 4: Prospective Acute Care

Primary Care Transformation

- Comprehensive Primary Care Initiative
- Advanced Primary Care Practice Demonstration (Federally Qualified Health Centers)
- Independence at Home Demonstration
- Multi-Payer Advanced Primary Care Practice Demonstration

Initiatives to Speed the Adoption of Best Practices

- Innovation Advisors Program
- Partnership for Patients

Initiatives Focused on the Medicaid and CHIP Population

- Medicaid Emergency Psychiatric Demonstration
- Medicaid Innovation Accelerator Program
- Strong Start for Mothers and Newborns
- Medicaid Incentives for Prevention of Chronic Diseases

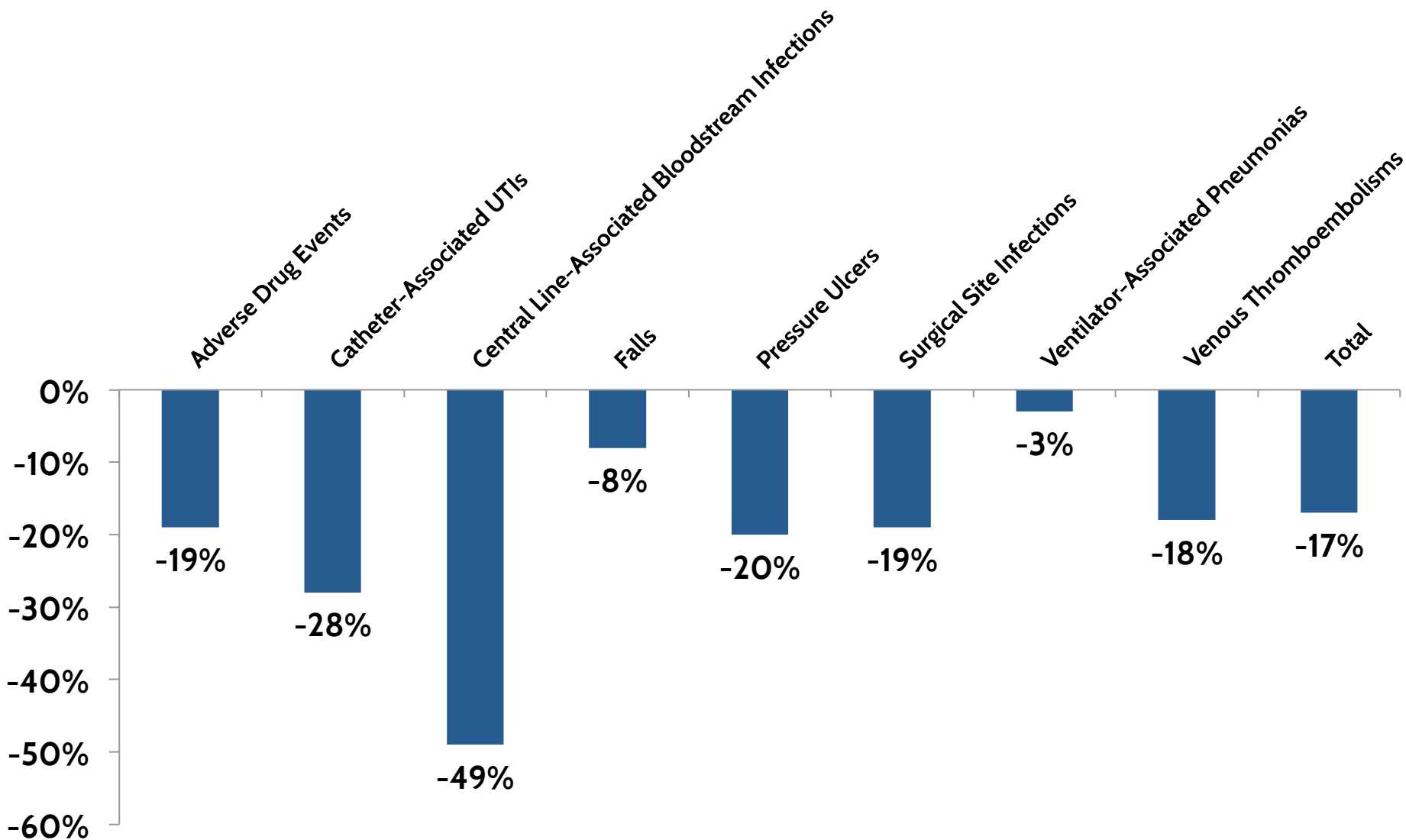
Initiatives Focused on Medicare-Medicaid Enrollees

- Financial Alignment Initiative
- Initiative to Reduce Avoidable Hospitalization Among Nursing Facility Residents

Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models

- Health Care Innovation Awards
- State Innovation Models Initiative

Exhibit 7. Change in Rates for Hospital-Acquired Conditions, 2010–13



Source: Agency for Healthcare Research and Quality, *Efforts to Improve Patient Safety Result in 1.3 Million Fewer Patient Harms: Interim Update on 2013 Annual Hospital-Acquired Condition Rate and Estimates of Cost Savings and Deaths Averted from 2010 to 2013*, Dec. 2014.