New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program

DSRIP Scoring Summary:

United Health Services Hospitals, Inc

Table of Contents

PPS Informational Page and Proposal Overview

PPS Name: United Health Services Hospitals, Inc
PPS Lead Organization: United Health Services Hospitals, Inc
PPS Service Counties: Broome, Chemung, Chenango, Cortland, Delaware, Schuyler, Steuben, Tioga, Tompkins
Attributed Lives for Valuation: 95,489

Goals of the PPS:
1. Create an Integrated Delivery System (IDS)
2. Cost effective utilization
3. Workforce Transformation
4. Ensure sustainability
5. Cost effective utilization
6. Workforce Transformation
7. Ensure sustainability

Network Composition:

Provider Types	Total Providers in Network
Primary Care Physicians	**301**
Non-PCP Practitioners	**584**
Hospitals	**12**
Clinics	**38**
Health Home / Care Management	**13**
Behavioral Health	**67**
Substance Abuse	**15**
Skilled Nursing Facilities / Nursing Homes	**22**
Pharmacy	**1**
Hospice	**5**
Community Based Organizations	**26**
All Other	**395**

Projects Selected – Summary Table

Project Selection	Project Title	Index Score	Number of PPS' Pursuing Project	% of PPS' Selecting Project
2.a.i	Create Integrated Delivery Systems focused on Evidence-based Medicine/Population Health Management	56	22	88%
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	43	17	68%
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	41	7	28%
2.c.i	Development of community-based health navigation services	37	5	20%
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	56	14	56%
3.a.i	Integration of primary care and behavioral health services	39	25	100%
3.a.ii	Behavioral health community crisis stabilization services	37	11	44%
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	30	15	60%
3.g.i	Integration of palliative care into the PCMH Model	22	9	36%
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	20	13	52%
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	17	11	44%
	Cumulative Index Score	**398**		
	PPS Rank by Cumulative Index Score	**13**		

Organizational and Project Scoring Summary Tables

Organizational Component Scores

Please note, the organizational component score is worth 30% of the final score with the Project score representing 70% of the overall score for each DSRIP project.

| Section Points Possible | | Reviewer Scores | | | | | | Subjective Scores | | | | Objective Score | Final Org Score[2] |
Section	Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score[1]	Workforce Score	
Executive Summary	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	**Pass**
Governance	25	22.83	24.79	23.98	24.27	21.79	25.00	24.13	23.78	24.18	24.18	N/A	**24.18**
Community Needs Assessment	25	25.00	24.79	24.17	24.17	24.58	24.38	24.48	24.51	24.51	24.51	N/A	**24.51**
Workforce Strategy	20	16.00	15.63	16.00	15.55	14.77	16.00	15.82	15.66	15.84	15.84	2.00	**17.84**
Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	5.00	5.00	4.83	4.72	4.83	5.00	4.92	4.90	4.90	4.92	N/A	**4.92**
PPS Cultural Competency/Health Literacy	15	15.00	15.00	15.00	14.17	15.00	15.00	15.00	14.86	15.00	15.00	N/A	**15.00**
DSRIP Budget & Flow of Funds	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	**Pass**
Financial Sustainability Plan	10	10.00	9.44	9.07	10.00	9.26	10.00	9.72	9.63	9.63	9.72	N/A	**9.72**
												Total	**96.16**

[1] **Selected Subjective Score** is the highest of the median, average, and trimmed average

[2] **Final Org Score** is the sum of the *Selected Subjective Score* and *Workforce Score*

Project Scores

Please note, the project scores are worth 70% of the final score with the Organizational score representing 30% of the overall score for each DSRIP project.

Points Possible		Reviewer Scores						Subjective Scores				Objective Scores		Total Project Score[2]
Project #	Subjective Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score[1]	Scale Score	Speed Score	
2.a.i	40	33.33	40.00	38.33	36.67	40.00	40.00	39.17	38.06	39.00	39.17	14.23	32.50	**85.90**
2.b.iv	20	17.33	20.00	20.00	20.00	16.00	20.00	20.00	18.89	19.47	20.00	29.39	35.83	**85.22**
2.b.vii	20	17.33	20.00	16.00	20.00	17.33	20.00	18.67	18.44	18.44	18.67	25.30	33.75	**77.72**
2.c.i	20	16.00	20.00	20.00	20.00	14.67	20.00	20.00	18.44	19.20	20.00	30.00	40.00	**90.00**
2.d.i	20	17.33	20.00	20.00	20.00	18.67	20.00	20.00	19.33	19.73	20.00	33.33	33.50	**86.83**
3.a.i	20	17.33	20.00	16.00	20.00	18.67	20.00	19.33	18.67	19.20	19.33	28.02	33.50	**80.85**
3.a.ii	20	17.33	20.00	17.33	20.00	17.33	20.00	18.67	18.67	18.67	18.67	27.47	33.50	**79.63**
3.b.i	20	20.00	20.00	15.00	20.00	16.67	20.00	20.00	18.61	19.33	20.00	23.29	31.25	**74.54**
3.g.i	20	17.33	20.00	17.33	20.00	13.33	20.00	18.67	18.00	18.93	18.93	23.64	38.00	**80.58**
4.a.iii	100	77.78	100.00	100.00	100.00	88.89	100.00	100.00	94.44	97.78	100.00	0.00	0.00	**100.00**
4.b.ii	100	83.33	94.44	83.33	94.44	88.89	100.00	91.67	90.74	90.74	91.67	0.00	0.00	**91.67**

[1] **Selected Subjective Score** is the highest of the median, average, and trimmed average

[2] **Total Project Score** is the sum of *Selected Subjective Score, Scale Score, and Speed Score*

Final Application Score Calculation
30% Organizational Score, 70% Project Score + Bonuses

Project #	Organizational Score	Weighted Organizational Score (0.3)	Project Score	Weighted Project Score (0.7)	Bonus (2.a.i IDS)	Bonus (Workforce)	Bonus (2.d.i Project)	Final Application Score
2.a.i	96.16	28.85	85.90	60.13	3	1.33	TBD	**93.31**
2.b.iv	96.16	28.85	85.22	59.66	N/A	1.33	TBD	**89.84**
2.b.vii	96.16	28.85	77.72	54.40	N/A	1.33	TBD	**84.59**
2.c.i	96.16	28.85	90.00	63.00	N/A	1.33	TBD	**93.18**
2.d.i	96.16	28.85	86.83	60.78	N/A	1.33	TBD	**90.97**
3.a.i	96.16	28.85	80.85	56.59	N/A	1.33	TBD	**86.78**
3.a.ii	96.16	28.85	79.63	55.74	N/A	1.33	TBD	**85.93**
3.b.i	96.16	28.85	74.54	52.18	N/A	1.33	TBD	**82.36**
3.g.i	96.16	28.85	80.58	56.40	N/A	1.33	TBD	**86.59**
4.a.iii	96.16	28.85	100.00	70.00	N/A	1.33	TBD	**100.00**
4.b.ii	96.16	28.85	91.67	64.17	N/A	1.33	TBD	**94.35**

Organizational Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Executive Summary	Pass	Pass/Fail	• PPS' Executive Summary received passing evaluation from all scorers	
Governance	24.18	25	• Response adequately identifies the organizational structure and explains why the selected structure will contribute to the PPS' success. For example, use of regional unit's to customize interventions to specific regions • To engage partner stakeholders and keep partners informed the PPS will used a variety of techniques including consistent communication, in-person and WebEx meetings with presentations and discussions to assure understanding and incorporate feedback. • The PPS has mobilized an inclusive PAC with a broad set of stakeholders and CBOs • Response clearly identifies the members of the governing body, as well as their roles and responsibilities • Response clearly outlines mechanisms for addressing compliance problems related to the PPS' operations and performance • Response comprehensively describes processes that will be implemented to support the financial success of the organization and the decision making of the PPS' governance structure	• CBO contracting strategy is not clearly described in the response • Response does not identify the official or describe the type of official who will direct the PPS compliance unit • Response doesn't describe an organized process on how Medicaid beneficiaries and advocates can provide feedback about providers for provider oversight • Response does not include the frequency of monitoring that would serve as the early warning system of low performance

Section	Subjective Points	Points Possible	Strengths	Comments
Community Needs Assessment	24.51	25	• Response adequately explains the Community Needs Assessment's process and methodology • The PPS used a broad set of data sources and community input to develop the CNA (e.g. over 2000 on line surveys, 90 individual interviews, 15 focus groups with 127 participants) • Over 500 Medicaid and uninsured individuals provided input on project selection resulting from the CNA and agreed to continue to inform project design throughout the 5 year DSRIP period • Medicaid beneficiaries provided valuable insight on the gaps, challenges and issues Medicaid patients encounter. • Response clearly explains how the current composition of providers needs to be modified to meet the needs of the community	• Response discusses institutional capacity and occupancy, but does not address whether there is an excess bed capacity that will be reduced over the DSRIP period
Workforce Strategy	15.84	20	• Response successfully summarizes how existing workers will be impacted by possible staff redeployment, retraining, and reductions to workforce • The PPS response describes several of avenues that will be made available to frontline workers to be engaged in the change process and provide feedback to the PPS (e.g. on-site visits, town hall meetings, WebEx, teleconferencing) • Response sufficiently describes new jobs that will be created as a result of this implementation • Response clearly explains steps undertaken in the stakeholder engagement process that contributed to the development of the workforce strategy • Response sufficiently describes the role of labor (intra/inter-entity) representatives	• Response is not clear whether retraining and redeployment options will be voluntary • Response is unclear if a formal assessment has been conducted or will be conducted to fully understand the impact on existing employees' current wages and benefits • The narrative does not describe how frontline workers have already been engaged in the development of the workforce

Section	Subjective Points	Points Possible	Strengths	Comments
Data Sharing, Confidentiality, and Rapid Cycle Evaluation	4.92	5	• Response clearly describes the PPS' plan for an appropriate data sharing arrangement amongst its partner organizations • Response adequately explains how all PPS partners will act in unison to ensure privacy and security of data • The PPS will use the RHIO to connect all PPS providers, for providers where the RHIO may not be available to them the PPS will provide a minimal data standard from which the provider will send data to the PPS to be integrated into the RHIO • Response sufficiently explains how rapid-cycle evaluation will assist in facilitating the successful development of a highly functioning PPS	• Response does not provide details on the data sources the PPS intends to use in DY 1 or examples of the performance metrics to be used • The response does not include information regarding the frequency of the oversight
Cultural Competency/Health Literacy	15.00	15	• Response adequately captures the identified cultural competency challenges • The PPS will assess cultural competency using the Nathan Kline Assessment Scale (NKAS) • The PPS will use CBOs to assess changing cultural gaps and new resources for addressing challenges. The PPS may also contract with CBOs to facilitate translation services • The PPS indicates a commitment to integrate health literacy into the planning, development and implementation phases of all DSRIP projects • The PPS workforce committee will monitor and oversee the cultural competency and health literacy programs	• No significant weakness identified for this project
DSRIP Budget & Flow of Funds	Pass	Pass/Fail	• PPS received passing evaluations in all five Budget & Flow of Funds categories from all scorers	

Section	Subjective Points	Points Possible	Strengths	Comments
Financial Sustainability Plan	9.72	10	• Response comprehensively describes the plan the PPS has developed outlining the PPS' path to financial sustainability and citing any known financial restructuring efforts that will take place • Response clearly explains how the PPS will sustain outcomes after the conclusion of the program	• Response does not provide sufficient details how the PPS will monitor the financial sustainability of each PPS partner
Final Organizational Score	**96.16**	**100**		

Bonus Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Bonus Points – Population Health Management	3	3	• PPS has population health management experience with New York Medicaid population	
Bonus Points - Workforce	1.33	3		• PPS intends to contract with a proven workforce vendor
Bonus Points – 2.d.i	TBD	TBD	• PPS is pursuing project 2.d.i	

Project Scoring Narrative Summaries

Project 2.a.i

PPS Name: United Health Services Hospitals, Inc
DSRIP Project Number: 2.a.i
DSRIP Project Title: Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management
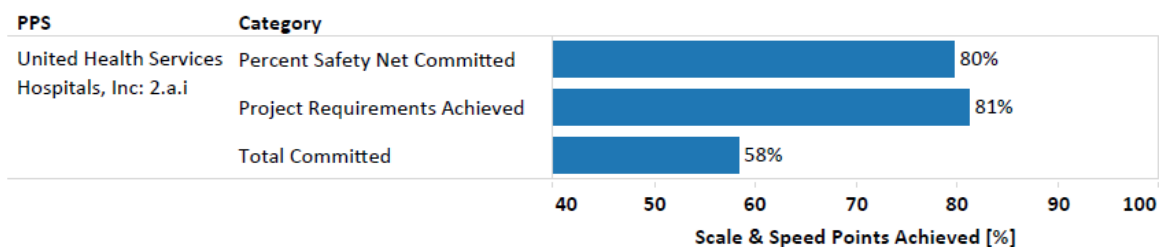**Number of PPS' Pursuing This Project:** 22

Final Application Score
93.31

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
39.17	40	• Response provided sufficient summary of the resources to be mobilized. For instance, PPS will implement telehealth to stretch resources lacking in the region • PPS will cultivate warm referrals into care coordination from patient trusted sources will be key to overcoming this barrier • Response describes how project's governance strategy will evolve all participants into an integrated healthcare delivery system	• Response does not describe any reduction of unnecessary acute or long-term care beds

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points	
United Health Services Hospitals, Inc: 2.a.i	Percent Safety Net Committed	55.34%	7.97	10	
	Project Requirements Achieved	DY3 Q3/Q4	32.50	40	
	Total Committed	1479	5.83	10	

PPS	Category		
United Health Services Hospitals, Inc: 2.a.i	Percent Safety Net Committed		80%
	Project Requirements Achieved		81%
	Total Committed		58%

Scale & Speed Points Achieved [%]

Project 2.b.iv

PPS Name: United Health Services Hospitals, Inc
DSRIP Project Number: 2.b.iv
DSRIP Project Title: Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
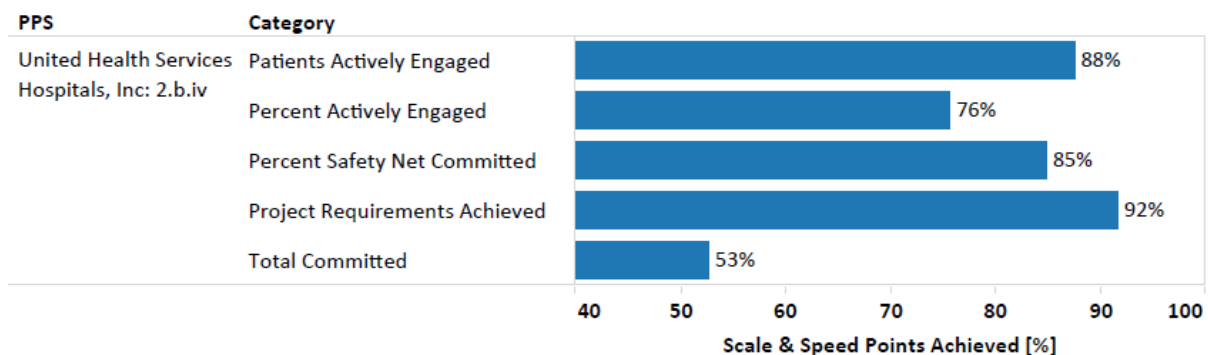**Number of PPS' Pursuing This Project:** 17

Final Application Score
89.84

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	- Response effectively addressed gaps identified by the CNA. For example, leading causes of hospitalizations and ED visits are well defined - Response provides a sufficient summary of the current assets to be mobilized, e.g. PPS will rely on the STRISS care transition team currently used in Tompkins County - Project challenges are clearly defined and response includes an approach for overcoming each	Coordination plans among overlapping PPSs not developed as yet

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
United Health Services Hospitals, Inc: 2.b.iv	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	11.87%	15.13	20
	Percent Safety Net Committed	48.60%	8.48	10
	Project Requirements Achieved	DY2 Q3/Q4	18.33	20
	Total Committed	261	5.28	10

PPS	Category	Scale & Speed Points Achieved [%]
United Health Services Hospitals, Inc: 2.b.iv	Patients Actively Engaged	88%
	Percent Actively Engaged	76%
	Percent Safety Net Committed	85%
	Project Requirements Achieved	92%
	Total Committed	53%

Project 2.b.vii

PPS Name: United Health Services Hospitals, Inc
DSRIP Project Number: 2.b.vii
DSRIP Project Title: Hospital-Home Care Collaboration Solutions
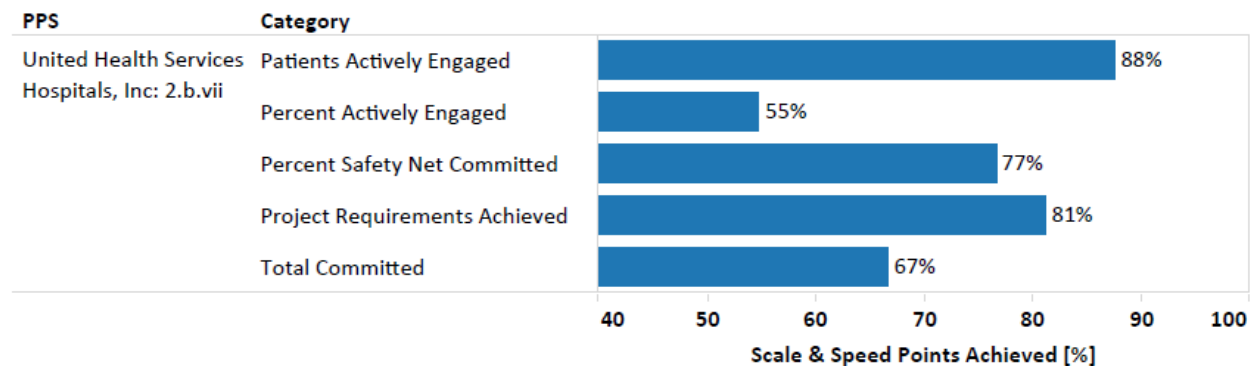**Number of PPS' Pursuing This Project:** 7

Final Application Score
84.59

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.67	20	• Response provides a clear explanation of patient population PPS will target • Response provides a sufficient summary of the current assets to be mobilized. For example, PPS will partner with nursing facilities who have successfully implemented INTERACT to train SNFs • The PPS will use telehealth within the SNFs to overcome the lack of onsite services, allowing MD's and NPs to assess patients in real-time	• The response does not answer whether this project overlaps other service areas

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
United Health Services Hospitals, Inc: 2.b.vii	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	0.75%	10.96	20
	Percent Safety Net Committed	56.14%	7.68	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	23	6.67	10

Project 2.c.i

PPS Name: United Health Services Hospitals, Inc
DSRIP Project Number: 2.c.i
DSRIP Project Title: Development of community-based health navigation services
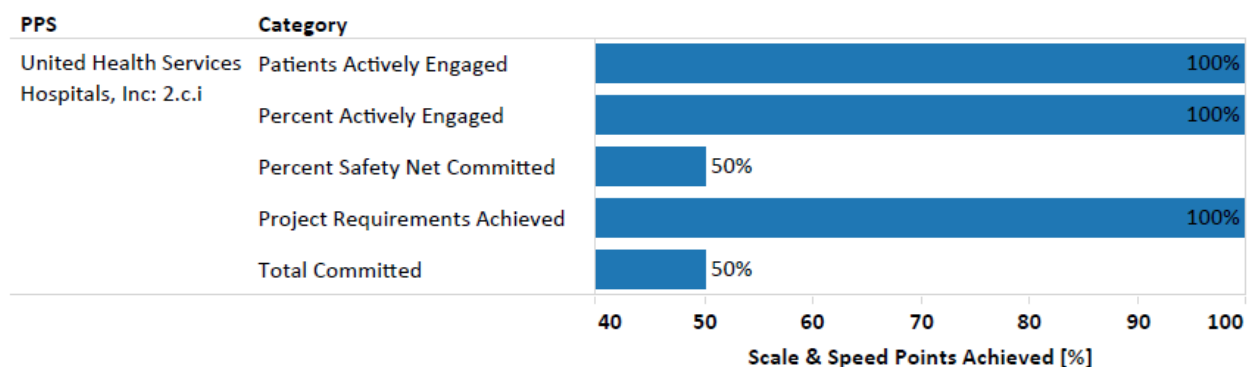**Number of PPS' Pursuing This Project:** 5

Final Application Score
93.18

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• Response sufficiently identifies project challenges PPS will encounter implementing this project. For instance, the PPS will provide training across PPS health navigators specific to customer service and cultural sensitivity to overcome communication challenges • To build upon current resources, the PPS will hire an additional 211 community health navigators to supplement current workforce	• Response needs to provide a fuller discussion of coordination strategies

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
United Health Services Hospitals, Inc: 2.c.i	Patients Actively Engaged	DY3 Q3/Q4	20.00	20
	Percent Actively Engaged	27.75%	20.00	20
	Percent Safety Net Committed	0.32%	5.00	10
	Project Requirements Achieved	DY2 Q3/Q4	20.00	20
	Total Committed	14	5.00	10

PPS	Category	Scale & Speed Points Achieved [%]
United Health Services Hospitals, Inc: 2.c.i	Patients Actively Engaged	100%
	Percent Actively Engaged	100%
	Percent Safety Net Committed	50%
	Project Requirements Achieved	100%
	Total Committed	50%

Project 2.d.i

PPS Name: United Health Services Hospitals, Inc
DSRIP Project Number: 2.d.i
DSRIP Project Title: Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care
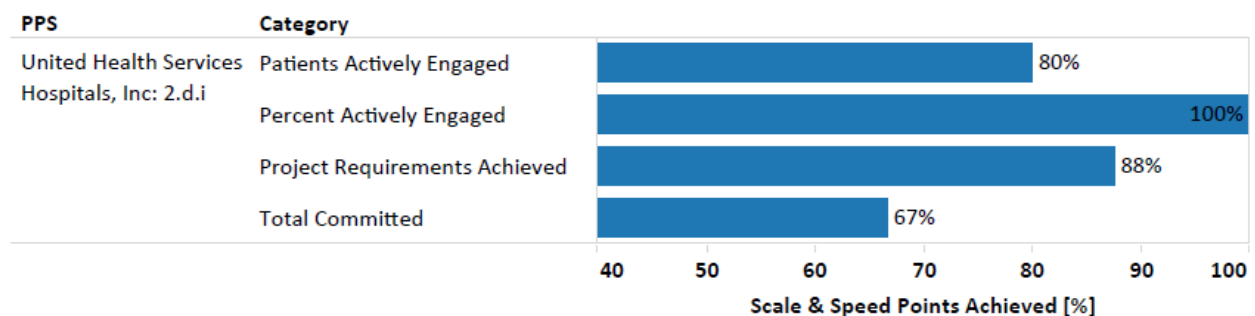**Number of PPS' Pursuing This Project:** 14

Final Application Score
90.97

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• Response sufficiently identifies project challenges the PPS will need to overcome. For instance, the PPS will contract with CBOs to implement a community patient activation team and activation training team overcome the challenge of identifying this hard to reach population • PPS will use a Patient Advisory panel with Medicaid beneficiaries to provide feedback on strategies to address patient barriers to care	• No significant weakness identified for this project

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
United Health Services Hospitals, Inc: 2.d.i	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	100.00%	20.00	20
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	378	13.33	20

PPS	Category	
United Health Services Hospitals, Inc: 2.d.i	Patients Actively Engaged	80%
	Percent Actively Engaged	100%
	Project Requirements Achieved	88%
	Total Committed	67%

Scale & Speed Points Achieved [%]

Project 3.a.i

PPS Name: United Health Services Hospitals, Inc
DSRIP Project Number: 3.a.i
DSRIP Project Title: Integration of primary care and behavioral health services
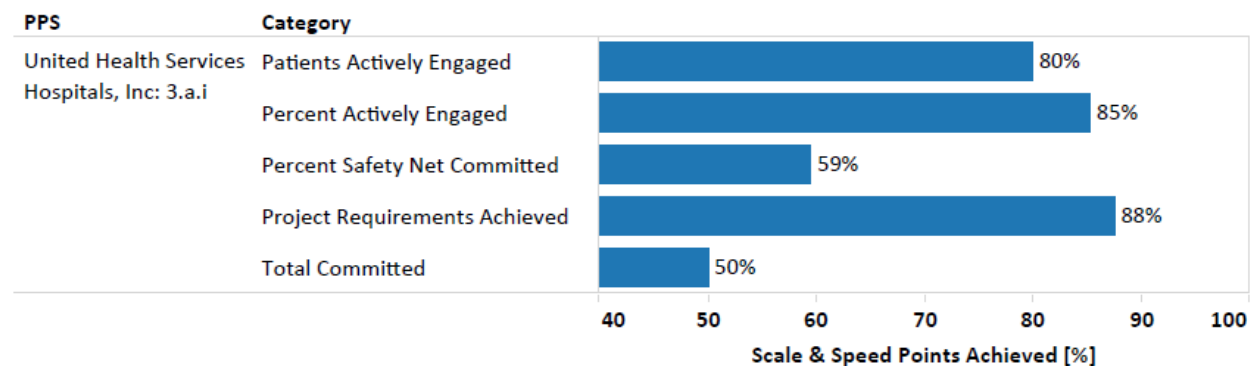**Number of PPS' Pursuing This Project:** 25

Final Application Score
86.78

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.33	20	• Response provides a clear explanation of patient population PPS is expecting to engage through the implementation of this project • The PPS will insert behavioral health specialists and care coordinators into PCMH practices and for those whose primary access to care is within the behavioral health settings • PPS will develop telephone and video consultations to address provider shortages in rural areas	• Challenges are articulated, but the description of the plans to address each challenge is too high level

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
United Health Services Hospitals, Inc: 3.a.i	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	56.52%	17.07	20
	Percent Safety Net Committed	14.22%	5.95	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	211	5.00	10

PPS	Category	
United Health Services Hospitals, Inc: 3.a.i	Patients Actively Engaged	80%
	Percent Actively Engaged	85%
	Percent Safety Net Committed	59%
	Project Requirements Achieved	88%
	Total Committed	50%

Scale & Speed Points Achieved [%]

Project 3.a.ii

PPS Name: United Health Services Hospitals, Inc
DSRIP Project Number: 3.a.ii
DSRIP Project Title: Behavioral health community crisis stabilization services
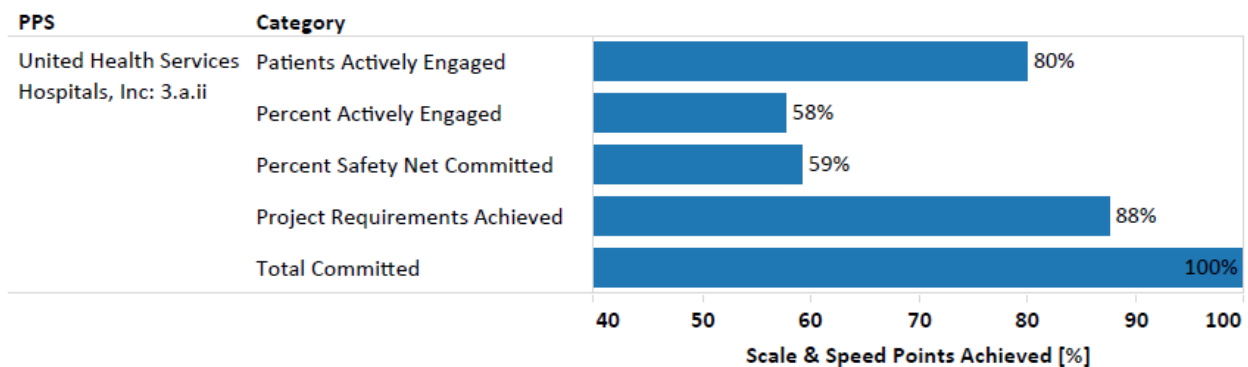**Number of PPS' Pursuing This Project:** 11

Final Application Score
85.93

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.67	20	• Response provides a sufficient summary of the current assets to be mobilized. For instance, existing behavioral health crisis lines and "warm lines" will be integrated into project • In terms of new services to be created, the PPS create three 24/7 mobile crisis teams to intervene in the home, schools, or community setting and provide the appropriate level of care	• Challenges are articulated, but the description of the plans to address each challenge is too high level

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
United Health Services Hospitals, Inc: 3.a.ii	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	3.35%	11.54	20
	Percent Safety Net Committed	4.22%	5.92	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	7	10.00	10

PPS	Category	
United Health Services Hospitals, Inc: 3.a.ii	Patients Actively Engaged	80%
	Percent Actively Engaged	58%
	Percent Safety Net Committed	59%
	Project Requirements Achieved	88%
	Total Committed	100%

Scale & Speed Points Achieved [%]

![New York State Department of Health | Medicaid Redesign Team]

New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
DSRIP Project Plan Application Scoring

Project 3.b.i

PPS Name: United Health Services Hospitals, Inc
DSRIP Project Number: 3.b.i
DSRIP Project Title: Implementation of evidence-based strategies in the community to address chronic disease – primary and secondary prevention projects (adult only)
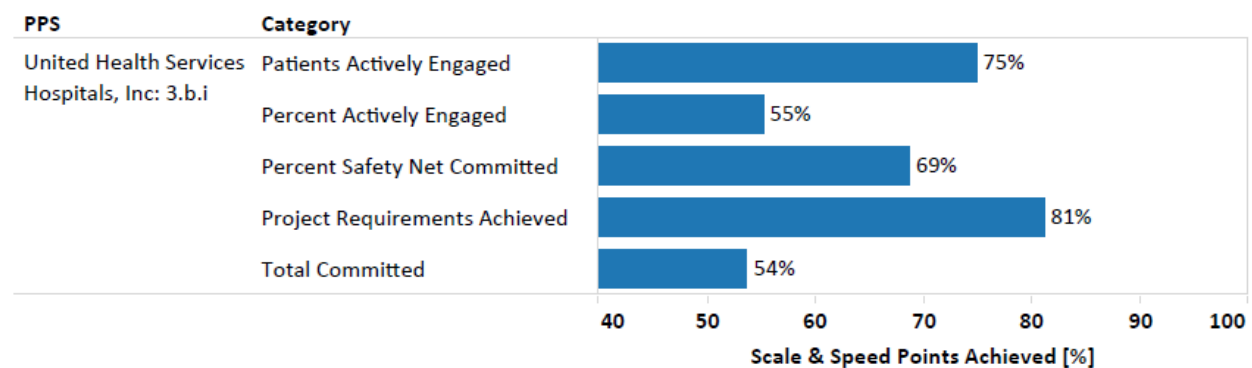**Number of PPS' Pursuing This Project:** 15

Final Application Score
82.36

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• Response effectively links CNA's findings with the project design and sites included • Response provides a sufficient summary of the current assets to be mobilized to help this project meet the needs of the community. For instance, PPS will provide technical assistance to practices to achieve Level 3 PCMH recognition • PPS will implement alerts in EMRs to trigger evidence based treatment protocols	• No significant weakness identified for this project

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
United Health Services Hospitals, Inc: 3.b.i	Patients Actively Engaged	DY4 Q3/Q4	15.00	20
	Percent Actively Engaged	4.33%	11.04	20
	Percent Safety Net Committed	32.16%	6.88	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	353	5.37	10

PPS	Category	
United Health Services Hospitals, Inc: 3.b.i	Patients Actively Engaged	75%
	Percent Actively Engaged	55%
	Percent Safety Net Committed	69%
	Project Requirements Achieved	81%
	Total Committed	54%

Scale & Speed Points Achieved [%]

Project 3.g.i

PPS Name: United Health Services Hospitals, Inc
DSRIP Project Number: 3.g.i
DSRIP Project Title: Integration of palliative care into the PCMH Model
Number of PPS' Pursuing This Project: 9

Final Application Score
86.59

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.93	20	• PPS will monitor the care in the PCMH against the community standard to assure more coordinated management, and reward good performance • Response describes the challenge that pain management is not addressed consistently in patient care plans. To address, PPS will provide training to its provider network on care standards	• The response needs a fuller grounding in data developed from the CNA • Summary of current assets is too high level and does not clearly identify specific resources that will be mobilized

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
United Health Services Hospitals, Inc: 3.g.i	Patients Actively Engaged	DY4 Q3/Q4	18.00	20
	Percent Actively Engaged	2.04%	11.46	20
	Percent Safety Net Committed	5.33%	6.13	10
	Project Requirements Achieved	DY2 Q3/Q4	20.00	20
	Total Committed	91	5.56	10

PPS	Category	
United Health Services Hospitals, Inc: 3.g.i	Patients Actively Engaged	90%
	Percent Actively Engaged	57%
	Percent Safety Net Committed	61%
	Project Requirements Achieved	100%
	Total Committed	56%

Scale & Speed Points Achieved [%]
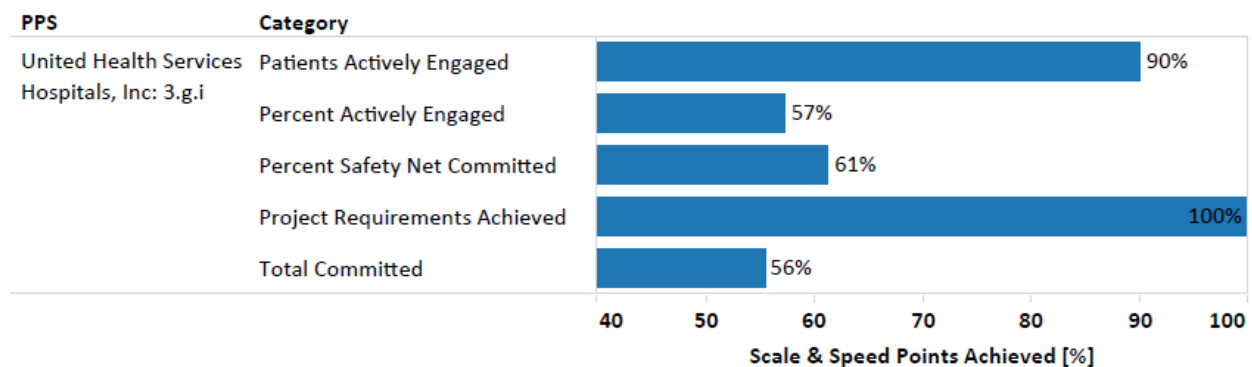
Project 4.a.iii

PPS Name: United Health Services Hospitals, Inc
DSRIP Project Number: 4.a.iii
DSRIP Project Title: Strengthen Mental Health and Substance Abuse Infrastructure across Systems
Number of PPS' Pursuing This Project: 13

Final Application Score
100.00

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
100.00	100	• Response effectively addressed gaps identified by the CNA and linked these findings with the project design and sites included • In developing new resources, the PPS will develop standardized on-line screening capability to allow screening at any computer • The PPS will also develop and implement routine evidence-based screening for depression, suicide risk, substance use and stress\anxiety management	• No significant weakness identified for this project

Project 4.b.ii

PPS Name: United Health Services Hospitals, Inc
DSRIP Project Number: 4.b.ii
DSRIP Project Title: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings
Number of PPS' Pursuing This Project: 11

Final Application Score
94.35

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
91.67	100	• Response sufficiently identifies project challenges or anticipated issues the PPS will encounter in implementing this project and describes how these challenges will be appropriately addressed • PPS will use CBOs to educate patients on evidence-base self-management practices • To address challenges, PPS will provide intensive training for all care managers in coaching patients and care-givers	• The description of the current assets is too general and does not present quantifiable assets of the PPS