# Achievement Value (AV) Scorecard

## Montefiore Medical Center

### Quarter

**DY1, Q2 July 1, 2015 - September 30, 2015**

| PPS Number | 19 |

## Achievement Value (AV) Scorecard Summary

<table>
<thead>
<tr>
<th>Project Link (click on the purple link below to access each individual project report)</th>
<th>AV Data</th>
<th>Payment Data</th>
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## Domain I Organizational Scoresheet

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<td>Section 07 - Practitioner Engagement</td>
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Net Organizational AVs Awarded: 5 out of 5

## Workforce Strategy

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<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
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<td>Pass &amp; Ongoing</td>
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<td></td>
<td>Pass &amp; Ongoing</td>
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1. Define target workforce state (in line with DSRIP program's goals) | N/A Page 3 | N/A | In Process | Pass & Ongoing |
<table>
<thead>
<tr>
<th>Additional Workforce Strategy Topic Areas</th>
<th>Pass &amp; Ongoing</th>
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<tbody>
<tr>
<td>2. Create a workforce transition roadmap for achieving defined target workforce</td>
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<td>3. Perform detailed gap analysis between current state assessment of workforce and projected future state</td>
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<tr>
<td>4. Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements</td>
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<td>5. Develop training strategy</td>
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<td>Major Dependencies on Organizational Workstreams</td>
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<td>Roles and Responsibilities</td>
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<td>Key Stakeholders</td>
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**New York State Department of Health**  
**Delivery System Reform Incentive Payment (DSRIP) Program**  

**Achievement Value (AV) Scorecard D1, Q2 July 1, 2015 - September 30, 2015**  
**Montefiore Medical Center - Domain 1 Organizational AVs**

<table>
<thead>
<tr>
<th>Process Measure</th>
<th>AV Driving</th>
<th>Milestone</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
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**Section 01 - Budget**

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<td>Project Budget and Flow of Funds</td>
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<td>Governance Structure Updates</td>
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<td>1. Finalize governance structure and sub-committee structure</td>
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<td>2. Establish a clinical governance structure, including clinical quality committees for each DSRIP project</td>
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<td>3. Finalize bylaws and policies or Committee Guidelines where applicable</td>
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<td>5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,)</td>
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<td>6. Finalize partnership agreements or contracts with CBOs</td>
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<td>7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and</td>
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<td>6/30/2016</td>
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<td>Pass &amp; Ongoing</td>
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### Montefiore Medical Center - Domain 1 Organizational AVs

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<tr>
<th>Additional Governance Topic Areas</th>
<th>8. Finalize workforce communication and engagement plan</th>
<th>9. Inclusion of CBOs in PPS Implementation</th>
<th>Major Risks to Implementation &amp; Risk Mitigation Strategies</th>
<th>Major Dependencies on Organizational Workstreams</th>
<th>Roles and Responsibilities</th>
<th>Key Stakeholders</th>
<th>IT Expectations</th>
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**Total:** 1
## Section 03 - Financial Sustainability

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<td>1. Finalize PPS finance structure, including reporting structure</td>
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<td></td>
<td><img src="Image" alt="Green Check" /></td>
<td>2. Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.</td>
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<td><img src="Image" alt="Green Check" /></td>
<td>3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d</td>
<td>12/31/2015</td>
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<tr>
<td>PPS Transition to Value Based Payment System</td>
<td><img src="Image" alt="Green Check" /></td>
<td>4. Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types</td>
<td>3/31/2016</td>
<td>3/31/2016</td>
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<td>Pass &amp; Ongoing</td>
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<td><img src="Image" alt="Green Check" /></td>
<td>5. Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest</td>
<td>12/31/2016</td>
<td>12/31/2016</td>
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<td>Additional</td>
<td><img src="Image" alt="Green Check" /></td>
<td>6. Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation</td>
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# Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015

**Montefiore Medical Center - Domain 1 Organizational AVs**

## PPS Transition to Value Based Payment System

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<th>Notes</th>
<th>Score</th>
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<td>7. Contract 50% of care-costs through Level 1 VBPs, and ≥ 30% of these costs through Level 2 VBPs or higher</td>
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<td>8. ≥90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 70% of total costs</td>
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## Additional Financial Stability Topic Areas

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<th>N/A</th>
<th>In Process</th>
<th>Pass &amp; Ongoing</th>
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<tr>
<td>Major Dependencies on Organizational Workstreams</td>
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<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
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<td>Roles and Responsibilities</td>
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<td>Key Stakeholders</td>
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**Total** 1
# Section 04 - Cultural Competency & Health Literacy

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<th>Milestone Status</th>
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<tbody>
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<td>Cultural Competency / Health Literacy</td>
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<td>1. Finalize cultural competency / health literacy strategy.</td>
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<td>12/31/2015</td>
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<td>Pass &amp; Ongoing</td>
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<tr>
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<td>✔️</td>
<td>2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).</td>
<td>6/30/2016</td>
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<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✔️</td>
<td>Roles and Responsibilities</td>
<td>N/A</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✔️</td>
<td>Key Stakeholders</td>
<td>N/A</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✔️</td>
<td>IT Expectations</td>
<td>N/A</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td></td>
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<tr>
<td></td>
<td>✔️</td>
<td>Progress Reporting</td>
<td>N/A</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
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</table>

Page 10
### Section 05 - IT Systems and Processes

<table>
<thead>
<tr>
<th>Process Measure</th>
<th>AV Driving</th>
<th>Milestone</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AV Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT Systems and Processes</td>
<td>1. Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).</td>
<td>N/A</td>
<td>6/30/2016</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network</td>
<td>N/A</td>
<td>9/30/2016</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4. Develop a specific plan for engaging attributed members in Qualifying Entities</td>
<td>N/A</td>
<td>3/31/2016</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>5. Develop a data security and confidentiality plan.</td>
<td>N/A</td>
<td>6/30/2016</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
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<tr>
<td></td>
<td>This milestone is Pass and Ongoing pending final review of security workbooks by DOH</td>
<td></td>
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<td>Major Risks to Implementation &amp; Risk Mitigation Strategies</td>
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<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
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</tr>
</tbody>
</table>
### Montefiore Medical Center - Domain 1 Organizational AVs

#### Additional IT Systems and Processes Topic Areas

| Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing |
| Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing |
| Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing |
| Progress Reporting | N/A | N/A | In Process | Pass & Ongoing |

#### Performance Reporting

<table>
<thead>
<tr>
<th>Process Measure</th>
<th>AV Driving</th>
<th>Milestone</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AV Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Reporting</td>
<td>1. Establish reporting structure for PPS-wide performance reporting and communication.</td>
<td>N/A</td>
<td>3/31/2016</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.</td>
<td>N/A</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
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</tr>
<tr>
<td></td>
<td>Major Risks to Implementation &amp; Risk Mitigation Strategies</td>
<td>N/A</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
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</table>

#### Total

0
## New York State Department of Health
### Delivery System Reform Incentive Payment (DSRIP) Program

#### Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015

**Montefiore Medical Center - Domain 1 Organizational AVs**

| Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing |
| Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing |
| Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing |
| IT Expectations | N/A | N/A | In Process | Pass & Ongoing |
| Progress Reporting | N/A | N/A | In Process | Pass & Ongoing |

**Total**

| 0 |

## Section 07 - Practitioner Engagement

<table>
<thead>
<tr>
<th>Process Measure</th>
<th>AV Driving</th>
<th>Milestone</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AV Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner Engagement</td>
<td></td>
<td>1. Develop Practitioners communication and engagement plan.</td>
<td>N/A</td>
<td>6/30/2016</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.</td>
<td>N/A</td>
<td>12/31/2016</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
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### Additional Practitioner Engagement Topic Areas

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AV Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop population health management roadmap.</td>
<td>N/A</td>
<td>6/30/2016</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Finalize PPS-wide bed reduction plan.</td>
<td>N/A</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
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<tr>
<td>Process Measure</td>
<td>AV Driving</td>
<td>Milestone</td>
<td>Required Due Date</td>
<td>Committed Due Date</td>
<td>Milestone Status</td>
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<td>-------------------</td>
<td>--------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Clinical</td>
<td></td>
<td>1. Perform a clinical integration 'needs assessment'.</td>
<td>N/A</td>
<td>3/31/2016</td>
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<tr>
<td>Integration</td>
<td>2. Develop a Clinical Integration strategy.</td>
<td>N/A</td>
<td>12/31/2016</td>
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<td>Pass &amp; Ongoing</td>
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<tr>
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<tr>
<td></td>
<td>Major Risks to Implementation &amp; Risk Mitigation Strategies</td>
<td>N/A</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
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<tr>
<td></td>
<td>Major Dependencies on Organizational Workstreams</td>
<td>N/A</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
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<td></td>
<td>Roles and Responsibilities</td>
<td>N/A</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
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<td>Key Stakeholders</td>
<td>N/A</td>
<td>N/A</td>
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<td>Pass &amp; Ongoing</td>
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<td>IT Expectations</td>
<td>N/A</td>
<td>N/A</td>
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<td>Pass &amp; Ongoing</td>
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<td>Progress Reporting</td>
<td>N/A</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
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<tr>
<td><strong>Total</strong></td>
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</table>
# New York State Department of Health
## Delivery System Reform Incentive Payment (DSRIP) Program
### Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015
#### Montefiore Medical Center - Project 2.a.i

### Project Snapshot

<table>
<thead>
<tr>
<th>Project Domain</th>
<th>Project ID</th>
<th>Project Title</th>
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<tbody>
<tr>
<td>System Transformation Projects (Domain 2)</td>
<td>2.a.i</td>
<td>Create an Integrated Delivery System focused on Evidence Based Medicine and Population Health Management</td>
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### Payment Snapshot

<table>
<thead>
<tr>
<th>Payment Available (DY1)</th>
<th>$2,887,893.11</th>
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<tbody>
<tr>
<td>DY1 Payment Earned to Date</td>
<td>$1,732,735.86</td>
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<tr>
<td>DY1 Payment Not Earned to Date</td>
<td>$1,155,157.24</td>
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<tr>
<td>DY1 Funding Remaining</td>
<td>$577,578.62</td>
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</table>

### 2.a.i Scoresheet

<table>
<thead>
<tr>
<th>Domain</th>
<th>Component</th>
<th>Review Status</th>
<th>AVs Available</th>
<th>Net AVs Awarded</th>
<th>Percentage AV</th>
<th>Domain Funding % (DY1)</th>
<th>Domain Funding % (DY1, Q2)</th>
<th>Payment Available ($)</th>
<th>Net Payment Earned ($)</th>
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</thead>
<tbody>
<tr>
<td><strong>Domain 1</strong></td>
<td>Domain 1 Organizational</td>
<td>Complete</td>
<td>5.00</td>
<td>5.00</td>
<td>100%</td>
<td>80%</td>
<td>10%</td>
<td>288,789</td>
<td>288,789</td>
</tr>
<tr>
<td></td>
<td>Project Implementation Speed</td>
<td>N/A</td>
<td>0.00</td>
<td>0.00</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient Engagement Speed</td>
<td>N/A</td>
<td>0.00</td>
<td>0.00</td>
<td>0%</td>
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<td></td>
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<tr>
<td></td>
<td><strong>Domain 1 Subtotal</strong></td>
<td></td>
<td>5.00</td>
<td>5.00</td>
<td>100%</td>
<td>80%</td>
<td>10%</td>
<td>288,789</td>
<td>288,789</td>
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<tr>
<td><strong>Domain 2</strong></td>
<td>Domain 2 Pay for Reporting (P4R)</td>
<td>Complete</td>
<td>15.00</td>
<td>15.00</td>
<td>100%</td>
<td>20%</td>
<td>10%</td>
<td>288,789</td>
<td>288,789</td>
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<tr>
<td></td>
<td>Domain 2 Pay for Performance (P4P)</td>
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<td>0%</td>
<td>-</td>
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<tr>
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<td><strong>Domain 2 Subtotal</strong></td>
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<td>15.00</td>
<td>15.00</td>
<td>100%</td>
<td>20%</td>
<td>10%</td>
<td>288,789</td>
<td>288,789</td>
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<tr>
<td><strong>Total</strong></td>
<td>Complete</td>
<td>20.00</td>
<td>20.00</td>
<td>100%</td>
<td>100%</td>
<td>20%</td>
<td>577,579</td>
<td>577,579</td>
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</table>

**Total Project 2.a.i AVs Awarded: 20 out of 20**

### Domain 1 Project Milestones - Project 2.a.i

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>❌</td>
<td>Module 1 - Major risks to implementation and mitigation strategies</td>
<td>Ongoing</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
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<tr>
<td>❌</td>
<td>Module 2 - Project Implementation Speed</td>
<td>Ongoing</td>
<td>N/A</td>
<td>Please Select</td>
<td>Pass &amp; Ongoing</td>
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<tr>
<td><strong>Total</strong></td>
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### Domain 1 Project Prescribed Milestones - Project 2.a.i

<table>
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<tr>
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<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.</td>
<td>3/31/2018</td>
<td>3/31/2018</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS’ strategy towards evolving into an IDS.</td>
<td>3/31/2017</td>
<td>3/31/2017</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>3. Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.</td>
<td>3/31/2017</td>
<td>3/31/2017</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>4. Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.</td>
<td>3/31/2018</td>
<td>3/31/2018</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.</td>
<td>3/31/2018</td>
<td>3/31/2018</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>
7. Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Access to Preventive or Ambulatory Care - 20 to 44 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333333</td>
</tr>
<tr>
<td>Adult Access to Preventive or Ambulatory Care - 45 to 64 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333333</td>
</tr>
</tbody>
</table>

Domain 2 Pay for Performance and Pay for Reporting - Project 2.a.i (all Milestones are P4R in DY1)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Access to Preventive or Ambulatory Care - 20 to 44 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333333</td>
</tr>
<tr>
<td>Adult Access to Preventive or Ambulatory Care - 45 to 64 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333333</td>
</tr>
<tr>
<td>Metric</td>
<td>Status</td>
<td>Value</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-----------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Adult Access to Preventive or Ambulatory Care - 65 and older</td>
<td>Pass &amp; Ongoing</td>
<td>0.333333</td>
</tr>
<tr>
<td>CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Children's Access to Primary Care- 12 to 24 months</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td>Children's Access to Primary Care- 25 months to 6 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
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<tr>
<td>Children's Access to Primary Care- 7 to 11 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td>Children's Access to Primary Care- 12 to 19 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td>Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Helpful, Courteous, and Respectful Office Staff (Q24 and 25)</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>H-CAHPS – Care Transition Metrics</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Medicaid Spending on ER and Inpatient Services ±</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Topic</td>
<td>Status</td>
<td>Score</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Medicaid spending on Primary Care and community based behavioral health care</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>PDI 90 – Composite of all measures +/-</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Potentially Avoidable Emergency Room Visits</td>
<td>Pass &amp; Ongoing</td>
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</tr>
<tr>
<td>Potentially Avoidable Readmissions</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>PQI 90 – Composite of all measures +/-</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Primary Care - Length of Relationship - Q3</td>
<td>Pass &amp; Ongoing</td>
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</tr>
<tr>
<td>Primary Care - Usual Source of Care - Q2</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>----------------------------------------</td>
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<tr>
<td></td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>15.00</strong></td>
</tr>
</tbody>
</table>
### Project Snapshot

**Project Domain**
System Transformation Projects (Domain 2)

**Project ID**
2.a.iii

**Project Title**
Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services

### 2.a.iii Scoresheet

<table>
<thead>
<tr>
<th>Domain</th>
<th>Component</th>
<th>Review Status</th>
<th>AVs Available</th>
<th>Net AVs Awarded</th>
<th>Percentage AV</th>
<th>Domain Funding % (DY1)</th>
<th>Domain Funding % (DY1, Q2)</th>
<th>Payment Available ($)</th>
<th>Net Payment Earned ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Domain 1 Organizational</td>
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<td>5.00</td>
<td>100%</td>
<td>80%</td>
<td>10%</td>
<td>246,568</td>
<td>205,473</td>
</tr>
<tr>
<td></td>
<td>Project Implementation Speed</td>
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<td>0.00</td>
<td>0.00</td>
<td>0%</td>
<td></td>
<td></td>
<td>246,568</td>
<td>246,568</td>
</tr>
<tr>
<td></td>
<td>Patient Engagement Speed</td>
<td>Complete</td>
<td>1.00</td>
<td>0.00</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Domain 1 Subtotal</strong></td>
<td></td>
<td><strong>6.00</strong></td>
<td><strong>5.00</strong></td>
<td><strong>83%</strong></td>
<td><strong>80%</strong></td>
<td><strong>10%</strong></td>
<td><strong>246,568</strong></td>
<td><strong>205,473</strong></td>
</tr>
<tr>
<td>Domain 2</td>
<td>Domain 2 Pay for Reporting (P4R)</td>
<td>Complete</td>
<td>15.00</td>
<td>15.00</td>
<td>100%</td>
<td>20%</td>
<td>10%</td>
<td>246,568</td>
<td>246,568</td>
</tr>
<tr>
<td></td>
<td>Domain 2 Pay for Performance (P4P)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>Domain 2 Subtotal</strong></td>
<td></td>
<td><strong>15.00</strong></td>
<td><strong>15.00</strong></td>
<td><strong>100%</strong></td>
<td><strong>20%</strong></td>
<td><strong>10%</strong></td>
<td><strong>246,568</strong></td>
<td><strong>246,568</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td><strong>21.00</strong></td>
<td><strong>20.00</strong></td>
<td><strong>95%</strong></td>
<td><strong>100%</strong></td>
<td><strong>20%</strong></td>
<td><strong>493,136</strong></td>
<td><strong>452,041</strong></td>
</tr>
</tbody>
</table>

Total Project 2.a.iii AVs Awarded: 20 out of 21
**Domain 1 Project Prescribed Milestones - Project 2.a.iii**

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.</td>
<td>3/31/2017</td>
<td>3/31/2017</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>2. Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and/or Advanced Primary Care accreditation by Demonstration Year (DY) 3.</td>
<td>3/31/2018</td>
<td>3/31/2018</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>3. Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>4. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.</td>
<td>3/31/2018</td>
<td>3/31/2018</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>5. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>6. Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The PPS failed to meet at least 80% of its actively engaged commitments for DY1.Q2.

**Total** 0.00

---

4. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Access to Preventive or Ambulatory Care - 20 to 44 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
</tr>
<tr>
<td>Adult Access to Preventive or Ambulatory Care - 45 to 64 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
</tr>
<tr>
<td>Adult Access to Preventive or Ambulatory Care - 65 and older</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
</tr>
<tr>
<td>7. Establish partnerships between primary care providers and the local</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Home for care management services. This plan should clearly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>delineate roles and responsibilities for both parties.</td>
<td>3/31/2017</td>
<td>On Hold</td>
</tr>
<tr>
<td></td>
<td>3/31/2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>8. Establish partnerships between the primary care providers, in concert</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with the Health Home, with network resources for needed services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where necessary, the provider will work with local government units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(such as SPOAs and public health departments).</td>
<td>3/31/2017</td>
<td>In Process</td>
</tr>
<tr>
<td></td>
<td>3/31/2017</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Implement evidence-based practice guidelines to address risk factor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>reduction as well as to ensure appropriate management of chronic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diseases. Develop educational materials consistent with cultural and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>linguistic needs of the population.</td>
<td>3/31/2017</td>
<td>On Hold</td>
</tr>
<tr>
<td></td>
<td>3/31/2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>Measure</td>
<td>Status</td>
<td>Value</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Children's Access to Primary Care- 12 to 19 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td>Children's Access to Primary Care- 12 to 24 months</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td>Children's Access to Primary Care- 25 months to 6 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td>Children's Access to Primary Care- 7 to 11 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td>Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Helpful, Courteous, and Respectful Office Staff (Q24 and 25)</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>H-CAHPS – Care Transition Metrics</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Medicaid Spending on ER and Inpatient Services ±</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Medicaid spending on Primary Care and community based behavioral health care</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Indicator</td>
<td>Status</td>
<td>Score</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>-------</td>
</tr>
<tr>
<td>PDI 90 – Composite of all measures +/-</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Potentially Avoidable Emergency Room Visits</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Potentially Avoidable Readmissions</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>PQI 90 – Composite of all measures +/-</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Primary Care - Length of Relationship - Q3</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Primary Care - Usual Source of Care - Q2</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.00</td>
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</tbody>
</table>

Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015
Montefiore Medical Center - Project 2.a.iii
## Project Snapshot

<table>
<thead>
<tr>
<th>Project Domain</th>
<th>System Transformation Projects (Domain 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project ID</td>
<td>2.a.iv</td>
</tr>
<tr>
<td>Project Title</td>
<td>Create a medical village using existing hospital infrastructure</td>
</tr>
</tbody>
</table>

## Payment Snapshot

<table>
<thead>
<tr>
<th>Payment Available (DY1)</th>
<th>$ 2,890,471.18</th>
</tr>
</thead>
<tbody>
<tr>
<td>DY1 Payment Earned to Date</td>
<td>$ 1,734,282.71</td>
</tr>
<tr>
<td>DY1 Payment Not Earned to Date</td>
<td>$ -</td>
</tr>
<tr>
<td>DY1 Funding Remaining</td>
<td>$ 1,156,188.47</td>
</tr>
<tr>
<td>Funding Available for Distribution DY1Q2</td>
<td>$ 578,094.24</td>
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</table>

## 2.a.iv Scoresheet

<table>
<thead>
<tr>
<th>Domain</th>
<th>Component</th>
<th>Review Status</th>
<th>AVs Available</th>
<th>Net AVs Awarded</th>
<th>Percentage AV</th>
<th>Domain Funding % (DY1)</th>
<th>Domain Funding % (DY1, Q2)</th>
<th>Payment Available ($)</th>
<th>Net Payment Earned ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Domain 1 Organizational</td>
<td>Complete</td>
<td>5.00</td>
<td>5.00</td>
<td>100%</td>
<td>80%</td>
<td>10%</td>
<td>289,047</td>
<td>289,047</td>
</tr>
<tr>
<td></td>
<td>Project Implementation Speed</td>
<td>N/A</td>
<td>0.00</td>
<td>0.00</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient Engagement Speed</td>
<td>Complete</td>
<td>1.00</td>
<td>1.00</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Domain 1 Subtotal</td>
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<td>80%</td>
<td>10%</td>
<td>289,047</td>
<td>289,047</td>
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<tr>
<td>Domain 2</td>
<td>Domain 2 Pay for Reporting (P4R)</td>
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<td>15.00</td>
<td>15.00</td>
<td>100%</td>
<td>20%</td>
<td>10%</td>
<td>289,047</td>
<td>289,047</td>
</tr>
<tr>
<td></td>
<td>Domain 2 Pay for Performance (P4P)</td>
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<td>N/A</td>
<td>N/A</td>
<td>0%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain 2 Subtotal</td>
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<td>15.00</td>
<td>100%</td>
<td>20%</td>
<td>10%</td>
<td>289,047</td>
<td>289,047</td>
</tr>
<tr>
<td>Total</td>
<td>Complete</td>
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<td>21.00</td>
<td>21.00</td>
<td>100%</td>
<td>100%</td>
<td>20%</td>
<td>578,094</td>
<td>578,094</td>
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</tbody>
</table>

Total Project 2.a.iv AVs Awarded: 21 out of 21

## Domain 1 Project Milestones - Project 2.a.iv

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Module 1 - Major risks to implementation and mitigation strategies</td>
<td>Ongoing</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Module 2 - Project Implementation Speed</td>
<td>Ongoing</td>
<td>N/A</td>
<td>Please Select</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>
## Domain 1 Project Prescribed Milestones - Project 2.a.iv

### AV Driving

<table>
<thead>
<tr>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.</td>
<td>9/30/2018</td>
<td>9/30/2018</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or “staffed” beds.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.</td>
<td>9/30/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Use EHRs and other technical platforms to track all patients engaged in the project.</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2</td>
<td>9/30/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th><strong>AV Driving</strong></th>
<th><strong>Domain 1 Project Prescribed Milestones - Project 2.a.iv</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>1.00</strong></td>
</tr>
</tbody>
</table>
7. Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. | 3/31/2018 | 3/31/2017 | In Process | Pass & Ongoing | N/A

### Domain 2 Pay for Performance and Pay for Reporting - Project 2.a.iv (all Milestones are P4R in DY1)

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult Access to Preventive or Ambulatory Care - 20 to 44 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
</tr>
<tr>
<td></td>
<td>Adult Access to Preventive or Ambulatory Care - 45 to 64 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
</tr>
<tr>
<td></td>
<td>Adult Access to Preventive or Ambulatory Care - 65 and older</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
</tr>
<tr>
<td></td>
<td>CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Children's Access to Primary Care- 12 to 19 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>Children's Access to Primary Care- 12 to 24 months</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td>Service</td>
<td>Status</td>
<td>Score</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Children's Access to Primary Care- 25 months to 6 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
<td></td>
</tr>
<tr>
<td>Children's Access to Primary Care- 7 to 11 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
<td></td>
</tr>
<tr>
<td>Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Helpful, Courteous, and Respectful Office Staff (Q24 and 25)</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>H-CAHPS – Care Transition Metrics</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Medicaid Spending on ER and Inpatient Services ±</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Medicaid spending on Primary Care and community based behavioral health care</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PDI 90– Composite of all measures +/-</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
### Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015

**Montefiore Medical Center - Project 2.a.iv**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Potentially Avoidable Emergency Room Visits</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Potentially Avoidable Readmissions</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>PQI 90 – Composite of all measures +/-</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Primary Care - Length of Relationship - Q3</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Primary Care - Usual Source of Care - Q2</td>
<td>Pass &amp; Ongoing</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>15.00</strong></td>
</tr>
</tbody>
</table>
New York State Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program

Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015
Montefiore Medical Center - Project 2.b.iii

<table>
<thead>
<tr>
<th>Domain 1 Organizational</th>
<th>Complete 5.00 5.00 100%</th>
<th>Domain Funding % (DY1) 80%</th>
<th>Domain Funding % (DY1, Q2) 10%</th>
<th>Payment Available ($) 209,094</th>
<th>Net Payment Earned ($) 174,245</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Implementation Speed</td>
<td>N/A 0.00 0.00 0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Engagement Speed</td>
<td>Complete 1.00 0.00 0%</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain 1 Subtotal</td>
<td>6.00 5.00 83%</td>
<td>80%</td>
<td>10%</td>
<td>209,094</td>
<td>174,245</td>
</tr>
</tbody>
</table>

| Domain 2 Pay for Reporting (P4R) | Complete 15.00 15.00 100% | Domain Funding % (DY1) 20% | Domain Funding % (DY1, Q2) 10% | Payment Available ($) 209,094 | Net Payment Earned ($) 209,094 |
| Domain 2 Pay for Performance (P4P) | N/A N/A N/A 0% | | | | |
| Domain 2 Subtotal | 15.00 15.00 100% | 20% | 10% | 209,094 | 209,094 |
| Total | Complete 21.00 20.00 95% | 100% | 20% | 418,188 | 383,339 |

Total Project 2.b.iii AVs Awarded: 20 out of 21

Module 1 - Major risks to implementation and mitigation strategies
Ongoing N/A In Process Pass & Ongoing N/A

Module 2 - Project Implementation Speed
Ongoing N/A Please Select Pass & Ongoing N/A
The PPS failed to meet at least 80% of its actively engaged commitments for DY1,Q2.

### Domain 1 Project Prescribed Milestones - Project 2.b.iii

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Establish ED care triage program for at-risk populations</td>
<td>9/30/2017</td>
<td>9/30/2017</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>

2. Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling.
   a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.
   b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.

3. For patients presenting with minor illnesses who do not have a primary care provider:
   a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.
   b. Patient navigator will assist the patient with identifying and accessing needed community support resources.
   c. Patient navigator will assist the member in receiving a timely appointment with that provider’s office (for patients with a primary care provider).

4. Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)
### 5. Use EHRs and other technical platforms to track all patients engaged in the project.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>3/31/2017</th>
<th>3/31/2020</th>
<th>On Hold</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pass &amp; Ongoing</td>
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</table>

**Total** | 0.00

### Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.iii (all Milestones are P4R in DY1)

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult Access to Preventive or Ambulatory Care - 20 to 44 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
</tr>
<tr>
<td></td>
<td>Adult Access to Preventive or Ambulatory Care - 45 to 64 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
</tr>
<tr>
<td></td>
<td>Adult Access to Preventive or Ambulatory Care - 65 and older</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
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<tr>
<td></td>
<td>CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
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<tr>
<td></td>
<td>Children's Access to Primary Care- 12 to 19 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>Children's Access to Primary Care- 12 to 24 months</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>Children's Access to Primary Care- 25 months to 6 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
</tr>
<tr>
<td>Measure</td>
<td>Status</td>
<td>Score</td>
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</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Children’s Access to Primary Care- 7 to 11 years</td>
<td>Pass &amp; Ongoing</td>
<td>0.25</td>
<td></td>
</tr>
<tr>
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<tr>
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<td>Pass &amp; Ongoing</td>
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<td>PDI 90– Composite of all measures +/-</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Measure</td>
<td>Status</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Potentially Avoidable Emergency Room Visits</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Potentially Avoidable Readmissions</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PQI 90 – Composite of all measures +/-</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
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<td>Pass &amp; Ongoing</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Primary Care - Usual Source of Care - Q2</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>15.00</strong></td>
<td></td>
</tr>
</tbody>
</table>
**New York State Department of Health**

**Delivery System Reform Incentive Payment (DSRIP) Program**

**Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015**

**Montefiore Medical Center - Project 3.a.i**

<table>
<thead>
<tr>
<th>AVs Available</th>
<th>Net AVs Available</th>
<th>Percentage AV</th>
<th>Domain Funding % (DY1)</th>
<th>Domain Funding % (DY1, Q2)</th>
<th>Payment Available ($)</th>
<th>Net Payment Earned ($)</th>
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</thead>
<tbody>
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<td>5.00</td>
<td>5.00</td>
<td>1/1/1900</td>
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<td>10%</td>
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<td>202,664</td>
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<tr>
<td>1.00</td>
<td>1.00</td>
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<td>202,664</td>
</tr>
<tr>
<td>6.00</td>
<td>6.00</td>
<td>1/1/1900</td>
<td>80%</td>
<td>10%</td>
<td>202,664</td>
<td>202,664</td>
</tr>
<tr>
<td>16.00</td>
<td>16.00</td>
<td>1/1/1900</td>
<td>100%</td>
<td>20%</td>
<td>405,329</td>
<td>405,329</td>
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</table>

**Domain 1 Project Milestones - Project 3.a.i**

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Module 1 - Major risks to implementation and mitigation strategies</td>
<td>Ongoing</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
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<tr>
<td></td>
<td>Module 2 - Project Implementation Speed</td>
<td>Ongoing</td>
<td>N/A</td>
<td>Please Select</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
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</tbody>
</table>

Total Project 3.a.i AVs Awarded: 16 out of 16
## Montefiore Medical Center - Project 3.a.i

### Module 3 - Patient Engagement Speed

<table>
<thead>
<tr>
<th>Model</th>
<th>AV Driving</th>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.a.i Model 1</td>
<td>1. Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.</td>
<td></td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>2. Develop collaborative evidence-based standards of care including medication management and care engagement process.</td>
<td></td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>3. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.</td>
<td></td>
<td>3/31/2020</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>4. Use EHRs or other technical platforms to track all patients engaged in this project.</td>
<td></td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
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<tr>
<td></td>
<td>5. Co-locate primary care services at behavioral health sites.</td>
<td></td>
<td>3/31/2020</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
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<tr>
<td></td>
<td>3.a.i Model 2</td>
<td>3.a.i Model 3</td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>6.</td>
<td>Develop collaborative evidence-based standards of care including medication management and care engagement process.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>3/31/2020</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>8.</td>
<td>Use EHRs or other technical platforms to track all patients engaged in this project.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Implement IMPACT Model at Primary Care Sites.</td>
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<td></td>
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<tr>
<td></td>
<td>3/31/2020</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td>Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>11.</td>
<td>Employ a trained Depression Care Manager meeting requirements of the IMPACT model.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Designate a Psychiatrist meeting requirements of the IMPACT Model.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Measure outcomes as required in the IMPACT Model.</td>
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<td></td>
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<tr>
<td></td>
<td>3/31/2020</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
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</table>
### Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015

**Montefiore Medical Center - Project 3.a.i**

<table>
<thead>
<tr>
<th>AV Driving Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to Antipsychotic Medications for People with Schizophrenia</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Antidepressant Medication Management - Effective Acute Phase Treatment</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Antidepressant Medication Management - Effective Continuation Phase Treatment</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes Monitoring for People with Diabetes and Schizophrenia</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Domain 3 Pay for Performance and Pay for Reporting - Project 3.a.i (all Milestones are P4R in DY1)

<table>
<thead>
<tr>
<th>AV Driving Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Provide &quot;stepped care&quot; as required by the IMPACT Model. 3/31/2020 3/31/2020 On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>15. Use EHRs or other technical platforms to track all patients engaged in this project. 3/31/2017 3/31/2020 On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
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Total: 0
### Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015

#### Montefiore Medical Center - Project 3.a.i

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Follow-up after hospitalization for Mental Illness - within 30 days</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Follow-up after hospitalization for Mental Illness - within 7 days</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Follow-up care for Children Prescribed ADHD Medications - Continuation Phase</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Follow-up care for Children Prescribed ADHD Medications - Initiation Phase</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Screening for Clinical Depression and follow-up</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
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</table>

**Total**                                                                 | **10**
New York State Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program

Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015
Montefiore Medical Center - Project 3.a.ii

<table>
<thead>
<tr>
<th>Domain</th>
<th>Component</th>
<th>Review Status</th>
<th>AVs Available</th>
<th>Net AVs Awarded</th>
<th>Percentage AV</th>
<th>Domain Funding % (DY1)</th>
<th>Domain Funding % (DY1, Q2)</th>
<th>Payment Available ($)</th>
<th>Net Payment Earned ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Domain 1 Organizational</td>
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<td>5.00</td>
<td>5.00</td>
<td>100%</td>
<td>80%</td>
<td>10%</td>
<td>194,967</td>
<td>162,473</td>
</tr>
<tr>
<td></td>
<td>Project Implementation Speed</td>
<td>N/A</td>
<td>0.00</td>
<td>0.00</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient Engagement Speed</td>
<td>Complete</td>
<td>1.00</td>
<td>0.00</td>
<td>0%</td>
<td></td>
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<tr>
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<td><strong>Domain 1 Subtotal</strong></td>
<td></td>
<td><strong>6.00</strong></td>
<td><strong>5.00</strong></td>
<td><strong>83%</strong></td>
<td><strong>80%</strong></td>
<td><strong>10%</strong></td>
<td><strong>194,967</strong></td>
<td><strong>162,473</strong></td>
</tr>
<tr>
<td>Domain 3</td>
<td>Domain 3 Pay for Reporting (P4R)</td>
<td>Complete</td>
<td>10.00</td>
<td>10.00</td>
<td>100%</td>
<td>20%</td>
<td>10%</td>
<td>194,967</td>
<td>194,967</td>
</tr>
<tr>
<td></td>
<td>Domain 3 Pay for Performance (P4P)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0%</td>
<td>0%</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>Domain 2 Subtotal</strong></td>
<td></td>
<td><strong>10.00</strong></td>
<td><strong>10.00</strong></td>
<td><strong>100%</strong></td>
<td><strong>20%</strong></td>
<td><strong>10%</strong></td>
<td><strong>194,967</strong></td>
<td><strong>194,967</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>Complete</td>
<td><strong>16.00</strong></td>
<td><strong>15.00</strong></td>
<td><strong>94%</strong></td>
<td><strong>100%</strong></td>
<td><strong>20%</strong></td>
<td><strong>389,935</strong></td>
<td><strong>357,440</strong></td>
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Total Project 3.a.ii AVs Awarded: 15 out of 16

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Module 1 - Major risks to implementation and mitigation strategies</td>
<td>Ongoing</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
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<tr>
<td></td>
<td>Module 2 - Project Implementation Speed</td>
<td>Ongoing</td>
<td>N/A</td>
<td>Please Select</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>
The PPS failed to meet at least 80% of its actively engaged commitments for DY1,Q2.

### Domain 1 Project Prescribed Milestones - Project 3.a.ii

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.</td>
<td>3/31/2018</td>
<td>3/31/2018</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>2. Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>4. Develop written treatment protocols with consensus from participating providers and facilities.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>5. Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>NA</td>
</tr>
</tbody>
</table>
### Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015

**Montefiore Medical Center - Project 3.a.ii**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AV Driving</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.</td>
<td>Pass &amp; Ongoing</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
</tr>
<tr>
<td>8. Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.</td>
<td>Pass &amp; Ongoing</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
</tr>
<tr>
<td>10. Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.</td>
<td>Pass &amp; Ongoing</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
</tr>
<tr>
<td>11. Use EHRs or other technical platforms to track all patients engaged in this project.</td>
<td>Pass &amp; Ongoing</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</table>

**Domain 3 Pay for Performance and Pay for Reporting - Project 3.a.ii (all Milestones are P4R in DY1)**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to Antipsychotic Medications for People with Schizophrenia</td>
<td>Pass &amp; Ongoing</td>
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</tr>
<tr>
<td>Antidepressant Medication Management - Effective Acute Phase Treatment</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Indicator</td>
<td>Status</td>
<td>Score</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Antidepressant Medication Management - Effective Continuation Phase Treatment</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes Monitoring for People with Diabetes and Schizophrenia</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Follow-up after hospitalization for Mental Illness - within 30 days</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Follow-up after hospitalization for Mental Illness - within 7 days</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Follow-up care for Children Prescribed ADHD Medications - Continuation Phase</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Follow-up care for Children Prescribed ADHD Medications - Initiation Phase</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
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<tr>
<td>Initiative</td>
<td>Status</td>
<td>Value</td>
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<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Screening for Clinical Depression and follow-up</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
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</table>

**Total**: 10.00
New York State Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program

Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015
Montefiore Medical Center - Project 3.b.i

<table>
<thead>
<tr>
<th>AVs Available (DY1)</th>
<th>$ 1,457,711.62</th>
</tr>
</thead>
<tbody>
<tr>
<td>DY1 Payment Earned to Date</td>
<td>$ 874,626.97</td>
</tr>
<tr>
<td>DY1 Payment Not Earned to Date</td>
<td>$ -</td>
</tr>
<tr>
<td>DY1 Funding Remaining</td>
<td>$ 583,084.65</td>
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<tr>
<td>Funding Available for Distribution DY1Q2</td>
<td>$ 291,542.32</td>
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</tbody>
</table>

### 3.b.i Scoresheet

<table>
<thead>
<tr>
<th>Domain</th>
<th>Component</th>
<th>Review Status</th>
<th>AVs Available</th>
<th>Net AVs Awarded</th>
<th>Percentage AV</th>
<th>Domain Funding % (DY1)</th>
<th>Domain Funding % (DY1, Q2)</th>
<th>Payment Available ($)</th>
<th>Net Payment Earned ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Domain 1 Organizational</td>
<td>Complete</td>
<td>5.00</td>
<td>5.00</td>
<td>100%</td>
<td>80%</td>
<td>10%</td>
<td>145,771</td>
<td>145,771</td>
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<tr>
<td></td>
<td>Project Implementation Speed</td>
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<td>0.00</td>
<td>0%</td>
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</tr>
<tr>
<td></td>
<td>Patient Engagement Speed</td>
<td>Complete</td>
<td>1.00</td>
<td>1.00</td>
<td>100%</td>
<td></td>
<td></td>
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<tr>
<td><strong>Domain 1 Subtotal</strong></td>
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<td><strong>6.00</strong></td>
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<td><strong>80%</strong></td>
<td><strong>10%</strong></td>
<td><strong>145,771</strong></td>
<td><strong>145,771</strong></td>
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<tr>
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<td>7.00</td>
<td>100%</td>
<td>20%</td>
<td>10%</td>
<td>145,771</td>
<td>145,771</td>
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<tr>
<td></td>
<td>Domain 3 Pay for Performance (P4P)</td>
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<td>0%</td>
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<td>-</td>
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<tr>
<td><strong>Domain 2 Subtotal</strong></td>
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<td></td>
<td><strong>7.00</strong></td>
<td><strong>7.00</strong></td>
<td><strong>100%</strong></td>
<td><strong>20%</strong></td>
<td><strong>10%</strong></td>
<td><strong>145,771</strong></td>
<td><strong>145,771</strong></td>
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<tr>
<td><strong>Total</strong></td>
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<td></td>
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<td><strong>100%</strong></td>
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<td><strong>20%</strong></td>
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</table>

Total Project 3.b.i AVs Awarded: 13 out of 13

### Domain 1 Project Milestones - Project 3.b.i

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
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<tbody>
<tr>
<td></td>
<td>Module 1 - Major risks to implementation and mitigation strategies</td>
<td>Ongoing</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
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<tr>
<td></td>
<td>Module 2 - Project Implementation Speed</td>
<td>Ongoing</td>
<td>N/A</td>
<td>Please Select</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### New York State Department of Health
**Delivery System Reform Incentive Payment (DSRIP) Program**

**Achievement Value (AV) Scorecard**

**DY1, Q2 July 1, 2015 - September 30, 2015**

**Montefiore Medical Center - Project 3.b.i**

<table>
<thead>
<tr>
<th>Module 3 - Patient Engagement Speed</th>
<th>Ongoing</th>
<th>N/A</th>
<th>In Process</th>
<th>Pass &amp; Ongoing</th>
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</table>

<table>
<thead>
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<th><strong>Total</strong></th>
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#### Domain 1 Project Prescribed Milestones - Project 3.b.i

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.</td>
<td>3/31/2018</td>
<td>3/31/2018</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>2.</td>
<td>Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the</td>
<td>3/31/2018</td>
<td>3/31/2018</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>3.</td>
<td>Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.</td>
<td>3/31/2018</td>
<td>3/31/2018</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>4.</td>
<td>Use EHRs or other technical platforms to track all patients engaged in this project.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>5.</td>
<td>Use the EHR to prompt providers to complete the 5 A’s of tobacco control (Ask, Assess, Advise, Assist, and Arrange).</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>6.</td>
<td>Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> Develop care coordination teams including use of nursing staff, pharmacists, dieters and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong> Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>9.</strong> Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>10.</strong> Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>11.</strong> Prescribe once-daily regimens or fixed-dose combination pills when appropriate.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>12.</strong> Document patient driven self-management goals in the medical record and review with patients at each visit.</td>
<td>3/31/2018</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>13.</strong> Follow up with referrals to community based programs to document participation and behavioral and health status changes.</td>
<td>3/31/2018</td>
<td>3/31/2018</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>14.</strong> Develop and implement protocols for home blood pressure monitoring with follow up support.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>15.</strong> Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
## Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015

**Montefiore Medical Center - Project 3.b.i**

### Domain 3 Pay for Performance and Pay for Reporting - Project 3.b.i (all Milestones are P4R in DY1)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin Use</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Discussion of Risks and Benefits of Aspirin Use</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total: 0.00</td>
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</tbody>
</table>

### AV Driving

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin Use</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Discussion of Risks and Benefits of Aspirin Use</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
</tbody>
</table>

### Notes

16. Facilitate referrals to NYS Smoker’s Quitline.
   - 3/31/2017
   - 3/31/2017
   - In Process
   - Pass & Ongoing
   - N/A

17. Perform additional actions including “hot spotting” strategies in high risk neighborhoods, linkages to Health Homes for the highest risk.
   - 3/31/2018
   - 3/31/2020
   - On Hold
   - Pass & Ongoing
   - N/A

18. Adopt strategies from the Million Hearts Campaign.
   - 3/31/2017
   - 3/31/2020
   - On Hold
   - Pass & Ongoing
   - N/A

19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.
   - 3/31/2018
   - 3/31/2020
   - On Hold
   - Pass & Ongoing
   - N/A

20. Engage a majority (at least 80%) of primary care providers in this project.
   - 3/31/2017
   - 3/31/2020
   - On Hold
   - Pass & Ongoing
   - N/A
<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu Shots for Adults Ages 18 – 64</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Health Literacy (QHL13, 14, and 16)</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
</tr>
<tr>
<td>Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
</tr>
<tr>
<td>Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies</td>
<td>Pass &amp; Ongoing</td>
<td>0.3333333</td>
</tr>
<tr>
<td>Prevention Quality Indicator # 13 (Angina without procedure) ±</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Prevention Quality Indicator # 7 (HTN) ±</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
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</tbody>
</table>

**Total**: 7.00
**New York State Department of Health**  
**Delivery System Reform Incentive Payment (DSRIP) Program**

**Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015**

**Montefiore Medical Center - Project 3.d.iii**

<table>
<thead>
<tr>
<th>Project Domain</th>
<th>Component</th>
<th>Review Status</th>
<th>AVs Available</th>
<th>Net AVs Awarded</th>
<th>Percentage AV</th>
<th>Domain Funding % (DY1)</th>
<th>Domain Funding % (DY1, Q2)</th>
<th>Payment Available ($)</th>
<th>Net Payment Earned ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Domain 1 Organizational</td>
<td>Complete</td>
<td>5.00</td>
<td>5.00</td>
<td>100%</td>
<td>80%</td>
<td>10%</td>
<td>156,198</td>
<td>130,165</td>
</tr>
<tr>
<td></td>
<td>Project Implementation Speed</td>
<td>N/A</td>
<td>0.00</td>
<td>0.00</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient Engagement Speed</td>
<td>Complete</td>
<td>1.00</td>
<td>0.00</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Domain 1 Subtotal</strong></td>
<td></td>
<td><strong>6.00</strong></td>
<td><strong>5.00</strong></td>
<td><strong>83%</strong></td>
<td><strong>80%</strong></td>
<td><strong>10%</strong></td>
<td><strong>156,198</strong></td>
<td><strong>130,165</strong></td>
</tr>
<tr>
<td>Domain 3</td>
<td>Domain 3 Pay for Reporting (P4R)</td>
<td>Complete</td>
<td>4.00</td>
<td>4.00</td>
<td>100%</td>
<td>20%</td>
<td>10%</td>
<td>156,198</td>
<td>156,198</td>
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<tr>
<td></td>
<td>Domain 3 Pay for Performance (P4P)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0%</td>
<td>0%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>Domain 2 Subtotal</strong></td>
<td></td>
<td><strong>4.00</strong></td>
<td><strong>4.00</strong></td>
<td><strong>100%</strong></td>
<td><strong>20%</strong></td>
<td><strong>10%</strong></td>
<td><strong>156,198</strong></td>
<td><strong>156,198</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>Complete</td>
<td><strong>10.00</strong></td>
<td><strong>9.00</strong></td>
<td><strong>90%</strong></td>
<td><strong>100%</strong></td>
<td><strong>20%</strong></td>
<td><strong>312,397</strong></td>
<td><strong>286,364</strong></td>
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</table>

Total Project 3.d.iii AVs Awarded: 9 out of 10

**Domain 1 Project Milestones - Project 3.d.iii**

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Project Requirement and Metric/Deliverable</th>
<th>Required Due Date</th>
<th>Committed Due Date</th>
<th>Milestone Status</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Module 1 - Major risks to implementation and mitigation strategies</td>
<td>Ongoing</td>
<td>N/A</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Module 2 - Project Implementation Speed</td>
<td>Ongoing</td>
<td>N/A</td>
<td>Please Select</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>
New York State Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program

Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015
Montefiore Medical Center - Project 3.d.iii

<table>
<thead>
<tr>
<th>Module 3 - Patient Engagement Speed</th>
<th>Ongoing</th>
<th>N/A</th>
<th>In Process</th>
<th>Fail</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>The PPS failed to meet at least 80% of its actively engaged commitments for DY1,Q2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Domain 1 Project Prescribed Milestones - Project 3.d.iii

<table>
<thead>
<tr>
<th><strong>AV Driving</strong></th>
<th><strong>Project Requirement and Metric/Deliverable</strong></th>
<th><strong>Required Due Date</strong></th>
<th><strong>Committed Due Date</strong></th>
<th><strong>Milestone Status</strong></th>
<th><strong>Reviewer Status</strong></th>
<th><strong>AVs Awarded</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.</td>
<td>3/31/2017</td>
<td>3/31/2017</td>
<td>In Process</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>2.</td>
<td>Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>3.</td>
<td>Deliver educational activities addressing asthma management to participating primary care providers.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>4.</td>
<td>Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>5.</td>
<td>Use EHRs or other technical platforms to track all patients engaged in this project.</td>
<td>3/31/2017</td>
<td>3/31/2020</td>
<td>On Hold</td>
<td>Pass &amp; Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

### Domain 3 Pay for Performance and Pay for Reporting - Project 3.d.iii (all Milestones are P4R in DY1)

<table>
<thead>
<tr>
<th><strong>AV Driving</strong></th>
<th><strong>Measure</strong></th>
<th><strong>Reviewer Status</strong></th>
<th><strong>AVs Awarded</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>Status</td>
<td>Score</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Asthma Medication Ratio (5 – 64 Years)</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered</td>
<td>Pass &amp; Ongoing</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Pediatric Quality Indicator # 14 Pediatric Asthma ±</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Prevention Quality Indicator # 15 Younger Adult Asthma ±</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>4.00</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Project Snapshot

<table>
<thead>
<tr>
<th>Project Domain</th>
<th>Project ID</th>
<th>Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 4: Population-wide Projects: New York’s</td>
<td>4.b.i</td>
<td>Promote Tobacco Use Cessation, especially among low SES populations and those with poor mental health</td>
</tr>
</tbody>
</table>

## Payment Snapshot

<table>
<thead>
<tr>
<th>Payment Available (DY1)</th>
<th>$1,238,669.34</th>
</tr>
</thead>
<tbody>
<tr>
<td>DY1 Payment Earned to Date</td>
<td>$743,201.60</td>
</tr>
<tr>
<td>DY1 Payment Not Earned to Date</td>
<td>$745,467.74</td>
</tr>
<tr>
<td>DY1 Funding Remaining</td>
<td>$247,733.87</td>
</tr>
</tbody>
</table>

## 4.b.i Scoresheet

### Domain 1
- **Domain 1 Organizational**
  - Review Status: Complete
  - AVs Available: 5.00
  - Net AVs Awarded: 5.00
  - Percentage AV: 100%
- **Project Implementation Speed**
  - N/A
  - AVs Available: 0.00
  - Net AVs Awarded: 0.00
  - Percentage AV: 0%
- **Patient Engagement Speed**
  - N/A
  - AVs Available: 0.00
  - Net AVs Awarded: 0.00
  - Percentage AV: 0%

**Domain 1 Subtotal**: 5.00
- Percentage AV: 100%
- Domain Funding % (DY1): 80%
- Domain Funding % (DY1, Q2): 10%
- Payment Available ($): 123,867
- Net Payment Earned ($): 123,867

### Domain 4
- **Domain 4 Pay for Reporting (P4R)**
  - Review Status: Complete
  - AVs Available: 9.00
  - Net AVs Awarded: 9.00
  - Percentage AV: 100%
- **Domain 4 Pay for Performance (P4P)**
  - N/A
  - AVs Available: N/A
  - Net AVs Awarded: N/A
  - Percentage AV: 0%

**Domain 4 Subtotal**: 9.00
- Percentage AV: 100%
- Domain Funding % (DY1): 20%
- Domain Funding % (DY1, Q2): 10%
- Payment Available ($): 123,867
- Net Payment Earned ($): 123,867

**Total**
- AVs Available: 14.00
- Net AVs Awarded: 14.00
- Percentage AV: 100%

Total Project 4.b.i AVs Awarded: 14 out of 14

## Domain 4 Pay for Performance and Pay for Reporting - Project 4.b.i (all Milestones are P4R in DY1)

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td>Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>✔️</td>
<td>Percentage of adults with health insurance - Aged 18-64 years</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
</tbody>
</table>
### Montefiore Medical Center - Project 4.b.i

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of cigarette smoking among adults</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Percentage of premature death (before age 65 years)</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
<tr>
<td>Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total** 9.00
### New York State Department of Health
#### Delivery System Reform Incentive Payment (DSRIP) Program

**Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015**

**Montefiore Medical Center - Project 4.b.ii**

<table>
<thead>
<tr>
<th>Project Domain</th>
<th>Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 4: Population-wide Projects: New York's</td>
<td>Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Project ID</th>
<th>Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.b.ii</td>
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### 4.b.ii Scoresheet

<table>
<thead>
<tr>
<th>Domain</th>
<th>Component</th>
<th>Review Status</th>
<th>AVs Available</th>
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<th>Percentage AV</th>
<th>Domain Funding % (DY1)</th>
<th>Domain Funding % (DY1, Q2)</th>
<th>Payment Available ($)</th>
<th>Net Payment Earned ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Domain 1 Organizational</td>
<td>Complete</td>
<td>5.00</td>
<td>5.00</td>
<td>100%</td>
<td>80%</td>
<td>10%</td>
<td>92,273</td>
<td>92,273</td>
</tr>
<tr>
<td></td>
<td>Project Implementation Speed</td>
<td>N/A</td>
<td>0.00</td>
<td>0.00</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient Engagement Speed</td>
<td>N/A</td>
<td>0.00</td>
<td>0.00</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Domain 1 Subtotal</td>
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<td>5.00</td>
<td>5.00</td>
<td>100%</td>
<td>80%</td>
<td>10%</td>
<td>92,273</td>
<td>92,273</td>
</tr>
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<td>Domain 4</td>
<td>Domain 4 Pay for Reporting (P4R)</td>
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<td>16.00</td>
<td>100%</td>
<td>20%</td>
<td>10%</td>
<td>92,273</td>
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<tr>
<td></td>
<td>Domain 4 Pay for Performance (P4P)</td>
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<td>0%</td>
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<tr>
<td></td>
<td>Domain 4 Subtotal</td>
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<td>16.00</td>
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<td>20%</td>
<td>10%</td>
<td>92,273</td>
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<td>20%</td>
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<td>184,547</td>
</tr>
</tbody>
</table>

Total Project 4.b.ii AVs Awarded: 21 out of 21

### Domain 4 Pay for Performance and Pay for Reporting - Project 4.b.ii (all Milestones are P4R in DY1)

<table>
<thead>
<tr>
<th>AV Driving</th>
<th>Measure</th>
<th>Reviewer Status</th>
<th>AVs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Asthma emergency department visit rate per 10,000</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>Status</td>
<td>Score</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Asthma emergency department visit rate per 10,000 - Aged 0-4 years</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
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<tr>
<td>Percentage of adults who are obese</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
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</tr>
<tr>
<td>Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
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<tr>
<td>Percentage of adults with health insurance - Aged 18-64 years</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
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<tr>
<td>Percentage of children and adolescents who are obese</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Percentage of premature death (before age 65 years)</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Age-adjusted heart attack hospitalization rate per 10,000</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
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</tr>
<tr>
<td>Metric</td>
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<tr>
<td>--------</td>
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<td></td>
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<tr>
<td>Rate of hospitalizations for short-term complications of diabetes per 10,000 – Aged 18+ years</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
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<tr>
<td>Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6-17 years</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
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<tr>
<td>Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
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<tr>
<td>Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics</td>
<td>Pass &amp; Ongoing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>16.00</strong></td>
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</tbody>
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