



Print Summary

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Achievement Value (AV) Scorecard
New York City Health and Hospitals Corporations

	PPS Information					
Quarter	DY1, Q3 October 1, 2015 - December 31, 2015					
PPS	New York City Health and Hospitals Corporations					
PPS Number	52					

	Achieve	ement Value (AV) Scorecard	Summary						
		AV I	Data			Payme	nt Data			
Project Link (click on the purple link below to access each individual project report)	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned		
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	Organizat	Organizational funds are embedded within each project's payment				
2.a.i	20.00	20.00	0.00	20.00	\$ -	\$ -	\$ -	\$ -		
2.a.iii	20.00	20.00	0.00	20.00	\$ -	\$ -	\$ -	\$ -		
2.b.iii	20.00	20.00	0.00	20.00	\$ -	\$ -	\$ -	\$ -		
2.b.iv	20.00	20.00	0.00	20.00	\$ -	\$ -	\$ -	\$ -		
2.d.i	9.00	9.00	0.00	9.00	\$ -	\$ -	\$ -	\$ -		
3.a.i	15.00	15.00	0.00	15.00	\$ -	\$ -	\$ -	\$ -		
3.b.i	12.00	12.00	0.00	12.00	\$ -	\$ -	\$ -	\$ -		
3.d.ii	9.00	9.00	0.00	9.00	\$ -	\$ -	\$ -	\$ -		
3.g.i	10.00	10.00	0.00	10.00	\$ -	\$ -	\$ -	\$ -		
4.a.ii	16.00	16.00	0.00	16.00	\$ -	\$ -	\$ -	\$ -		
4.c.ii	16.00	16.00	0.00	16.00	\$ -	\$ -	\$ -	\$ -		



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

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Achievement Value (AV) Scorecard
New York City Health and Hospitals Corporations

AV Adjustments (Column F)								
Total	167.00	167.00	0.00	167.00 \$	- \$	- \$	- \$	-



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - Domain 1 Organizational AVs

Do	omain I Organizati	onal Scoresheet				
Domain I Organizational	Review Status	AVs Available	AVs Awarded	Adjustments	Net AVs	AV
Workforce Strategy	Complete	1.00	1.00	0.00	1.00	100%
Section 01 - Budget	Complete	1.00	1.00	0.00	1.00	100%
Section 02 - Governance	Complete	1.00	1.00	0.00	1.00	100%
Section 03 - Financial Sustainability	Complete	1.00	1.00	0.00	1.00	100%
Section 04 - Cultural Competency & Health Literacy	Complete	1.00	1.00	0.00	1.00	100%
Section 05 - IT Systems and Processes	Complete	N/A	N/A	N/A	N/A	N/A
Section 06 - Performance Reporting	Complete	N/A	N/A	N/A	N/A	N/A
Section 07 - Practitioner Engagement	Complete	N/A	N/A	N/A	N/A	N/A
Section 08 - Population Health Management	Complete	N/A	N/A	N/A	N/A	N/A
Section 09 - Clinical Integration	Complete	N/A	N/A	N/A	N/A	N/A
Section 10 - General Project Reporting	Complete	N/A	N/A	N/A	N/A	N/A
Total	Complete	5.00	5.00	0.00	5.00	100%

Net Organizational AVs Awarded: 5 out of 5

Hide Reviewer Comments

			Workforce S	Strategy			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Define target workforce state (in line with DSRIP program's goals)	N/A Page	6/30/2016	In Process	Pass & Ongoing	



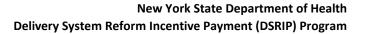
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	PIIII						
		Create a workforce transition roadmap for achieving defined target workforce	N/A	9/30/2016	In Process	Pass & Ongoing	
Additional Workforce Strategy Budget Updates (non AV- driving)		Perform detailed gap analysis between current state assessment of workforce and projected future state	N/A	6/30/2016	In Process	Pass & Ongoing	
		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	N/A	6/30/2016	In Process	Pass & Ongoing	
		5. Develop training strategy	N/A	3/31/2017	Not Started	Pass & Ongoing	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
Additional		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Workforce Strategy Topic Areas		Key Stakeholders	N/A Page	N/A	In Process	Pass & Ongoing	



Print		Nev	w York City Hea	th and Hospitals	Corporations - Domain 1 Orga	nizational
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
		Total				1

			Section 01 -	Budget			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Module 1.1 - PPS Budget Report (Baseline)	Ongoing	3/31/2016	Completed	Pass & Complete	
Quarterly Project							
		Module 1.2 - PPS Budget Report (Quarterly	Ongoing	N/A	In Process	Pass & Ongoing	
Reports, Project		Module 1.3 - PPS Flow of Funds (Baseline)	Ongoing	N/A	Completed	Pass & Complete	1
Budget and Flow of							
Funds		Module 1.4 - PPS Flow of Funds (Quarterly)	Ongoing	N/A	In Process	Pass & Ongoing	
		Quarterly Progress Reports	N/A	N/A	In Process	Pass & Ongoing	
			Page	5			





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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - Domain 1 Organizational AVs

Total 1

			Section 02 - G	overnance			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize governance structure and sub- committee structure	9/30/2015	6/30/2015	Completed	Pass & Complete	
Governance Structure		Establish a clinical governance structure, including clinical quality committees for each DSRIP project	12/31/2015	12/31/2015	Completed	Pass & Complete	
Updates							1
		3. Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	9/30/2015	Completed	Pass & Complete	
Governance Process		4. Establish governance structure reporting and monitoring processes	12/31/2015	12/31/2015	Completed	Pass & Complete	
Update							
		5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,	N/A	3/31/2017	In Process	Pass & Ongoing	
		6. Finalize partnership agreements or contracts with CBOs	N/A	3/31/2016	In Process	Pass & Ongoing	
Additional							
Additional Governance Milestones (non AV-		7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and	N/A Page	6/30/2016	In Process	Pass & Ongoing	N/A



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urivirig <i>j</i>							
		8. Finalize workforce communication and engagement plan	N/A	3/31/2017	In Process	Pass & Ongoing	
		9. Inclusion of CBOs in PPS Implementation	N/A	3/31/2017	In Process	Pass & Ongoing	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Governance Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1



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		Sec	tion 03 - Financi	al Sustainability			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarde
		1. Finalize PPS finance structure, including reporting structure	12/31/2015	12/31/2015	Completed	Pass & Complete	
Financial Stability		2. Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	3/31/2016	3/31/2016	In Process	Pass & Ongoing	
Update							
		3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d	12/31/2015	12/31/2015	Completed	Pass & Complete	1
PPS Transition		4. Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types	9/30/2016	3/31/2016	In Process	Pass & Ongoing	
to Value							
Based Payment System		5. Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	3/21/2017	12/31/2016	In Process	Pass & Ongoing	
		6. Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	3/31/2018	3/31/2020	On Hold	Pass & Ongoing	
Additional							



		Total				1
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
Stability Topic Areas	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	,
Additional Financial						N/A
ا ما داندا م	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
	Level 1 VBPs, and ≥ 70% of total costs					
System	8. ≥90% of total MCO-PPS payments (in terms of total dollars) captured in at least	3/31/2020	3/31/2020	On Hold	Pass & Ongoing	
Based Payment						
to Value	through Level 2 VBPs or higher		3,52,252		0 0	N/A
PPS Transition	7. Contract 50% of care-costs through Level 1 VBPs, and ≥ 30% of these costs	3/31/2019	3/31/2020	On Hold	Pass & Ongoing	
PPS	7. Contract 50% of care-costs through					



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		Section 04	- Cultural Compe	tency & Health I	iteracy		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize cultural competency / health literacy strategy.	12/31/2015	12/31/2015	Completed	Pass & Complete	
Cultural							
Competency /Health Literacy		2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of languageappropriate material).	6/30/2016	6/30/2016	In Process	Pass & Ongoing	1
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
Additional		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Cultural Competency							N/A
/Health Literacy		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	IN/A
Topic Areas							
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - Domain 1 Organizational AVs

Total 1

Section 05 - IT Systems and Processes										
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded			
		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).	N/A	3/31/2016	In Process	Pass & Ongoing				
		Develop an IT Change Management Strategy.	N/A	9/30/2016	In Process	Pass & Ongoing				
IT Systems and Processes		3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	N/A	6/30/2016	In Process	Pass & Ongoing	N/A			
		4. Develop a specific plan for engaging attributed members in Qualifying Entities	N/A	3/31/2016	In Process	Pass & Ongoing				
		5. Develop a data security and confidentiality plan.	6/30/2016	6/30/2016	In Process	Pass & Ongoing				
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing				



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	FIIII						
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
Additional IT Systems and							
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	N/A
Processes Topic Areas							N/A
Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				0

		Sec	ction 06 - Perform	nance Reporting			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Performanc		1. Establish reporting structure for PPS-wide performance reporting and communication.	N/A	9/30/2016	In Process	Pass & Ongoing	N/A
e Reporting		2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	N/A	3/31/2017	In Process	Pass & Ongoing	N/A
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
			Page 1	12			

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - 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
dditional erformanc					
Reporting opic Areas	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

		Sec	tion 07 - Practitio	ner Engagement	t				
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded		
		1. Develop Practitioners communication and engagement plan.	N/A	6/30/2016	In Process	Pass & Ongoing			
Practitioner Engagement		2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	N/A	6/30/2016	In Process	Pass & Ongoing	N/A		
			Page:	13					

Total



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		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing			
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing			
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing			
Additional Practitioner									
Engagement Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A		
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing			
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing			
			Total				0		

	Section 08 - Population Health Management										
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded				
		Develop population health management roadmap.	N/A	9/30/2016	In Process	Pass & Ongoing	N/A				
Population							N/A				
Health		2. Finalize PPS-wide bed reduction plan.	N/A	3/31/2017	In Process	Pass & Ongoing	N/A				



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							IN/A
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	N/A
dditional opulation							
lealth Topic reas		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 09 - Clinical Integration											
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded					
		Perform a clinical integration 'needs assessment'.	N/A	6/30/2016	In Process	Pass & Ongoing	N/A					
Clinical							N/A					



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Integration		2. Develop a Clinical Integration strategy.	N/A	3/31/2017	In Process	Pass & Ongoing	N/A				
							N/A				
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing					
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing					
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing					
Additional Clinical							N/A				
Integration Topic Areas		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				

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

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AV Adjustment Scoresheet											
	AVs Per	Total	Total AVs	Total AVs	Awarded	Adjusted	Net A	NVs Awarded			
Adjustment	Projects	Available	Net	Percentage	Aujusteu AVs	Net	Percentage AV				
	Froject	Selected	Available	Awarded	AV	AVS	Awarded	reiteillage AV			
Organizational Adjustments (applied to all projects)	5.00	11.00	55.00	55.00	100%	0.00	55.00	100%			
Project Adjustments (applied to one project only)	Various	11.00	112.00	112.00	100%	0.00	112.00	100%			
Total			167.00	167.00	100%	0.00	167.00	100%			

Sh	now Reviewer Comments	Organizational	Project Adjustments			
	No AV Adjustments					
	Please note that there are no AV adjustments for New York City Health and Hospitals Corporations in DY1, Q3					



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - Project 2.a.i

Project Snapshot				
Project Domain System Transformation Projects (Domain 2)				
Project ID 2.a.i				
Project Title	Create an Integrated Delivery System focused on Evidence Based Medicine and Population Health Management			

Payment Snapshot	
Payment Available (DY1)	\$ 26,516,998.65
DY1 Initial Payment	\$ 15,910,199.19
DY1 Q2 Payment Earned	\$ 5,303,399.73
DY1 Payment Not Earned to Date	\$ 0.00
DY1 Funding Remaining	\$ 5,303,399.73
Funding Available for Distribution DY1Q3	\$ -

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%	80%	% 0%	% -	
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%				-
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	20%	0%	-	-
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 2 Subtotal			15.00	15.00	100%	20%	0%	-	-
	Total	Complete	20.00	20.00	100%	100%	0%	-	-

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

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	Domain 1 Project Milestones - Project 2.a.i					
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A
Total	Page 18	3				0.00



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Domain 1 Project Prescribed	Milestones -	Project 2.a.i			
Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarde
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.	3/31/2019	3/31/2016	In Process	Pass & Ongoing	N/A
Utilize partnering HH and ACO population health management					
systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
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.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
					-
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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
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.	3/31/2019	3/31/2017	In Process	Pass & Ongoing	N/A
	Project Requirement and Metric/Deliverable 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. 2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. 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. 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. 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.	Project Requirement and Metric/Deliverable 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. 2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. 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. 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. 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. 6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all 3/31/2019	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. 2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. 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. 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. 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. 6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all 7. Due Date 1. Due Date 3/31/2019 3/31/2019 3/31/2017	Project Requirement and Metric/Deliverable 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. 2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. 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. 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. 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. 6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all	Project Requirement and Metric/Deliverable 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. 2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. 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. 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. 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 (DY) 3. 6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all 3/31/2019 3/31/2017 In Process Pass & Ongoing Pass & Ongoing



	Print		New York C	ity Health and	d Hospitals Corporations -	Project 2.a.i
•	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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	8. Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	3/31/2019	3/31/2017	In Process	Pass & Ongoing	N/A
	9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	3/31/2019	3/31/2017	In Process	Pass & Ongoing	N/A
	angling provider compensation to patient outcomes.	ı				
	11. Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as	3/31/2019	3/31/2017	In Process	Pass & Ongoing	N/A
	Total					0.00

	Domain 2 Pay for Performance and Pay for Reporting - Project 2.a.i (all Milestones are P4R in DY1)			
AV Driving	Measure	Reviewer Status	AVs Awarded	
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.3333333	
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.3333333	



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Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333
CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
Medicaid Spending on ER and Inpatient Services ± Page 21	Pass & Ongoing	1



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Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
PDI 90— Composite of all measures +/-	Pass & Ongoing	1
Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange	Pass & Ongoing	1
Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1
Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1
Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
Potentially Avoidable Readmissions	Pass & Ongoing	1
PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
Page 22		



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

Save & Return Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - Decembound New York City Health and Hospitals Corporations - P		
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
Total		15.00



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

New York City Health and Hospitals Corporations - Project 2.a.iii

	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				

Payment Snapshot					
Payment Available (DY1)	\$	21,254,535.94			
DY1 Initial Payment	\$	12,752,721.56			
DY1 Q2 Payment Earned	\$	4,250,907.19			
DY1 Payment Not Earned to Date	\$	0.00			
DY1 Funding Remaining	\$	4,250,907.19			
Funding Available for Distribution DY1Q3	\$	-			

	2.a.iii Scoresheet																				
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)												
	Domain 1 Organizational	Complete	5.00	5.00	100%	80%															
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		0%	-	-												
	Patient Engagement Speed	Complete	0.00	0.00	0%																
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-												
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	20%	0%	-	-												
Domain 2	Domain 2 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-												
	Domain 2 Subtotal			15.00	100%	20%	0%	-	-												
	Total	Complete	20.00	20.00	100%	100%	0%	-	-												

Total Project 2.a.iii AVs Awarded: 20 out of 20

Hide Reviewer Comments

	Domain 1 Project Milestones - Project 2.a.iii							
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A		



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Module 3 - Patient Engagement Speed	Ongoing	N/A	Not Started	Pass & Ongoing	N/A
					· ·
Total					0.00

	Domain 1 Project Prescribed I	Milestones - F	Project 2.a.iii					
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	1. Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A		
	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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A		
	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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A		
	4. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A		
	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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A		
	Page 25							



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6. Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
engage miny her in care and to reduce patient risk factors.					
7. Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
8. Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
9. Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
Total					0.00

	Domain 2 Pay for Performance and Pay for Reporting - Project 2.a.iii (all Milestones are P4R in DY1)						
AV Driving	Measure	Reviewer Status	AVs Awarded				
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.3333333				
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.3333333				
	Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333				



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CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
Cotting Times, Pepperitanentes, Cotto and Information (QO, O, 20, and 22)	. dos ex emponing	0.3
Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
Page 27		



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Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
PDI 90– Composite of all measures +/-	Pass & Ongoing	1
Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange	Pass & Ongoing	1
and to participate in sign contains		
Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1
Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1
rembursement		l
Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
Potentially Avoidable Readmissions	Pass & Ongoing	1
PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5



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

	Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - Project 2.a.ii			
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5		
Total		15.00		



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

New York City Health and Hospitals Corporations - Project 2.b.iii

	Project Snapshot					
Project Domain	System Transformation Projects					
Project ID	2.b.iii					
Project Title	ED care triage for at-risk populations					

Payment Snapshot				
Payment Available (DY1)	\$	20,010,972.31		
DY1 Initial Payment	\$	12,006,583.39		
DY1 Q2 Payment Earned	\$	4,002,194.46		
DY1 Payment Not Earned to Date	\$	(0.00)		
DY1 Funding Remaining	\$	4,002,194.46		
Funding Available for Distribution DY1Q3	\$	-		

	2.b.iii Scoresheet										
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)		
	Domain 1 Organizational	Complete	5.00	5.00	100%	80%					
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		30% 0%	-	-		
	Patient Engagement Speed	Complete	0.00	0.00	0%						
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-		
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	20%	0%	-	-		
Domain 2	Domain 2 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-		
	Domain 2 Subtotal		15.00	15.00	100%	20%	0%	-	-		
	Total	Complete	20.00	20.00	100%	100%	0%	-	-		

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

Hide Reviewer Comments

	Domain 1 Project Milestones - Project 2.b.iii										
AV Driving	Project Requirement and Metric/Deliverable		Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded					
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A					
	Page 3	un									



Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

New York City Health and Hospitals Corporations - Project 2.b.iii

	111110					
	Module 3 - Patient Engagement Speed	Ongoing	N/A	Not Started	Pass & Ongoing	N/A

Total 0.00

	Domain 1 Project Prescribed N	∕Iilestones - F	Project 2.b.iii			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	Establish ED care triage program for at-risk populations	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A
	Participating EDs will establish partnerships to community primary		I			1
	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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	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	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A
	 appointment with that provider's office (for patients with a primary care 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.) 	3/31/2017	3/31/2020	On Hold	Pass & Ongoing	N/A



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	5. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	Total					0.00

	Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.iii (all Milestones are P4R in DY1)									
AV Driving	Measure	Reviewer Status	AVs Awarded							
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.3333333							
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.3333333							
	Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333							
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1							
	Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25							
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25							
	Children's Access to Primary Care- 25 months to 6 years Page 32	Pass & Ongoing	0.25							



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Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
U CAUDS Cons Transition Matrice	D 9 Oi	
H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
PDI 90– Composite of all measures +/-	Pass & Ongoing	1
Pareant of aligible are with participating agreements with PUIOs masting Magningful Use griteria and		
Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange	Pass & Ongoing	1
Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1



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	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1
	Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
	Potentially Avoidable Readmissions	Pass & Ongoing	1
			ı
	PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Total		15.00
	Total		15.00



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

New York City Health and Hospitals Corporations - Project 2.b.iv

	Project Snapshot							
Project Domain System Transformation Projects (Domain 2)								
Project ID	2.b.iv							
Project Title	Care transitions intervention patients with a care transition plan developed prior to discharge.							

Payment Snapshot								
Payment Available (DY1)	\$	19,794,721.22						
DY1 Initial Payment	\$	11,876,832.73						
DY1 Q2 Payment Earned	\$	3,958,944.24						
DY1 Payment Not Earned to Date	\$	0.00						
DY1 Funding Remaining	\$	3,958,944.24						
Funding Available for Distribution DY1Q3	\$	-						

	2.b.iv Scoresheet														
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)						
	Domain 1 Organizational	Complete	5.00	5.00	100%	80%									
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		0%	-	-						
	Patient Engagement Speed	Complete	0.00	0.00	0%										
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-						
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	20%	0%	-	-						
Domain 2	Domain 2 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-						
	Domain 2 Subtotal		15.00	15.00	100%	20%	0%	-	-						
	Total	Complete	20.00	20.00	100%	100%	0%	-	-						

Total Project 2.b.iv AVs Awarded: 20 out of 20

Hide Reviewer Comments

	Domain 1 Project Milestones - Project 2.b.iv										
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded					
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A					
	Page 3	35									



Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

New York City Health and Hospitals Corporations - Project 2.b.iv

	Time					
	Module 3 - Patient Engagement Speed	Ongoing	N/A	Not Started	Pass & Ongoing	N/A

Total 0.00

V Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	2. Engage with the Medical Managed Core Organizations and Health	ı				
	2. Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	3. Ensure required social services participate in the project.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	4. Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	5. Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	6. Ensure that a 30-day transition of care period is established.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A



Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - Project 2.b.iv

7. Use EHRs and other technical platforms to track all patients engaged in the project.

| 7. Use EHRs and other technical platforms to track all patients engaged in the project.

| 7. Use EHRs and other technical platforms to track all patients engaged in the project.

Total 0.00

	Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.iv (all Milestones are P4R in DY1)							
AV Driving	Measure	Reviewer Status	AVs Awarded					
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.3333333					
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.3333333					
	Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333					
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1					
	Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25					
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25					
	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25					
	Page 37							



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	Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
	Halaful Courteque and Demostful Office Staff (O24 and 25)	Dans & Ouncinn	0.5
	Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
	H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
_			
	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
	PDI 90– Composite of all measures +/-	Pass & Ongoing	1
	Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange	Pass & Ongoing	1
	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1



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Total		15.00
	. 400 % 011601116	0.5
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
, , , , , , , , , , , , , , , , , , , ,	0.0	5.5
Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
Potentially Avoidable Readmissions	Pass & Ongoing	1
Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

New York City Health and Hospitals Corporations - Project 2.d.i

Project Snapshot						
Project Domain	System Transformation Projects (Domain 2)					
Project ID	2.d.i					
Project Title	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care					

Payment Snapshot					
Payment Available (DY1)	\$	23,766,575.36			
DY1 Initial Payment	\$	14,259,945.22			
DY1 Q2 Payment Earned	\$	4,753,315.07			
DY1 Payment Not Earned to Date	\$	0.00			
DY1 Funding Remaining	\$	4,753,315.07			
Funding Available for Distribution DY1Q3	\$	-			

	2.d.i Scoresheet														
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)						
	Domain 1 Organizational	Complete	5.00	5.00	100%	80%									
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		80% 0%	-	-						
	Patient Engagement Speed	Complete	0.00	0.00	0%										
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-						
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	20%	0%	-	-						
Domain 2	Domain 2 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-						
	Domain 2 Subtotal			4.00	100%	20%	0%	-	-						
	Total Complete		9.00	9.00	100%	100%	0%	-	-						

Total Project 2.d.i AVs Awarded: 9 out of 9

	Domain 1 Project Milestones - Project 2.d.i							
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A		



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Module 3 - Patient Engagement Speed	Ongoing	N/A	Not Started	Pass & Ongoing	N/A
Total					0.00

	Domain 1 Project Prescribed	Milestones -	Project 2.d.i			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. Contract or partner with community-based organizations (CBOs) to engage target populations using PAM® and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
	2. Establish a PPS-wide training team, comprised of members with training in PAM® and expertise in patient activation and engagement.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	3. Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	4. Survey the targeted population about healthcare needs in the PPS' region.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	5. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A

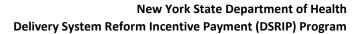


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6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM® during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
8. Include beneficiaries in development team to promote preventive care.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
9. Measure PAM® components	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
11. Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
12. Develop a second for Madierid recipients and preject restrictions to					
to report complaints and receive customer service.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
13. Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM® during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period. Include beneficiaries in development team to promote preventive care. Measure PAM® components Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education. Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the 	6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in 7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM® during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period. 8. Include beneficiaries in development team to promote preventive care. 9. Measure PAM® components 9/30/2017 10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. 9/30/2017 11. Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education. 12. Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. 13. Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the	6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in 7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM® during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period. 8. Include beneficiaries in development team to promote preventive care. 9. Measure PAM® components 9/30/2017 9/30/2017 9/30/2017 10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. 11. Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education. 12. Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. 3/31/2017 3/31/2017 3/31/2017	6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in 7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM® during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period. 8. Include beneficiaries in development team to promote preventive care. 9. Measure PAM® components 9/30/2017 9/30/2017 In Process 10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. 11. Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education. 12. Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. 13. Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the 3/31/2017 3/31/2017 In Process	6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in personal patient and properties to his/her designated PCP (see outcome measurements in personal patient and properties to his/her designated PCP (see outcome measurements in personal patient and properties to his/her designated PCP (see outcome measurements in personal patient and properties to his/her designated PCP (see outcome measurements in personal patient and properties to his/her designated PCP (see outcome measurements in personal patient and properties to his/her designated PCP (see outcome measurements in personal patient and properties to his/her designated PCP (see outcome measurements in personal patient and properties to his/her designated PCP (see outcome measurements in personal patient and properties to his/her designated PCP (see outcome measurements in personal patient and properties and properties pass and patient and properties beneficiaries using the pass and patient and properties pass and patient and properties personal patient and properties beneficiaries using the pass and patient and properties pass and patient and properties beneficiaries using the pass and patient and properties pass and patient and properties personal patient and properties beneficiaries using the pass and patient and properties beneficiaries using the pass and patient and properties pass and patient and properties pass and patient and properties beneficiaries using the pass and patient and properties pass and patient and properties pass and patient and properties beneficiaries using the pass and patient pass and patient and properties pass and patient pass and patient and properties pass and patient pass and patient and properties pass a



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	14. Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
	15. Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
	16. Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
	17. Perform population health management by actively using EHRs and	I				
	other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	Total					0.00

	Domain 2 Pay for Performance and Pay for Reporting - Project 2.d.i (all Milestones are P4R in DY1)						
AV Driving	Measure	Reviewer Status	AVs Awarded				
	C&G CAHPS by PPS for uninsured- Getting timely appointments, care, and information	Pass & Ongoing	0.25				
	C&G CAHPS by PPS for uninsured- Patients' rating of the provider (or doctor)	Pass & Ongoing	0.25				
	C&G CAHPS by PPS for uninsured- How well providers (or doctors) communicate with patients	Pass & Ongoing	0.25				





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C&G CAHPS by PPS for uninsured- Helpful, courteous, and respectful office staff	Pass & Ongoing	0.25				
ED use by uninsured	Pass & Ongoing	1				
PAM Level	Pass & Ongoing	1				
Use of primary and preventive care services Percent of attributed Medicaid members with no claims historic for primary care and preventive services in measurement year compared to same in baseline year	Pass & Ongoing	1				
Total		4.00				



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - Project 3.a.i

Project Snapshot							
Project Domain	Clinical Improvement Projects (Domain 3)						
Project ID	3.a.i						
Project Title	Integration of primary care and behavioral health services						

Payment Snapshot	
Payment Available (DY1)	\$ 17,772,929.11
DY1 Initial Payment	\$ 10,663,757.47
DY1 Q2 Payment Earned	\$ 3,554,585.82
DY1 Payment Not Earned to Date	\$ (0.00)
DY1 Funding Remaining	\$ 3,554,585.82
Funding Available for Distribution DY1Q3	\$ -

			3.a.i Score	sheet												
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)							
	Domain 1 Organizational	Complete	5.00	5.00	100%	80%	80%	80%	80% 0%							
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%					0%	-	-				
	Patient Engagement Speed	Complete	0.00	0.00	0%											
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-							
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	10.00	10.00	100%	20%	0%	-	-							
Domain 5	Domain 3 Pay for Performance N/A		N/A	N/A	N/A	0%	0%	-	-							
	Domain 3 Subtotal			10.00	100%	20%	0%	-	-							
	Total	Complete	15.00	15.00	100%	100%	0%	-	-							

Total Project 3.a.i AVs Awarded: 15 out of 15

	Domain 1 Project Milestones - Project 3.a.i								
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded			
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A			
	Page 4	15							



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	Module 3 - Patient Engagement Speed	Ongoing	N/A	Not Started	Pass & Ongoing	N/A
	Total					0

		Domain 1 Project Prescribed Mileston	es - Project 3.	.a.i Models 1,	2 and 3		
		✓ 3.a.i Model 1 ✓ 3.a	i Model 2	✓ 3.a.i Model 3	3		
Model	AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
		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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
		2. Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
3.a.i Model 1							
		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.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
		4. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
		5. Co-locate primary care services at behavioral health sites.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
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		6. Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
3.a.i Model 2		7. 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.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
		8. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
		9. Implement IMPACT Model at Primary Care Sites.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
		10. Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
		11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
3.a.i Model 3		12. Designate a Psychiatrist meeting requirements of the IMPACT Model.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
		13. Measure outcomes as required in the IMPACT Model.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
		Page 4	17				



Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

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	14. Provide "stepped care" as required by the IMPACT Model.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	15. Use EHRs or other technical platforms to track all patients		l			
	engaged in this project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	Total					0

	Domain 3 Pay for Performance and Pay for Reporting - Project 3.a.i (all Milestones are P4R	in DY1)	
AV Driving	Meas ure	Reviewer Status	AVs Awarded
	Adherence to Antipsychotic Medications for People with Schizophrenia	Pass & Ongoing	1
	Antidepressant Medication Management - Effective Acute Phase Treatment	Pass & Ongoing	0.5
	Antidepressant Medication Management - Effective Continuation Phase Treatment	Pass & Ongoing	0.5
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Pass & Ongoing	1
	Diabetes Monitoring for People with Diabetes and Schizophrenia	Pass & Ongoing	1
	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	Pass & Ongoing	1
	Page 48		



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Total		10
Screening for Clinical Depression and follow-up	Pass & Ongoing	1
Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Pass & Ongoing	1
	2 22 :	
Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Pass & Ongoing	0.5
Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Pass & Ongoing	0.5
Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5
Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5
Follow-up after hospitalization for Mental Illness - within 7 days	Pass & Ongoing	0.5
Follow-up after hospitalization for Mental Illness - within 30 days	Pass & Ongoing	0.5



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - Project 3.b.i

	Project Snapshot				
Project Domain Clinical Improvement Projects (Domain 3)					
Project ID	3.b.i				
Project Title	Evidence-based strategies for disease management in high risk/affected populations. (adult only)				

Payment Snapshot					
Payment Available (DY1)	\$	13,509,579.09			
DY1 Initial Payment	\$	8,105,747.45			
DY1 Q2 Payment Earned	\$	2,701,915.82			
DY1 Payment Not Earned to Date	\$	0.00			
DY1 Funding Remaining	\$	2,701,915.82			
Funding Available for Distribution DY1Q3	\$	-			

	3.b.i Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)	
	Domain 1 Organizational	Complete	5.00	5.00	100%	80%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		80% 0%	-	-	
	Patient Engagement Speed	Complete	0.00	0.00	0%					
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-	
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	7.00	7.00	100%	20%	0%	-	-	
Domain 5	Domain 3 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-	
Domain 2 Subtotal			7.00	7.00	100%	20%	0%	-	-	
	Total	Complete	12.00	12.00	100%	100%	0%	-	-	

Total Project 3.b.i AVs Awarded: 12 out of 12

	Domain 1 Project Milestones - Project 3.b.i							
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A		
	Page 5	50						



Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

New York City Health and Hospitals Corporations - Project 3.b.i

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Total	0.00

	Domain 1 Project Prescribed	Milestones -	Project 3.b.i			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	2. 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	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	3. 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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	4. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	5. Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	6. Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	Page 5	51				



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Time					
7. Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
8. Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
9. Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
10. 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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
11. 'Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
12. Document patient driven self-management goals in the medical record and review with patients at each visit.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
13. Follow up with referrals to community based programs to document participation and behavioral and health status changes.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
14. Develop and implement protocols for home blood pressure monitoring with follow up support.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
15. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	23/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A



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	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	3/31/2018	In Process	Pass & Ongoing	N/A
	18. Adopt strategies from the Million Hearts Campaign.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	20. Engage a majority (at least 80%) of primary care providers in this project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	Total					0.00

Domain 3 Pay for Performance and Pay for Reporting - Project 3.b.i (all Milestones are P4R in DY1)					
AV Driving	Measure	Reviewer Status	AVs Awarded		
	Aspirin Use	Pass & Ongoing	0.5		
	Discussion of Risks and Benefits of Aspirin Use	Pass & Ongoing	0.5		
	Controlling High Blood Pressure Page 53	Pass & Ongoing	1		



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Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1
Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1
Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.3333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333
Prevention Quality Indicator # 13 (Angina without procedure) ±	Pass & Ongoing	1
Prevention Quality Indicator # 7 (HTN) ±	Pass & Ongoing	1
Total		7.00



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

New York City Health and Hospitals Corporations - Project 3.d.ii

Project Snapshot				
Project Domain Clinical Improvement Projects (Domain 3)				
Project ID	3.d.ii			
Project Title	Expansion of asthma home-based self- management program			

Payment Snapshot					
Payment Available (DY1)	\$	13,921,435.38			
DY1 Initial Payment	\$	8,352,861.23			
DY1 Q2 Payment Earned	\$	2,784,287.08			
DY1 Payment Not Earned to Date	\$	0.00			
DY1 Funding Remaining	\$	2,784,287.08			
Funding Available for Distribution DY1Q3	\$	-			

			3.d.ii Score	sheet							
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)		
	Domain 1 Organizational	Complete	5.00	5.00	100%	80%					
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		5 0%	-	-		
	Patient Engagement Speed	Complete	0.00	0.00	0%						
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-		
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	20%	0%	-	-		
Domain 5	Domain 3 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-		
Domain 2 Subtotal		4.00	4.00	100%	20%	0%	-	-			
	Total	Complete	9.00	9.00	100%	100%	0%	-	-		

Total Project 3.d.ii AVs Awarded: 9 out of 9

	Domain 1 Project Milestones - Project 3.d.ii										
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded					
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A					
	Page 5	15									



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	Module 3 - Patient Engagement Speed	Ongoing	N/A	Not Started	Pass & Ongoing	N/A
,						
	Total					0.00

	Domain 1 Project Prescribed I	Milestones - F	Project 3.d.ii			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	3. Develop and implement evidence-based asthma management guidelines.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	4. Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	E. Ensura coordinated care for arthma nationts includes social sorvices					
	5. Ensure coordinated care for asthma patients includes social services and support.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A



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6. Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
7. Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
8. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
Total					0.00

	Domain 3 Pay for Performance and Pay for Reporting - Project 3.d.ii (all Milestones are P4R in DY1)								
AV Driving	Measure	Reviewer Status	AVs Awarded						
	Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1						
	Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Pass & Ongoing	0.5						
	Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Pass & Ongoing	0.5						
	Pediatric Quality Indicator # 14 Pediatric Asthma ±	Pass & Ongoing	1						
	Prevention Quality Indicator # 15 Younger Adult Asthma ± Page 57	Pass & Ongoing	1						



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

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	Total 4.00



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - Project 3.g.i

Project Snapshot									
Project Domain Clinical Improvement Projects (Domain 3)									
Project ID	3.g.i								
Project Title	Integration of palliative care into the PCMH model								

Payment Snapshot								
Payment Available (DY1)	\$	10,202,452.87						
DY1 Initial Payment	\$	6,121,471.72						
DY1 Q2 Payment Earned	\$	2,040,490.57						
DY1 Payment Not Earned to Date	\$	(0.00)						
DY1 Funding Remaining	\$	2,040,490.57						
Funding Available for Distribution DY1Q3	\$	-						

			3.g.i Score	sheet							
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)		
	Domain 1 Organizational	Complete	5.00	5.00	100%	80%					
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		% 0%	-	-		
	Patient Engagement Speed	Complete	0.00	0.00	0%						
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-		
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	20%	0%	-	-		
Domain 5	Domain 3 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-		
	Domain 2 Subtotal		5.00	5.00	100%	20%	0%	-	-		
	Total	Complete	10.00	10.00	100%	100%	0%	-	-		

Total Project 3.g.i AVs Awarded: 10 out of 10

	Domain 1 Project Milestones - Project 3.g.i										
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded					
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A					
	Page 5	59									



Print

	Module 3 - Patient Engagement Speed	Ongoing	N/A	Not Started	Pass & Ongoing	N/A	
	Total						

	Domain 1 Project Prescribed	Milestones -	Project 3.g.i			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.		3/31/2018	In Process	Pass & Ongoing	N/A
	2. Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	3. Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	4. Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	5. Engage with Medicaid Managed Care to address coverage of services.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	6. Use EHRs or other IT platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	Total					0.00



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AV Driving	Measure	Reviewer Status	AVs Awarded
	Advanced Directives – Talked about Appointing for Health Decisions	Pass & Ongoing	1
	Depressive feelings - percentage of members who experienced some depression feeling ±	Pass & Ongoing	1
	Percentage of members who had severe or more intense daily pain ±	Pass & Ongoing	1
	Percentage of members who remained stable or demonstrated improvement in pain	Pass & Ongoing	1
	Percentage of members whose pain was not controlled ±	Pass & Ongoing	1
	Total		5.00



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - Project 4.a.ii

Project Snapshot						
Project Domain Domain 4: Population-wide Projects: New York's						
Project ID 4.a.ii						
Project Title	Prevent Substance Abuse and Other Mental, Emotional and Behavioral Disorders					

Payment Snapshot					
Payment Available (DY1)	N/A				
DY1 Initial Payment	N/A				
DY1 Q2 Payment Earned	N/A				
DY1 Payment Not Earned to Date	N/A				
DY1 Funding Remaining	N/A				
Funding Available for Distribution DY1Q3	\$ -				

	4.a.ii Scoresheet								
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	80%	0%	-	-
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	20%	0%	-	-
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal			11.00	100%	20%	0%	-	-
	Total	Complete	16.00	16.00	100%	100%	0%	-	-

Total Project 4.a.ii AVs Awarded: 16 out of 16

Domain 4 Pay for Performance and Pay for Reporting - Project 4.a.ii (all Milestones are P4R in DY1)							
AV Driving	Measure	Reviewer Status	AVs Awarded				
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non- Hispanics	Pass & Ongoing	1				



Print New York City Health and Hospitals Corporations - Project 4.a.ii						
Age-adjusted suicide death rate per 100,000	Pass & Ongoing	1				
Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1				
Percentage of premature death (before age 65 years)	Pass & Ongoing	1				
Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1				
Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1				
	2 22 :					
Age-adjusted percentage of adult binge drinking during the past month	Pass & Ongoing	1				
Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	Pass & Ongoing	1				
Age-aujusteu percentage on adults who have a regular health care provider - Aged 10+ years	rass & Oligoling	1				



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Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	Pass & Ongoing	1
Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years	Pass & Ongoing	1
Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
Total		11.00



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 New York City Health and Hospitals Corporations - Project 4.c.ii

Project Snapshot							
Project Domain	Domain 4: Population-wide Projects: New York's						
Project ID	4.c.ii						
Project Title	Increase early access to, and retention in, HIV care						

Payment Snapshot					
Payment Available (DY1)	\$	8,996,838.83			
DY1 Initial Payment	\$	5,398,103.30			
DY1 Q2 Payment Earned	\$	1,799,367.77			
DY1 Payment Not Earned to Date	\$	-			
DY1 Funding Remaining	\$	1,799,367.77			
Funding Available for Distribution DY1Q3	\$	-			

	4.c.ii Scoresheet											
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)			
	Domain 1 Organizational	Complete	5.00	5.00	100%	80%						
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		0%	-	-			
	Patient Engagement Speed	N/A	0.00	0.00	0%							
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-			
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	20%	0%	-	-			
Domain 4	Domain 4 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-			
	Domain 4 Subtotal		11.00	11.00	100%	20%	0%	-	-			
	Total	Complete	16.00	16.00	100%	100%	0%	-	-			

Total Project 4.c.ii AVs Awarded: 16 out of 16

	Domain 4 Pay for Performance and Pay for Reporting - Project 4.c.ii (all Milestones are P4R in DY1)								
AV Driving	Measure	Reviewer Status	AVs Awarded						
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non- Hispanics	Pass & Ongoing	1						
	Newly diagnosed HIV case rate per 100,000	Pass & Ongoing	1						
Page 68									



Print

TotalPage 69			11.00
White non-Hispanics		5. 6808	
• • • • • • • • • • • • • • • • • • •	0,000 - Aged 18+ years – Ratio of Black non-Hispanics to	Pass & Ongoing	1
Age-adjusted preventable hospitalizations rate per 1	0,000 - Aged 18+ years	Pass & Ongoing	1
Age-adjusted percentage of adults who have a regula	ır health care provider - Aged 18+ years	Pass & Ongoing	1
Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
Percentage of premature death (before age 65 years		Pass & Ongoing	1
Percentage of adults with health insurance - Aged 18	- 64 years	Pass & Ongoing	1
Newly diagnosed HIV case rate per 100,000—Differe	nce in rates (Hispanic and White) of new HIV diagnoses	Pass & Ongoing	1
Newly diagnosed HIV case rate per 100,000—Differe	nce in rates (Black and White) of new HIV diagnoses	Pass & Ongoing	1