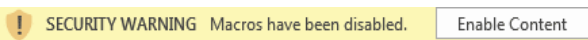





*Achievement Value (AV) Scorecard  
Nassau Queens Performing Provider System, LLC*

| General Instructions            |  |   |
|---------------------------------|--|---|
| Step                            | Description/Link   | Image   |
| 1. Enable Content               | Click "Enable Content" at the top of the screen to enable macros.  |  |
| 2. Review AV Scorecard Overview | The AV scorecard Overview is a summary of the report <a href="#">Click to Access AV Scorecard Overview</a> | <a href="#">Click to Access AV Scorecard Overview</a>                               |

| Functionality  |  |   |
|--|--|---|
| Step   | Description/Link   | Image   |
| 1. Print   | All tabs include a print button in the upper left hand corner. The AV Scorecard Overview tab also includes a "Print All" button which will print all relevany reports.   |    |
| 2. Access Detailed Project Reports and return to AV Scorecard Overview | The AV Scorecard Overview tab is the landing page from which detailed project reports can be viewed. From the AV Scorecard Overview" click the relevant project button to access the project tab. From the project tab click "Save and Return" to access the AV Scorecard Overview |   |
| 3. Show or Hide reviewer comments                                      | Each project tab includes a Show/Hide Reviewer Comments button on the left hand side of the screen. Click "Show Reviewer Comments" to show comments and "Hide Reviewer Comments" to hide comments.   |  |



Print Summary

Print All

| PPS Information |   |
|-----------------|---|
| Quarter         | DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter) |
| PPS             | Nassau Queens Performing Provider System, LLC               |
| PPS Number      | 14  |

| Achievement Value (AV) Scorecard Summary   |               |               |               |                 |  |                |                        |                      |
|--|---------------|---------------|---------------|-----------------|--|----------------|------------------------|----------------------|
| Project Link (click on the purple link below to access each individual project report) | AV Data       |               |               |                 | Payment Data   |                |                        |                      |
|  | AVs Available | AVs Awarded   | AV Adjustment | Net AVs Awarded | Payment Available  | Payment Earned | High Performance Funds | Total Payment Earned |
| <a href="#">Domain I - Organizational (All Projects)</a>                               | 5.00          | 5.00          | 0.00          | 5.00            | <i>Organizational funds are embedded within each project's payment</i> |                |                        |                      |
| <a href="#">2.a.i</a>  | 19.00         | 19.00         | 0.00          | 19.00           | \$ -   | \$ -           | \$ -                   | \$ -                 |
| <a href="#">2.b.ii</a>   | 20.00         | 20.00         | 0.00          | 20.00           | \$ -   | \$ -           | \$ -                   | \$ -                 |
| <a href="#">2.b.iv</a>   | 20.00         | 20.00         | 0.00          | 20.00           | \$ -   | \$ -           | \$ -                   | \$ -                 |
| <a href="#">2.b.vii</a>  | 20.00         | 20.00         | 0.00          | 20.00           | \$ -   | \$ -           | \$ -                   | \$ -                 |
| <a href="#">2.d.i</a>  | 8.00          | 8.00          | 0.00          | 8.00            | \$ -   | \$ -           | \$ -                   | \$ -                 |
| <a href="#">3.a.i</a>  | 16.00         | 16.00         | 0.00          | 16.00           | \$ -   | \$ -           | \$ -                   | \$ -                 |
| <a href="#">3.a.ii</a>   | 16.00         | 16.00         | 0.00          | 16.00           | \$ -   | \$ -           | \$ -                   | \$ -                 |
| <a href="#">3.b.i</a>  | 13.00         | 13.00         | 0.00          | 13.00           | \$ -   | \$ -           | \$ -                   | \$ -                 |
| <a href="#">3.c.i</a>  | 12.00         | 12.00         | 0.00          | 12.00           | \$ -   | \$ -           | \$ -                   | \$ -                 |
| <a href="#">4.a.iii</a>  | 16.00         | 16.00         | 0.00          | 16.00           | \$ -   | \$ -           | \$ -                   | \$ -                 |
| <a href="#">4.b.i</a>  | 14.00         | 14.00         | 0.00          | 14.00           | \$ -   | \$ -           | \$ -                   | \$ -                 |
| <a href="#">AV Adjustments (Column F)</a>  |               |               |               |                 |  |                |                        |                      |
| <b>Total</b>   | <b>174.00</b> | <b>174.00</b> | <b>0.00</b>   | <b>174.00</b>   | <b>\$ -</b>  | <b>\$ -</b>    | <b>\$ -</b>            | <b>\$ -</b>          |



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Nassau Queens Performing Provider System, LLC - Domain 1 Organizational AVs)

| Domain I Organizational 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         |
| <b>Total</b>                                       | <b>Complete</b> | <b>5.00</b>   | <b>5.00</b> | <b>0.00</b> | <b>5.00</b> | <b>100%</b> |

Net Organizational AVs Awarded: 5 out of 5

Hide Reviewer Comments

| Workforce Strategy  |            |   |                   |                    |                  |                 |            |
|---|------------|---|-------------------|--------------------|------------------|-----------------|------------|
| Process Measure   | AV Driving | Milestone   | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
| Workforce Strategy Budget Updates                             |            |   |                   |                    |                  |                 |            |
|   |            |   |                   |                    |                  |                 |            |
|   |            |   |                   |                    |                  |                 |            |
| Additional Workforce Strategy Budget Updates (non AV-driving) |            | 1. Define target workforce state (in line with DSRIP program's goals)   | 3/31/2016         | 3/31/2016          | Completed        | Pass & Complete | 1          |
|   |            | 2. Create a workforce transition roadmap for achieving defined target workforce   | 12/31/2016        | 12/31/2016         | In Process       | Pass & Ongoing  |            |
|   |            | 3. Perform detailed gap analysis between current state assessment of workforce and projected future state   | 12/31/2016        | 12/31/2016         | 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 | 6/30/2016         | 6/30/2016          | Completed        | Pass & Complete |            |
|   |            | 5. Develop training strategy  | 3/31/2017         | 3/31/2017          | Not Started      | Pass & Ongoing  |            |
|   |            | Major Risks to Implementation & Risk Mitigation Strategies  | N/A               | N/A                | In Process       | Pass & Ongoing  |            |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Nassau Queens Performing Provider System, LLC - Domain 1 Organizational AVs**

|   |   |  |     |     |            |                |          |
|---|---|--|-----|-----|------------|----------------|----------|
| Additional Workforce Strategy Topic Areas | ● | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | N/A      |
|   | ● | 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 |          |
| <b>Total</b>                              |   |  |     |     |            |                | <b>1</b> |

| Section 01 - Budget   |            |  |                   |                    |                  |                 |            |
|---|------------|--|-------------------|--------------------|------------------|-----------------|------------|
| Process Measure   | AV Driving | Milestone                                  | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
| Quarterly Project Reports, Project Budget and Flow of Funds | ●          | Module 1.1 - PPS Budget Report (Baseline)  | Ongoing           | N/A                | Completed        | Pass & Complete | 1          |
|   | ●          | Module 1.2 - PPS Budget Report (Quarterly) | Ongoing           | N/A                | In Process       | Pass & Ongoing  |            |
|   | ●          | Module 1.3 - PPS Flow of Funds (Baseline)  | Ongoing           | N/A                | Completed        | Pass & Complete |            |
|   | ●          | 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  |            |
| <b>Total</b>  |            |  |                   |                    |                  |                 | <b>1</b>   |

| Section 02 - Governance      |            |  |                   |                    |                  |                 |            |
|------------------------------|------------|--|-------------------|--------------------|------------------|-----------------|------------|
| Process Measure              | AV Driving | Milestone  | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
| Governance Structure Updates | ●          | 1. Finalize governance structure and sub-committee structure   | 9/30/2015         | 9/30/2015          | Completed        | Pass & Complete | 1          |
|                              | ●          | 2. Establish a clinical governance structure, including clinical quality committees for each DSRIP project | 12/31/2015        | 12/31/2015         | Completed        | Pass & Complete |            |
|                              | ●          | 3. Finalize bylaws and policies or Committee Guidelines where applicable                                   | 9/30/2015         | 9/30/2015          | Completed        | Pass & Complete |            |



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Nassau Queens Performing Provider System, LLC - Domain 1 Organizational AVs)

|   |   |  |            |            |            |                 |          |
|---|---|--|------------|------------|------------|-----------------|----------|
|   |   |  |            |            |            |                 |          |
| Governance Process Update                         | ● | 4. Establish governance structure reporting and monitoring processes   | 12/31/2015 | 12/31/2015 | Completed  | Pass & Complete |          |
| Additional Governance Milestones (non AV-driving) | ● | 5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, | 3/31/2016  | 3/31/2016  | Completed  | Pass & Complete | N/A      |
|   | ● | 6. Finalize partnership agreements or contracts with CBOs  | 3/31/2016  | 3/31/2016  | Completed  | Pass & Complete |          |
|   | ● | 7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and  | 3/31/2016  | 3/31/2016  | Completed  | Pass & Complete |          |
|   | ● | 8. Finalize workforce communication and engagement plan  | 3/31/2016  | 3/31/2016  | Completed  | Pass & Complete |          |
|   | ● | 9. Inclusion of CBOs in PPS Implementation   | 3/31/2017  | 3/31/2017  | In Process | Pass & Ongoing  |          |
| Additional Governance Topic Areas                 | ● | Major Risks to Implementation & Risk Mitigation Strategies   | N/A        | N/A        | In Process | Pass & Ongoing  | N/A      |
|   | ● | 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  |          |
| <b>Total</b>                                      |   |  |            |            |            |                 | <b>1</b> |

Section 03 - Financial Sustainability

| Process Measure | AV Driving | Milestone  | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
|-----------------|------------|--|-------------------|--------------------|------------------|-----------------|------------|
|                 | ●          | 1. Finalize PPS finance structure, including reporting structure | 12/31/2015        | 12/31/2015         | Completed        | Pass & Complete |            |



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Nassau Queens Performing Provider System, LLC - Domain 1 Organizational AVs)

|  |   |   |            |            |            |                 |          |
|--|---|---|------------|------------|------------|-----------------|----------|
| Financial Stability Update                 | ● | 2. Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | 3/31/2016  | 3/31/2016  | Completed  | Pass & Complete | 1        |
|  | ● | 3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d  | 12/31/2015 | 12/31/2015 | Completed  | Pass & Complete |          |
| Additional Financial Stability Topic Areas | ● | Major Risks to Implementation & Risk Mitigation Strategies  | N/A        | N/A        | In Process | Pass & Ongoing  | N/A      |
|  | ● | 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  |          |
| <b>Total</b>                               |   |   |            |            |            |                 | <b>1</b> |

Section 04 - Cultural Competency & Health Literacy

| Process Measure                     | AV Driving | Milestone  | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
|-------------------------------------|------------|--|-------------------|--------------------|------------------|-----------------|------------|
| Cultural Competency/Health Literacy | ●          | 1. Finalize cultural competency / health literacy strategy.  | 12/31/2015        | 12/31/2015         | Completed        | Pass & Complete | 1          |
|                                     | ●          | 2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | 6/30/2016         | 6/30/2016          | Completed        | Pass & Complete |            |
| Additional Cultural Competenc       | ●          | Major Risks to Implementation & Risk Mitigation Strategies   | N/A               | N/A                | In Process       | Pass & Ongoing  | N/A        |
|                                     | ●          | Major Dependencies on Organizational Workstreams   | N/A               | N/A                | In Process       | Pass & Ongoing  |            |
|                                     | ●          | Roles and Responsibilities   | N/A               | N/A                | In Process       | Pass & Ongoing  |            |



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Nassau Queens Performing Provider System, LLC - Domain 1 Organizational AVs

|                               |   |                    |     |     |            |                |          |  |
|-------------------------------|---|--------------------|-----|-----|------------|----------------|----------|--|
| y/Health Literacy 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 |          |  |
|                               |   |                    |     |     |            |                |          |  |
| <b>Total</b>                  |   |                    |     |     |            |                | <b>1</b> |  |

| Section 05 - IT Systems and Processes                                     |   |  |                   |                    |                  |                 |            |  |
|---|---|--|-------------------|--------------------|------------------|-----------------|------------|--|
| Process Measure   | AV Driving  | Milestone  | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |  |
| IT Systems and Processes  | ●   | 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). | 3/31/2016         | 3/31/2016          | Completed        | Pass & Complete | N/A        |  |
|   |   |  |                   |                    |                  |                 |            |  |
|   | ●   | 2. Develop an IT Change Management Strategy.   | 9/30/2016         | 9/30/2016          | In Process       | Pass & Ongoing  |            |  |
|   |   |  |                   |                    |                  |                 |            |  |
|   | ●   | 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network   | 3/31/2017         | 3/31/2017          | Not Started      | Pass & Ongoing  |            |  |
|   |   |  |                   |                    |                  |                 |            |  |
| ●   | 4. Develop a specific plan for engaging attributed members in Qualifying Entities | 12/31/2016   | 12/31/2016        | In Process         | Pass & Ongoing   |                 |            |  |
| <i>The PPS has extended the due date for this milestone to DY2 Qtr 3.</i> |   |  |                   |                    |                  |                 |            |  |
| ●   | 5. Develop a data security and confidentiality plan.                              | N/A  | 9/30/2016         | In Process         | Pass & Ongoing   |                 |            |  |
|   |   |  |                   |                    |                  |                 |            |  |
| Additional IT Systems and Processes Topic Areas                           | ●   | Major Risks to Implementation & Risk Mitigation Strategies   | N/A               | N/A                | In Process       | Pass & Ongoing  | N/A        |  |
|   |   |  |                   |                    |                  |                 |            |  |
|   | ●   | 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   |                 |            |  |
|   |   |  |                   |                    |                  |                 |            |  |
| <b>Total</b>  |   |  |                   |                    |                  |                 | <b>0</b>   |  |



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Nassau Queens Performing Provider System, LLC - Domain 1 Organizational AVs)

| Section 06 - Performance Reporting           |  |  |                   |                    |                  |                 |            |
|--|--|--|-------------------|--------------------|------------------|-----------------|------------|
| Process Measure                              | AV Driving   | Milestone  | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
| Performance Reporting                        | ●  | 1. Establish reporting structure for PPS-wide performance reporting and communication.   | N/A               | 12/31/2016         | In Process       | Pass & Ongoing  | N/A        |
|  | <i>The PPS has extended the due date for this milestone to DY2 Qtr 3</i> |  |                   |                    |                  |                 |            |
| Performance Reporting                        | ●  | 2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | N/A               | 12/31/2016         | In Process       | Pass & Ongoing  | N/A        |
|  | <i>The PPS has extended the due date for this milestone to DY2 Qtr 3</i> |  |                   |                    |                  |                 |            |
| Additional Performance Reporting Topic Areas | ●  | Major Risks to Implementation & Risk Mitigation Strategies   | N/A               | N/A                | In Process       | Pass & Ongoing  | N/A        |
|  | ●  | 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  |            |
| <b>Total</b>                                 |  |  |                   |                    |                  |                 | <b>0</b>   |

| Section 07 - Practitioner Engagement                                      |            |  |                   |                    |                  |                 |            |
|---|------------|--|-------------------|--------------------|------------------|-----------------|------------|
| Process Measure   | AV Driving | Milestone  | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
| Practitioner Engagement   | ●          | 1. Develop Practitioners communication and engagement plan.  | 6/30/2016         | 6/30/2016          | Completed        | Pass & Complete | N/A        |
|   | ●          | 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. | 3/31/2017         | 3/31/2017          | In Process       | Pass & Ongoing  |            |
| <i>The PPS has extended the due date for this milestone to DY2 Qtr 4.</i> |            |  |                   |                    |                  |                 |            |
|   | ●          | 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  |            |





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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Nassau Queens Performing Provider System, LLC - Domain 1 Organizational AVs)

|  |   |                            |     |     |            |                |          |
|--|---|----------------------------|-----|-----|------------|----------------|----------|
| Additional Practitioner Engagement Topic Areas | ● | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | N/A      |
|  |   |                            |     |     |            |                |          |
|  | ● | 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 |          |
|  |   |                            |     |     |            |                |          |
| <b>Total</b>                                   |   |                            |     |     |            |                | <b>0</b> |

Section 08 - Population Health Management

| Process Measure                          | AV Driving         | Milestone  | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
|--|--------------------|--|-------------------|--------------------|------------------|-----------------|------------|
| Population Health                        | ●                  | 1. Develop population health management roadmap.           | 3/31/2016         | 3/31/2016          | Completed        | Pass & Complete | N/A        |
|  |                    |  |                   |                    |                  |                 |            |
|  | ●                  | 2. Finalize PPS-wide bed reduction plan.                   | 3/31/2017         | 3/31/2017          | In Process       | Pass & Ongoing  | N/A        |
|  |                    |  |                   |                    |                  |                 |            |
| Additional Population Health Topic Areas | ●                  | Major Risks to Implementation & Risk Mitigation Strategies | N/A               | N/A                | In Process       | Pass & Ongoing  | N/A        |
|  |                    |  |                   |                    |                  |                 |            |
|  | ●                  | 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   |                 |            |
|  |                    |  |                   |                    |                  |                 |            |
| <b>Total</b>                             |                    |  |                   |                    |                  |                 | <b>0</b>   |

Section 09 - Clinical Integration

| Process Measure | AV Driving | Milestone   | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
|-----------------|------------|---|-------------------|--------------------|------------------|-----------------|------------|
| Clinical        | ●          | 1. Perform a clinical integration 'needs assessment'. | 6/30/2016         | 6/30/2016          | Completed        | Pass & Complete | N/A        |
|                 |            |   |                   |                    |                  |                 |            |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Nassau Queens Performing Provider System, LLC - Domain 1 Organizational AVs**

|   |                    |  |           |            |                |                |          |
|---|--------------------|--|-----------|------------|----------------|----------------|----------|
| Integration                                 | ●                  | 2. Develop a Clinical Integration strategy.                | 9/30/2016 | 9/30/2016  | In Process     | Pass & Ongoing | N/A      |
|   |                    |  |           |            |                |                |          |
| Additional Clinical Integration Topic Areas | ●                  | Major Risks to Implementation & Risk Mitigation Strategies | N/A       | N/A        | In Process     | Pass & Ongoing | N/A      |
|   |                    |  |           |            |                |                |          |
|   | ●                  | 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 |                |          |
|   |                    |  |           |            |                |                |          |
| <b>Total</b>                                |                    |  |           |            |                |                | <b>0</b> |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC AV Adju*

| AV Adjustment Scoresheet                             |                 |                         |                     |                   |               |              |                 |               |
|--|-----------------|-------------------------|---------------------|-------------------|---------------|--------------|-----------------|---------------|
| Adjustment   | AVs Per Project | Total Projects Selected | Total AVs Available | Total AVs Awarded |               | Adjusted AVs | Net AVs Awarded |               |
|  |                 |                         |                     | Net Awarded       | Percentage AV |              | Net Awarded     | Percentage 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                   | 119.00              | 119.00            | 100%          | 0.00         | 119.00          | 100%          |
| <b>Total</b>   |                 |                         | <b>174.00</b>       | <b>174.00</b>     | <b>100%</b>   | <b>0.00</b>  | <b>174.00</b>   | <b>100%</b>   |

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Organizational

Project Adjustments

| No AV Adjustments |  |
|-------------------|--|
| ●                 | <i>Please note that there are no AV adjustments for Nassau Queens Performing Provider System, LLC in DY2, Q1</i> |





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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - 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 (DY2)                  | \$ 10,548,410.71 |
| Funding Available for Distribution DY2Q1 | -                |
| Dollars Earned to Date (DY1)             | \$ 9,897,521.87  |

| 2.a.i Scoresheet         |                                    |               |               |                 |               |                        |                            |                        |                         |
|--------------------------|------------------------------------|---------------|---------------|-----------------|---------------|------------------------|----------------------------|------------------------|-------------------------|
| Domain                   | Component                          | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q1) | Payment Available (\$) | Net Payment Earned (\$) |
| Domain 1                 | Domain 1 Organizational            | Complete      | 5.00          | 5.00            | 100%          | 60%                    | 0%                         | -                      | -                       |
|                          | Project Implementation Speed       | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
|                          | Patient Engagement Speed           | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
| <b>Domain 1 Subtotal</b> |                                    |               | <b>5.00</b>   | <b>5.00</b>     | <b>100%</b>   | <b>60%</b>             | <b>0%</b>                  | <b>-</b>               | <b>-</b>                |
| Domain 2                 | Domain 2 Pay for Reporting (P4R)   | Complete      | 14.00         | 14.00           | 100%          | 40%                    | 0%                         | -                      | -                       |
|                          | Domain 2 Pay for Performance (P4P) | N/A           | N/A           | N/A             | N/A           | 0%                     | 0%                         | -                      | -                       |
| <b>Domain 2 Subtotal</b> |                                    |               | <b>14.00</b>  | <b>14.00</b>    | <b>100%</b>   | <b>40%</b>             | <b>0%</b>                  | <b>-</b>               | <b>-</b>                |
| <b>Total</b>             |                                    |               | <b>19.00</b>  | <b>19.00</b>    | <b>100%</b>   | <b>100%</b>            | <b>0%</b>                  | <b>-</b>               | <b>-</b>                |

Total Project 2.a.i AVs Awarded: 19 out of 19

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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         |
|   |  |                   |                    |                  |                 |             |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.a.i*

| ●   |  |                   |                    |                  |                 |             |
|---|--|-------------------|--------------------|------------------|-----------------|-------------|
|   |  |                   |                    |                  |                 |             |
| <b>Total</b>  |  |                   |                    |                  |                 | <b>0.00</b> |
| <b>Domain 1 Project Prescribed Milestones - Project 2.a.i</b> |  |                   |                    |                  |                 |             |
| AV Driving  | Project Requirement and Metric/Deliverable   | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
| ●   | 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. | 3/31/2018         | 3/31/2018          | In Process       | Pass & Ongoing  | N/A         |
|   |  |                   |                    |                  |                 |             |
| ●   | 2. 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          | Not Started      | 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         |
|   |  |                   |                    |                  |                 |             |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.a.i*

|   |   |           |           |             |                |     |
|---|---|-----------|-----------|-------------|----------------|-----|
| ● | 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.  | 3/31/2018 | 3/31/2018 | In Process  | Pass & Ongoing | N/A |
| ● | 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.  | 3/31/2018 | 3/31/2018 | 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 | Not Started | Pass & Ongoing | N/A |
| ● | 10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.   | 3/31/2018 | 3/31/2018 | In Process  | Pass & Ongoing | N/A |
| ● | 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 appropriate.   | 3/31/2018 | 3/31/2018 | Not Started | Pass & Ongoing | N/A |



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.a.i

|              |             |
|--------------|-------------|
|              |             |
| <b>Total</b> |             |
|              | <b>0.00</b> |

**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  | 0.33333333  |
| ●          | Adult Access to Preventive or Ambulatory Care - 45 to 64 years                                       | Pass & Ongoing  | 0.33333333  |
| ●          | Adult Access to Preventive or Ambulatory Care - 65 and older   | Pass & Ongoing  | 0.33333333  |
| ●          | 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        |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.a.i*

|   |   |                |      |
|---|---|----------------|------|
| ● |   |                |      |
| ● | 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 ±  | 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    |





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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.a.i*

|              |  |                |              |
|--------------|--|----------------|--------------|
| ●            |  |                |              |
| ●            | 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 | N/A          |
| ●            |  |                |              |
| ●            | 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          |
| ●            |  |                |              |
| ●            | Primary Care - Usual Source of Care - Q2   | Pass & Ongoing | 0.5          |
|              |  |                |              |
| <b>Total</b> |  |                | <b>14.00</b> |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.b.ii*

| Project Snapshot |   |
|------------------|---|
| Project Domain   | System Transformation Projects (Domain 2)                                   |
| Project ID       | 2.b.ii  |
| Project Title    | Development of Co-Located Primary Care Services in the Emergency Department |

| Payment Snapshot                         |                 |
|--|-----------------|
| Payment Available (DY2)                  | \$ 7,534,579.08 |
| Funding Available for Distribution DY2Q1 | -               |
| Dollars Earned to Date (DY1)             | \$ 6,928,265.31 |

| 2.b.ii Scoresheet        |                                    |               |               |                 |               |                        |                            |                        |                         |
|--------------------------|------------------------------------|---------------|---------------|-----------------|---------------|------------------------|----------------------------|------------------------|-------------------------|
| Domain                   | Component                          | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q1) | Payment Available (\$) | Net Payment Earned (\$) |
| Domain 1                 | Domain 1 Organizational            | Complete      | 5.00          | 5.00            | 100%          | 60%                    | 0%                         | -                      | -                       |
|                          | Project Implementation Speed       | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
|                          | Patient Engagement Speed           | Complete      | 1.00          | 1.00            | 100%          |                        |                            |                        |                         |
| <b>Domain 1 Subtotal</b> |                                    |               | <b>6.00</b>   | <b>6.00</b>     | <b>100%</b>   | <b>60%</b>             | <b>0%</b>                  | -                      | -                       |
| Domain 2                 | Domain 2 Pay for Reporting (P4R)   | Complete      | 14.00         | 14.00           | 100%          | 40%                    | 0%                         | -                      | -                       |
|                          | Domain 2 Pay for Performance (P4P) | N/A           | N/A           | N/A             | N/A           | 0%                     | 0%                         | -                      | -                       |
| <b>Domain 2 Subtotal</b> |                                    |               | <b>14.00</b>  | <b>14.00</b>    | <b>100%</b>   | <b>40%</b>             | <b>0%</b>                  | -                      | -                       |
| <b>Total</b>             |                                    |               | <b>20.00</b>  | <b>20.00</b>    | <b>100%</b>   | <b>100%</b>            | <b>0%</b>                  | -                      | -                       |

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

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| Domain 1 Project Milestones - Project 2.b.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         |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 2.b.ii**

|  |                                     |         |     |            |                                 |             |
|--|-------------------------------------|---------|-----|------------|---------------------------------|-------------|
|  |                                     |         |     |            |                                 |             |
|  |                                     |         |     |            |                                 |             |
| ●  | Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Pass (with Exception) & Ongoing | 1           |
| <i>The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of this quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in DY2 Q2.</i> |                                     |         |     |            |                                 |             |
| <b>Total</b>   |                                     |         |     |            |                                 | <b>1.00</b> |

| Domain 1 Project Prescribed Milestones - Project 2.b.ii |   |                   |                    |                  |                 |             |
|---|---|-------------------|--------------------|------------------|-----------------|-------------|
| AV Driving  | Project Requirement and Metric/Deliverable  | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
| ●   | 1. Ensure appropriate location of the co-located primary care services in the ED to be located on the same campus of the hospital. All relocated PCMH practices will meet NCQA 2014 Level 3 PCMH standards and/or APCM within 2 years after relocation.   | 3/31/2018         | 3/31/2018          | In Process       | Pass & Ongoing  | N/A         |
| ●   | 2. Ensure that new participating PCPs will meet NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. At start up, the participating PCPs must have open access scheduling extended hours, and have EHR capability that is interoperable with the ED. | 3/31/2018         | 3/31/2018          | In Process       | Pass & Ongoing  | N/A         |
| ●   | 3. Develop care management protocols for medical screening and PCP referral in compliance with EMTALA standards.  | 3/31/2017         | 3/31/2017          | In Process       | Pass & Ongoing  | N/A         |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 2.b.ii**

|   |  |           |           |            |                |     |
|---|--|-----------|-----------|------------|----------------|-----|
|   |  |           |           |            |                |     |
| ● | 4. Ensure utilization of EHR that supports secure notification/messaging and sharing of medical records between participating local health providers, and meets Meaningful Use Stage 2 CMS requirements. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|   |  |           |           |            |                |     |
| ● | 5. Establish protocols and training for care coordinators to assist patients in understanding use of the health system, and to promote self-management and knowledge on appropriate care.                | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|   |  |           |           |            |                |     |
| ● | 6. Implement a comprehensive payment and billing strategy. (The PCP may only bill usual primary care billing codes and not emergency billing codes.)   | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|   |  |           |           |            |                |     |
| ● | 7. Develop protocols for connectivity to the assigned health plan PCP and real-time notification to the Health Home care manager as  | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|   |  |           |           |            |                |     |
| ● | 8. Utilize culturally competent community based organizations to raise community awareness of alternatives to the emergency room.  | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|   |  |           |           |            |                |     |
| ● | 9. Implement open access scheduling in all primary care practices.   | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|   |  |           |           |            |                |     |
| ● | 10. 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 |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.b.ii*

|              |             |
|--------------|-------------|
|              |             |
| <b>Total</b> | <b>0.00</b> |

**Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.ii (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        |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.b.ii*

|   |  |                |      |
|---|--|----------------|------|
| ● | 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  |
| ● | 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    |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 2.b.ii**

|   |   |                |     |
|---|---|----------------|-----|
| ● |   |                |     |
| ● | 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 | N/A |
| ● | 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 |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.b.ii*

|   |  |                |       |
|---|--|----------------|-------|
| ● | Primary Care - Usual Source of Care - Q2 | Pass & Ongoing | 0.5   |
|   | Total                                    |                | 14.00 |





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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - 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 (DY2)                  | \$ 8,099,672.51 |
| Funding Available for Distribution DY2Q1 | -               |
| Dollars Earned to Date (DY1)             | \$ 7,447,885.21 |

| 2.b.iv Scoresheet        |                                    |               |               |                 |               |                        |                            |                        |                         |
|--------------------------|------------------------------------|---------------|---------------|-----------------|---------------|------------------------|----------------------------|------------------------|-------------------------|
| Domain                   | Component                          | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q1) | Payment Available (\$) | Net Payment Earned (\$) |
| Domain 1                 | Domain 1 Organizational            | Complete      | 5.00          | 5.00            | 100%          | 60%                    | 0%                         | -                      | -                       |
|                          | Project Implementation Speed       | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
|                          | Patient Engagement Speed           | Complete      | 1.00          | 1.00            | 100%          |                        |                            |                        |                         |
| <b>Domain 1 Subtotal</b> |                                    |               | <b>6.00</b>   | <b>6.00</b>     | <b>100%</b>   | <b>60%</b>             | <b>0%</b>                  | -                      | -                       |
| Domain 2                 | Domain 2 Pay for Reporting (P4R)   | Complete      | 14.00         | 14.00           | 100%          | 40%                    | 0%                         | -                      | -                       |
|                          | Domain 2 Pay for Performance (P4P) | N/A           | N/A           | N/A             | N/A           | 0%                     | 0%                         | -                      | -                       |
| <b>Domain 2 Subtotal</b> |                                    |               | <b>14.00</b>  | <b>14.00</b>    | <b>100%</b>   | <b>40%</b>             | <b>0%</b>                  | -                      | -                       |
| <b>Total</b>             |                                    |               | <b>20.00</b>  | <b>20.00</b>    | <b>100%</b>   | <b>100%</b>            | <b>0%</b>                  | -                      | -                       |

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

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| 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         |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 2.b.iv**

|              |  |         |     |            |                                 |             |
|--------------|--|---------|-----|------------|---------------------------------|-------------|
|              |  |         |     |            |                                 |             |
|              |  |         |     |            |                                 |             |
|              |  |         |     |            |                                 |             |
|              | Module 3 - Patient Engagement Speed  | Ongoing | N/A | In Process | Pass (with Exception) & Ongoing | 1           |
|              | <i>The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of this quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in DY2 Q2.</i> |         |     |            |                                 |             |
| <b>Total</b> |  |         |     |            |                                 | <b>1.00</b> |

| Domain 1 Project Prescribed Milestones - Project 2.b.iv |  |                   |                    |                  |                 |             |
|---|--|-------------------|--------------------|------------------|-----------------|-------------|
| AV Driving  | Project Requirement and Metric/Deliverable   | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
|   |  |                   |                    |                  |                 |             |
|   | 1. 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 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         |
|   |  |                   |                    |                  |                 |             |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.b.iv**

|              |   |           |           |            |                |             |
|--------------|---|-----------|-----------|------------|----------------|-------------|
| ●            | 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         |
| ●            | 7. 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         |
| <b>Total</b> |   |           |           |            |                | <b>0.00</b> |

| 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   |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.b.iv*

|   |  |                |           |
|---|--|----------------|-----------|
| ● | 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      |
| ● | 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       |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 2.b.iv**

|   |   |                |     |
|---|---|----------------|-----|
|   |   |                |     |
| ● | 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   |
| ● | Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement                                  | Pass & Ongoing | N/A |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.b.iv*

|              |   |                |              |
|--------------|---|----------------|--------------|
| ●            | 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          |
|              |   |                |              |
| ●            | Primary Care - Usual Source of Care - Q2    | Pass & Ongoing | 0.5          |
|              |   |                |              |
| <b>Total</b> |   |                | <b>14.00</b> |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.b.vii*

| Project Snapshot |  |
|------------------|--|
| Project Domain   | System Transformation Projects (Domain 2)  |
| Project ID       | 2.b.vii  |
| Project Title    | Implementing the INTERACT project (inpatient transfer avoidance program for SNF) |

| Payment Snapshot                         |                 |
|--|-----------------|
| Payment Available (DY2)                  | \$ 7,722,943.56 |
| Funding Available for Distribution DY2Q1 | -               |
| Dollars Earned to Date (DY1)             | \$ 6,980,698.61 |

| 2.b.vii Scoresheet       |                                    |               |               |                 |               |                        |                            |                        |                         |
|--------------------------|------------------------------------|---------------|---------------|-----------------|---------------|------------------------|----------------------------|------------------------|-------------------------|
| Domain                   | Component                          | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q1) | Payment Available (\$) | Net Payment Earned (\$) |
| Domain 1                 | Domain 1 Organizational            | Complete      | 5.00          | 5.00            | 100%          | 60%                    | 0%                         | -                      | -                       |
|                          | Project Implementation Speed       | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
|                          | Patient Engagement Speed           | Complete      | 1.00          | 1.00            | 100%          |                        |                            |                        |                         |
| <b>Domain 1 Subtotal</b> |                                    |               | <b>6.00</b>   | <b>6.00</b>     | <b>100%</b>   | <b>60%</b>             | <b>0%</b>                  | -                      | -                       |
| Domain 2                 | Domain 2 Pay for Reporting (P4R)   | Complete      | 14.00         | 14.00           | 100%          | 40%                    | 0%                         | -                      | -                       |
|                          | Domain 2 Pay for Performance (P4P) | N/A           | N/A           | N/A             | N/A           | 0%                     | 0%                         | -                      | -                       |
| <b>Domain 2 Subtotal</b> |                                    |               | <b>14.00</b>  | <b>14.00</b>    | <b>100%</b>   | <b>40%</b>             | <b>0%</b>                  | -                      | -                       |
| <b>Total</b>             |                                    |               | <b>20.00</b>  | <b>20.00</b>    | <b>100%</b>   | <b>100%</b>            | <b>0%</b>                  | -                      | -                       |

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

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| Domain 1 Project Milestones - Project 2.b.vii |  |                   |                    |                  |                 |             |
|---|--|-------------------|--------------------|------------------|-----------------|-------------|
| 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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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 2.b.vii**

|              |  |         |     |            |                                 |             |
|--------------|--|---------|-----|------------|---------------------------------|-------------|
|              |  |         |     |            |                                 |             |
|              |  |         |     |            |                                 |             |
|              |  |         |     |            |                                 |             |
|              | Module 3 - Patient Engagement Speed  | Ongoing | N/A | In Process | Pass (with Exception) & Ongoing | 1           |
|              | <i>The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of this quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in DY2 Q2.</i> |         |     |            |                                 |             |
| <b>Total</b> |  |         |     |            |                                 | <b>1.00</b> |

| Domain 1 Project Prescribed Milestones - Project 2.b.vii |  |                   |                    |                  |                 |             |
|--|--|-------------------|--------------------|------------------|-----------------|-------------|
| AV Driving   | Project Requirement and Metric/Deliverable   | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
|  | 1. Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at <a href="http://interact2.net">http://interact2.net</a> .       | 3/31/2018         | 3/31/2018          | In Process       | Pass & Ongoing  | N/A         |
|  |  |                   |                    |                  |                 |             |
|  | 2. Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.   | 3/31/2017         | 3/31/2017          | In Process       | Pass & Ongoing  | N/A         |
|  |  |                   |                    |                  |                 |             |
|  | 3. Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | 3/31/2017         | 3/31/2017          | In Process       | Pass & Ongoing  | N/A         |
|  |  |                   |                    |                  |                 |             |
|  | 4. Educate all staff on care pathways and INTERACT principles.   | 3/31/2018         | 3/31/2018          | In Process       | Pass & Ongoing  | N/A         |





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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.b.vii**

|              |   |           |           |            |                |             |
|--------------|---|-----------|-----------|------------|----------------|-------------|
|              |   |           |           |            |                |             |
| ●            | 5. Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A         |
| ●            | 6. Create coaching program to facilitate and support implementation.  | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A         |
| ●            | 7. Educate patient and family/caretakers, to facilitate participation in planning of care.  | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A         |
| ●            | 8. Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.  | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A         |
| ●            | 9. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.                               | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A         |
| ●            | 10. 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         |
| <b>Total</b> |   |           |           |            |                | <b>0.00</b> |

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



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.b.vii*

| 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        |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.b.vii*

|   |   |                |      |
|---|---|----------------|------|
| ● | 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  |
| ● | 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    |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 2.b.vii**

|              |  |                |              |
|--------------|--|----------------|--------------|
|              |  |                |              |
| ●            | 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 | NA           |
| ●            | 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          |
| ●            | Primary Care - Usual Source of Care - Q2   | Pass & Ongoing | 0.5          |
| <b>Total</b> |  |                | <b>14.00</b> |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.d.i*

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

| Payment Snapshot                                |                 |
|---|-----------------|
| <b>Payment Available (DY2)</b>                  | \$ 8,083,139.83 |
| <b>Funding Available for Distribution DY2Q1</b> | -               |
| <b>Dollars Earned to Date (DY1)</b>             | \$ 7,306,276.76 |

| 2.d.i Scoresheet         |                                    |               |               |                 |               |                        |                            |                        |                         |
|--------------------------|------------------------------------|---------------|---------------|-----------------|---------------|------------------------|----------------------------|------------------------|-------------------------|
| Domain                   | Component                          | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q1) | Payment Available (\$) | Net Payment Earned (\$) |
| Domain 1                 | Domain 1 Organizational            | Complete      | 5.00          | 5.00            | 100%          | 60%                    | 0%                         | -                      | -                       |
|                          | Project Implementation Speed       | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
|                          | Patient Engagement Speed           | Complete      | 1.00          | 1.00            | 100%          |                        |                            |                        |                         |
| <b>Domain 1 Subtotal</b> |                                    |               | <b>6.00</b>   | <b>6.00</b>     | <b>100%</b>   | <b>60%</b>             | <b>0%</b>                  | -                      | -                       |
| Domain 2                 | Domain 2 Pay for Reporting (P4R)   | Complete      | 2.00          | 2.00            | 100%          | 40%                    | 0%                         | -                      | -                       |
|                          | Domain 2 Pay for Performance (P4P) | N/A           | N/A           | N/A             | N/A           | 0%                     | 0%                         | -                      | -                       |
| <b>Domain 2 Subtotal</b> |                                    |               | <b>2.00</b>   | <b>2.00</b>     | <b>100%</b>   | <b>40%</b>             | <b>0%</b>                  | -                      | -                       |
| <b>Total</b>             |                                    |               | <b>8.00</b>   | <b>8.00</b>     | <b>100%</b>   | <b>100%</b>            | <b>0%</b>                  | -                      | -                       |

Total Project 2.d.i AVs Awarded: 8 out of 8

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| 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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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 2.d.i**

|  |                                     |         |     |            |                                 |             |
|--|-------------------------------------|---------|-----|------------|---------------------------------|-------------|
|  |                                     |         |     |            |                                 |             |
|  |                                     |         |     |            |                                 |             |
| ●  | Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Pass (with Exception) & Ongoing | 1           |
| <i>The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of this quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in DY2 Q2.</i> |                                     |         |     |            |                                 |             |
| <b>Total</b>   |                                     |         |     |            |                                 | <b>1.00</b> |

| 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. | 3/31/2017         | 3/31/2017          | 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         |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 2.d.i**

|   |  |           |           |             |                |     |
|---|--|-----------|-----------|-------------|----------------|-----|
| ● | 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.  | 3/31/2018 | 3/31/2018 | In Process  | Pass & Ongoing | N/A |
| ● | 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 | Not Started | 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. | 3/31/2018 | 3/31/2018 | 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   | 3/31/2018 | 3/31/2018 | In Process  | Pass & Ongoing | N/A |
| ● | 10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.   | 3/31/2018 | 3/31/2018 | In Process  | Pass & Ongoing | N/A |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 2.d.i**

|   |  |           |           |            |                |     |
|---|--|-----------|-----------|------------|----------------|-----|
|   |  |           |           |            |                |     |
| ● | 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.                                     | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|   |  |           |           |            |                |     |
| ● | 12. Develop a process for Medicaid recipients and project participants 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 PAM®.  | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|   |  |           |           |            |                |     |
| ● | 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 | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|   |  |           |           |            |                |     |
| ● | 15. Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.  | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|   |  |           |           |            |                |     |
| ● | 16. Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a   | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|   |  |           |           |            |                |     |





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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.d.i**

|              |   |           |           |            |                |             |
|--------------|---|-----------|-----------|------------|----------------|-------------|
| ●            | 17. Perform population health management by actively using EHRs and 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         |
| <b>Total</b> |   |           |           |            |                | <b>0.00</b> |

| 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  | NA          |
| ●  | C&G CAHPS by PPS for uninsured- Patients' rating of the provider (or doctor)              | Pass & Ongoing  | NA          |
| ●  | C&G CAHPS by PPS for uninsured- How well providers (or doctors) communicate with patients | Pass & Ongoing  | NA          |
| ●  | C&G CAHPS by PPS for uninsured- Helpful, courteous, and respectful office staff           | Pass & Ongoing  | NA          |
| ●  | ED use by uninsured   | Pass & Ongoing  | 1           |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 2.d.i*

|              |  |                |             |
|--------------|--|----------------|-------------|
| ●            | PAM Level  | Pass & Ongoing | NA          |
|              |  |                |             |
| ●            | Use of primary and preventive care services-- Percent of attributed Medicaid members with no claims history for primary care and preventive services in measurement year compared to same in baseline year | Pass & Ongoing | 1           |
| <b>Total</b> |  |                |             |
|              |  |                | <b>2.00</b> |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - 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 (DY2)                  | \$ 7,280,936.04 |
| Funding Available for Distribution DY2Q1 | -               |
| Dollars Earned to Date (DY1)             | \$ 6,695,033.14 |

| 3.a.i Scoresheet         |                                  |               |               |                 |               |                        |                            |                        |                         |
|--------------------------|----------------------------------|---------------|---------------|-----------------|---------------|------------------------|----------------------------|------------------------|-------------------------|
| Domain                   | Component                        | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q1) | Payment Available (\$) | Net Payment Earned (\$) |
| Domain 1                 | Domain 1 Organizational          | Complete      | 5.00          | 5.00            | 100%          | 60%                    | 0%                         | -                      | -                       |
|                          | Project Implementation Speed     | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
|                          | Patient Engagement Speed         | Complete      | 1.00          | 1.00            | 100%          |                        |                            |                        |                         |
| <b>Domain 1 Subtotal</b> |                                  |               | <b>6.00</b>   | <b>6.00</b>     | <b>100%</b>   | <b>60%</b>             | <b>0%</b>                  | -                      | -                       |
| Domain 3                 | Domain 3 Pay for Reporting (P4R) | Complete      | 10.00         | 10.00           | 100%          | 16%                    | 0%                         | -                      | -                       |
|                          | Domain 3 Pay for Performance     | N/A           | N/A           | N/A             | N/A           | 24%                    | 0%                         | -                      | -                       |
| <b>Domain 3 Subtotal</b> |                                  |               | <b>10.00</b>  | <b>10.00</b>    | <b>100%</b>   | <b>40%</b>             | <b>0%</b>                  | -                      | -                       |
| <b>Total</b>             |                                  |               | <b>16.00</b>  | <b>16.00</b>    | <b>100%</b>   | <b>100%</b>            | <b>0%</b>                  | -                      | -                       |

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Total Project 3.a.i AVs Awarded: 16 out of 16

| 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         |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 3.a.i**

|  |                                     |         |     |            |                                 |          |
|--|-------------------------------------|---------|-----|------------|---------------------------------|----------|
|  |                                     |         |     |            |                                 |          |
|  |                                     |         |     |            |                                 |          |
|  | Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Pass (with Exception) & Ongoing | 1        |
| <i>The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of this quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in DY2 Q2.</i> |                                     |         |     |            |                                 |          |
| <b>Total</b>   |                                     |         |     |            |                                 | <b>1</b> |

**Domain 1 Project Prescribed Milestones - Project 3.a.i Models 1, 2 and 3**

3.a.i Model 1     3.a.i Model 2     3.a.i Model 3

| Model         | AV Driving | Project Requirement and Metric/Deliverable   | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
|---------------|------------|--|-------------------|--------------------|------------------|-----------------|-------------|
| 3.a.i Model 1 | ●          | 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. | 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         |



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter) Nassau Queens Performing Provider System, LLC - Project 3.a.i

|               |   |  |           |           |            |                |     |
|---------------|---|--|-----------|-----------|------------|----------------|-----|
|               | ● | 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. | 3/31/2018 | 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 |
|               |   |  |           |           |            |                |     |
| 3.a.i Model 2 | ● | 5. Co-locate primary care services at behavioral health sites.   | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|               |   |  |           |           |            |                |     |
|               | ● | 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 |
|               |   |  |           |           |            |                |     |
|               | ● | 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. | 3/31/2018 | 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 |
|               |   |  |           |           |            |                |     |
|               | ● | 9. Implement IMPACT Model at Primary Care Sites.   | 3/31/2020 | 3/31/2020 | On Hold    | Pass & Ongoing | N/A |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 3.a.i**

|               |  |  |           |           |                |                |     |
|---------------|--|--|-----------|-----------|----------------|----------------|-----|
| 3.a.i Model 3 | ●  |  |           |           |                |                |     |
|               | ●  | 10. Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | 3/31/2020 | 3/31/2020 | On Hold        | Pass & Ongoing | N/A |
|               |  |  |           |           |                |                |     |
|               | ●  | 11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.   | 3/31/2020 | 3/31/2020 | On Hold        | Pass & Ongoing | N/A |
|               |  |  |           |           |                |                |     |
|               | ●  | 12. Designate a Psychiatrist meeting requirements of the IMPACT Model.   | 3/31/2020 | 3/31/2020 | On Hold        | Pass & Ongoing | N/A |
|               |  |  |           |           |                |                |     |
| ●             | 13. Measure outcomes as required in the IMPACT Model.                                    | 3/31/2020  | 3/31/2020 | On Hold   | Pass & Ongoing | N/A            |     |
|               |  |  |           |           |                |                |     |
| ●             | 14. Provide "stepped care" as required by the IMPACT Model.                              | 3/31/2020  | 3/31/2020 | On Hold   | Pass & Ongoing | N/A            |     |
|               |  |  |           |           |                |                |     |
| ●             | 15. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2020  | 3/31/2020 | On Hold   | Pass & Ongoing | N/A            |     |
|               |  |  |           |           |                |                |     |
| <b>Total</b>  |  |  |           |           |                | <b>0</b>       |     |

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



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 3.a.i*

| AV Driving | Measure  | 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           |
| ●          | Follow-up after hospitalization for Mental Illness - within 30 days  | Pass & Ongoing  | 0.5         |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 3.a.i*

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





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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 3.a.ii*

| Project Snapshot |   |
|------------------|---|
| Project Domain   | Clinical Improvement Projects (Domain 3)                  |
| Project ID       | 3.a.ii  |
| Project Title    | Behavioral health community crisis stabilization services |

| Payment Snapshot                         |                 |
|--|-----------------|
| Payment Available (DY2)                  | \$ 6,969,485.65 |
| Funding Available for Distribution DY2Q1 | -               |
| Dollars Earned to Date (DY1)             | \$ 6,299,654.84 |

| 3.a.ii Scoresheet        |                                    |               |               |                 |               |                        |                            |                        |                         |
|--------------------------|------------------------------------|---------------|---------------|-----------------|---------------|------------------------|----------------------------|------------------------|-------------------------|
| Domain                   | Component                          | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q1) | Payment Available (\$) | Net Payment Earned (\$) |
| Domain 1                 | Domain 1 Organizational            | Complete      | 5.00          | 5.00            | 100%          | 60%                    | 0%                         | -                      | -                       |
|                          | Project Implementation Speed       | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
|                          | Patient Engagement Speed           | Complete      | 1.00          | 1.00            | 100%          |                        |                            |                        |                         |
| <b>Domain 1 Subtotal</b> |                                    |               | <b>6.00</b>   | <b>6.00</b>     | <b>100%</b>   | <b>60%</b>             | <b>0%</b>                  | -                      | -                       |
| Domain 3                 | Domain 3 Pay for Reporting (P4R)   | Complete      | 10.00         | 10.00           | 100%          | 16%                    | 0%                         | -                      | -                       |
|                          | Domain 3 Pay for Performance (P4P) | N/A           | N/A           | N/A             | N/A           | 24%                    | 0%                         | -                      | -                       |
| <b>Domain 2 Subtotal</b> |                                    |               | <b>10.00</b>  | <b>10.00</b>    | <b>100%</b>   | <b>40%</b>             | <b>0%</b>                  | -                      | -                       |
| <b>Total</b>             |                                    |               | <b>16.00</b>  | <b>16.00</b>    | <b>100%</b>   | <b>100%</b>            | <b>0%</b>                  | -                      | -                       |

Total Project 3.a.ii AVs Awarded: 16 out of 16

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| Domain 1 Project Milestones - Project 3.a.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         |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 3.a.ii**

|              |  |         |     |            |                                 |             |
|--------------|--|---------|-----|------------|---------------------------------|-------------|
|              |  |         |     |            |                                 |             |
|              |  |         |     |            |                                 |             |
|              |  |         |     |            |                                 |             |
|              | Module 3 - Patient Engagement Speed  | Ongoing | N/A | In Process | Pass (with Exception) & Ongoing | 1           |
|              | <i>The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of this quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in DY2 Q2.</i> |         |     |            |                                 |             |
| <b>Total</b> |  |         |     |            |                                 | <b>1.00</b> |

| Domain 1 Project Prescribed Milestones - Project 3.a.ii |  |                   |                    |                  |                 |             |
|---|--|-------------------|--------------------|------------------|-----------------|-------------|
| AV Driving  | Project Requirement and Metric/Deliverable   | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
|   | 1. Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.  | 3/31/2018         | 3/31/2018          | In Process       | Pass & Ongoing  | NA          |
|   |  |                   |                    |                  |                 |             |
|   | 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. | 3/31/2018         | 3/31/2018          | In Process       | Pass & Ongoing  | N/A         |
|   |  |                   |                    |                  |                 |             |
|   | 3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.               | 3/31/2018         | 3/31/2018          | In Process       | Pass & Ongoing  | NA          |
|   |  |                   |                    |                  |                 |             |
|   | 4. Develop written treatment protocols with consensus from participating providers and facilities.   | 3/31/2017         | 3/31/2017          | In Process       | Pass & Ongoing  | NA          |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 3.a.ii**

|   |  |           |           |            |                |    |
|---|--|-----------|-----------|------------|----------------|----|
|   |  |           |           |            |                |    |
| ● | 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.  | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | NA |
|   |  |           |           |            |                |    |
| ● | 6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).   | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | NA |
|   |  |           |           |            |                |    |
| ● | 7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.  | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | NA |
|   |  |           |           |            |                |    |
| ● | 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. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | NA |
|   |  |           |           |            |                |    |
| ● | 9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.  | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | NA |
|   |  |           |           |            |                |    |
| ● | 10. Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.   | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | NA |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 3.a.ii*

|              |  |           |           |            |                |             |
|--------------|--|-----------|-----------|------------|----------------|-------------|
|              |  |           |           |            |                |             |
|              | 11. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | NA          |
| <b>Total</b> |  |           |           |            |                | <b>0.00</b> |

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

| AV Driving | Measure  | 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           |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 3.a.ii*

|   |  |                |     |
|---|--|----------------|-----|
| ● | Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication | Pass & Ongoing | 1   |
| ● | Follow-up after hospitalization for Mental Illness - within 30 days  | Pass & Ongoing | 0.5 |
| ● | Follow-up after hospitalization for Mental Illness - within 7 days   | Pass & Ongoing | 0.5 |
| ● | Follow-up care for Children Prescribed ADHD Medications - Continuation Phase                               | Pass & Ongoing | 0.5 |
| ● | Follow-up care for Children Prescribed ADHD Medications - Initiation Phase                                 | Pass & Ongoing | 0.5 |
| ● | Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)         | Pass & Ongoing | 0.5 |
| ● | Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)                         | Pass & Ongoing | 0.5 |
| ● | Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±                      | Pass & Ongoing | 1   |





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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 3.b.i**

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

| Payment Snapshot                                |                 |
|---|-----------------|
| <b>Payment Available (DY2)</b>                  | \$ 5,495,545.39 |
| <b>Funding Available for Distribution DY2Q1</b> | -               |
| <b>Dollars Earned to Date (DY1)</b>             | \$ 4,967,373.61 |

| 3.b.i Scoresheet         |                                    |               |               |                 |               |                        |                            |                        |                         |
|--------------------------|------------------------------------|---------------|---------------|-----------------|---------------|------------------------|----------------------------|------------------------|-------------------------|
| Domain                   | Component                          | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q1) | Payment Available (\$) | Net Payment Earned (\$) |
| Domain 1                 | Domain 1 Organizational            | Complete      | 5.00          | 5.00            | 100%          | 60%                    | 0%                         | -                      | -                       |
|                          | Project Implementation Speed       | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
|                          | Patient Engagement Speed           | Complete      | 1.00          | 1.00            | 100%          |                        |                            |                        |                         |
| <b>Domain 1 Subtotal</b> |                                    |               | <b>6.00</b>   | <b>6.00</b>     | <b>100%</b>   | <b>60%</b>             | <b>0%</b>                  | -                      | -                       |
| Domain 3                 | Domain 3 Pay for Reporting (P4R)   | Complete      | 7.00          | 7.00            | 100%          | 16%                    | 0%                         | -                      | -                       |
|                          | Domain 3 Pay for Performance (P4P) | N/A           | N/A           | N/A             | N/A           | 24%                    | 0%                         | -                      | -                       |
| <b>Domain 2 Subtotal</b> |                                    |               | <b>7.00</b>   | <b>7.00</b>     | <b>100%</b>   | <b>40%</b>             | <b>0%</b>                  | -                      | -                       |
| <b>Total</b>             |                                    |               | <b>13.00</b>  | <b>13.00</b>    | <b>100%</b>   | <b>100%</b>            | <b>0%</b>                  | -                      | -                       |

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

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| 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         |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 3.b.i**

|  |                                     |         |     |            |                                 |             |
|--|-------------------------------------|---------|-----|------------|---------------------------------|-------------|
|  |                                     |         |     |            |                                 |             |
|  |                                     |         |     |            |                                 |             |
|  |                                     |         |     |            |                                 |             |
|  | Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Pass (with Exception) & Ongoing | 1           |
| <i>The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of this quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in DY2 Q2.</i> |                                     |         |     |            |                                 |             |
| <b>Total</b>   |                                     |         |     |            |                                 | <b>1.00</b> |

| 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 |
|  |   |                   |                    |                  |                 |             |
|  |   |                   |                    |                  |                 |             |
|  | 1. 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         |
|  |   |                   |                    |                  |                 |             |





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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 3.b.i**

|   |  |           |           |            |                |     |
|---|--|-----------|-----------|------------|----------------|-----|
| ● | 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 |
| ● | 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 |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 3.b.i**

|   |  |           |           |            |                |     |
|---|--|-----------|-----------|------------|----------------|-----|
| ● | 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.                             | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| ● | 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 |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 3.b.i*

|              |  |           |           |            |                |             |
|--------------|--|-----------|-----------|------------|----------------|-------------|
|              |  |           |           |            |                |             |
|              | 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         |
|              |  |           |           |            |                |             |
| <b>Total</b> |  |           |           |            |                | <b>0.00</b> |

| 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                 | Pass & Ongoing  | 1           |
|  |   |                 |             |
|  | Flu Shots for Adults Ages 18 – 64               | Pass & Ongoing  | 1           |
|  |   |                 |             |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 3.b.i*

|              |  |                |             |
|--------------|--|----------------|-------------|
| ●            | 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           |
| <b>Total</b> |  |                | <b>7.00</b> |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 3.c.i*

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

| Payment Snapshot                                |                 |
|---|-----------------|
| <b>Payment Available (DY2)</b>                  | \$ 5,650,934.31 |
| <b>Funding Available for Distribution DY2Q1</b> | -               |
| <b>Dollars Earned to Date (DY1)</b>             | \$ 5,196,198.98 |

| 3.c.i Scoresheet         |                                    |               |               |                 |               |                        |                            |                        |                         |
|--------------------------|------------------------------------|---------------|---------------|-----------------|---------------|------------------------|----------------------------|------------------------|-------------------------|
| Domain                   | Component                          | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q1) | Payment Available (\$) | Net Payment Earned (\$) |
| Domain 1                 | Domain 1 Organizational            | Complete      | 5.00          | 5.00            | 100%          | 60%                    | 0%                         | -                      | -                       |
|                          | Project Implementation Speed       | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
|                          | Patient Engagement Speed           | Complete      | 1.00          | 1.00            | 100%          |                        |                            |                        |                         |
| <b>Domain 1 Subtotal</b> |                                    |               | <b>6.00</b>   | <b>6.00</b>     | <b>100%</b>   | <b>60%</b>             | <b>0%</b>                  | -                      | -                       |
| Domain 3                 | Domain 3 Pay for Reporting (P4R)   | Complete      | 6.00          | 6.00            | 100%          | 16%                    | 0%                         | -                      | -                       |
|                          | Domain 3 Pay for Performance (P4P) | N/A           | N/A           | N/A             | N/A           | 24%                    | 0%                         | -                      | -                       |
| <b>Domain 2 Subtotal</b> |                                    |               | <b>6.00</b>   | <b>6.00</b>     | <b>100%</b>   | <b>40%</b>             | <b>0%</b>                  | -                      | -                       |
| <b>Total</b>             |                                    |               | <b>12.00</b>  | <b>12.00</b>    | <b>100%</b>   | <b>100%</b>            | <b>0%</b>                  | -                      | -                       |

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

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| Domain 1 Project Milestones - Project 3.c.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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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 3.c.i**

|              |  |         |     |            |                                 |             |
|--------------|--|---------|-----|------------|---------------------------------|-------------|
|              |  |         |     |            |                                 |             |
|              |  |         |     |            |                                 |             |
|              |  |         |     |            |                                 |             |
|              | Module 3 - Patient Engagement Speed  | Ongoing | N/A | In Process | Pass (with Exception) & Ongoing | 1           |
|              | <i>The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of this quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in DY2 Q2.</i> |         |     |            |                                 |             |
| <b>Total</b> |  |         |     |            |                                 | <b>1.00</b> |

| Domain 1 Project Prescribed Milestones - Project 3.c.i |  |                    |                  |                 |             |
|--|--|--------------------|------------------|-----------------|-------------|
| AV Driving   | Project Requirement and Metric/Deliverable   | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
|  |  |                    |                  |                 |             |
|  |  |                    |                  |                 |             |
|  | 1. Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.  | 3/31/2018          | In Process       | Pass & Ongoing  | N/A         |
|  |  |                    |                  |                 |             |
|  | 2. Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.   | 3/31/2017          | In Process       | Pass & Ongoing  | N/A         |
|  |  |                    |                  |                 |             |
|  | 3. Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management. | 3/31/2017          | In Process       | Pass & Ongoing  | N/A         |
|  |  |                    |                  |                 |             |
|  | 4. Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.  | 3/31/2017          | In Process       | Pass & Ongoing  | N/A         |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 3.c.i**

|              |  |           |            |                |             |
|--------------|--|-----------|------------|----------------|-------------|
| ●            |  |           |            |                |             |
| ●            | 5. Ensure coordination with the Medicaid Managed Care organizations serving the target population.   | 3/31/2018 | In Process | Pass & Ongoing | N/A         |
| ●            | 6. Use EHRs or other technical platforms to track all patients engaged in this project.  | 3/31/2017 | In Process | Pass & Ongoing | N/A         |
| ●            | 7. Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers. | 3/31/2018 | In Process | Pass & Ongoing | N/A         |
| <b>Total</b> |  |           |            |                | <b>0.00</b> |

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

| AV Driving | Measure   | Reviewer Status | AVs Awarded |
|------------|---|-----------------|-------------|
| ●          | Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) ±                                      | Pass & Ongoing  | 1           |
| ●          | Comprehensive Diabetes screening – All Four Tests (HbA1c, lipid profile, dilated eye exam, nephropathy monitor) | Pass & Ongoing  | 1           |
| ●          | Flu Shots for Adults Ages 18 – 64   | Pass & Ongoing  | 1           |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 3.c.i*

|              |  |                |             |
|--------------|--|----------------|-------------|
| ●            | 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 # 1 (DM Short term complication) ±                            | Pass & Ongoing | 1           |
| <b>Total</b> |  |                | <b>6.00</b> |





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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 4.a.iii**

| Project Snapshot |  |
|------------------|--|
| Project Domain   | Domain 4: Population-wide Projects: New York's                             |
| Project ID       | 4.a.iii  |
| Project Title    | Strengthen Mental Health and Substance Abuse Infrastructure Across Systems |

| Payment Snapshot                         |                 |
|--|-----------------|
| Payment Available (DY2)                  | \$ 3,767,289.54 |
| Funding Available for Distribution DY2Q1 | -               |
| Dollars Earned to Date (DY1)             | \$ 3,534,829.24 |

| 4.a.iii Scoresheet       |                                    |               |               |                 |               |                        |                            |                        |                         |
|--------------------------|------------------------------------|---------------|---------------|-----------------|---------------|------------------------|----------------------------|------------------------|-------------------------|
| Domain                   | Component                          | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q1) | Payment Available (\$) | Net Payment Earned (\$) |
| Domain 1                 | Domain 1 Organizational            | Complete      | 5.00          | 5.00            | 100%          | 60%                    | 0%                         | -                      | -                       |
|                          | Project Implementation Speed       | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
|                          | Patient Engagement Speed           | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
| <b>Domain 1 Subtotal</b> |                                    |               | <b>5.00</b>   | <b>5.00</b>     | <b>100%</b>   | <b>60%</b>             | <b>0%</b>                  | -                      | -                       |
| Domain 4                 | Domain 4 Pay for Reporting (P4R)   | Complete      | 11.00         | 11.00           | 100%          | 40%                    | 0%                         | -                      | -                       |
|                          | Domain 4 Pay for Performance (P4P) | N/A           | N/A           | N/A             | N/A           | 0%                     | 0%                         | -                      | -                       |
| <b>Domain 4 Subtotal</b> |                                    |               | <b>11.00</b>  | <b>11.00</b>    | <b>100%</b>   | <b>40%</b>             | <b>0%</b>                  | -                      | -                       |
| <b>Total</b>             |                                    |               | <b>16.00</b>  | <b>16.00</b>    | <b>100%</b>   | <b>100%</b>            | <b>0%</b>                  | -                      | -                       |

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

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| Domain 4 Pay for Performance and Pay for Reporting - Project 4.a.iii (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           |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 4.a.iii*

|   |   |                |   |
|---|---|----------------|---|
|   |   |                |   |
| ● | 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 |
|   |   |                |   |
| ● | 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 |
|   |   |                |   |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 4.a.iii*

|              |  |                |              |
|--------------|--|----------------|--------------|
| ●            | 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            |
|              |  |                |              |
| <b>Total</b> |  |                | <b>11.00</b> |



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**Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)**  
**Nassau Queens Performing Provider System, LLC - Project 4.b.i**

| Project Snapshot      |   |
|-----------------------|---|
| <b>Project Domain</b> | Domain 4: Population-wide Projects: New York's  |
| <b>Project ID</b>     | 4.b.i   |
| <b>Project Title</b>  | Promote Tobacco Use Cessation, especially among low SES populations and those with poor mental health |

| Payment Snapshot                                |                 |
|---|-----------------|
| <b>Payment Available (DY2)</b>                  | \$ 4,332,382.97 |
| <b>Funding Available for Distribution DY2Q1</b> | -               |
| <b>Dollars Earned to Date (DY1)</b>             | \$ 4,065,053.62 |

| 4.b.i Scoresheet         |                                    |               |               |                 |               |                        |                            |                        |                         |
|--------------------------|------------------------------------|---------------|---------------|-----------------|---------------|------------------------|----------------------------|------------------------|-------------------------|
| Domain                   | Component                          | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q1) | Payment Available (\$) | Net Payment Earned (\$) |
| Domain 1                 | Domain 1 Organizational            | Complete      | 5.00          | 5.00            | 100%          | 60%                    | 0%                         | -                      | -                       |
|                          | Project Implementation Speed       | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
|                          | Patient Engagement Speed           | N/A           | 0.00          | 0.00            | 0%            |                        |                            |                        |                         |
| <b>Domain 1 Subtotal</b> |                                    |               | <b>5.00</b>   | <b>5.00</b>     | <b>100%</b>   | <b>60%</b>             | <b>0%</b>                  | -                      | -                       |
| Domain 4                 | Domain 4 Pay for Reporting (P4R)   | Complete      | 9.00          | 9.00            | 100%          | 40%                    | 0%                         | -                      | -                       |
|                          | Domain 4 Pay for Performance (P4P) | N/A           | N/A           | N/A             | N/A           | 0%                     | 0%                         | -                      | -                       |
| <b>Domain 4 Subtotal</b> |                                    |               | <b>9.00</b>   | <b>9.00</b>     | <b>100%</b>   | <b>40%</b>             | <b>0%</b>                  | -                      | -                       |
| <b>Total</b>             |                                    |               | <b>14.00</b>  | <b>14.00</b>    | <b>100%</b>   | <b>100%</b>            | <b>0%</b>                  | -                      | -                       |

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

Hide Reviewer Comments

| Domain 4 Pay for Performance and Pay for Reporting - Project 4.b.i (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           |



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*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 4.b.i*

|   |   |                |   |
|---|---|----------------|---|
|   |   |                |   |
| ● | Percentage of adults with health insurance - Aged 18- 64 years  | Pass & Ongoing | 1 |
|   |   |                |   |
| ● | Percentage of cigarette smoking among adults  | 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 |
|   |   |                |   |
| ● | Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years                | Pass & Ongoing | 1 |
|   |   |                |   |
| ● | Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years                                | Pass & Ongoing | 1 |
|   |   |                |   |



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Print

*Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)  
Nassau Queens Performing Provider System, LLC - Project 4.b.i*

|   |  |                |             |
|---|--|----------------|-------------|
| ● | Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics | Pass & Ongoing | 1           |
|   | <b>Total</b>   |                | <b>9.00</b> |