

Achievement Value (AV) Scorecard Westchester Medical Center

	General Instructions	
Step	Description/Link	Image
1. Enable Content	Click "Enable Content" at the top of the screen to enable macros.	SECURITY WARNING Macros have been disabled. Enable Content
2. Review AV Scorecard Overview	The AV scorecard Overview is a summary of the report	Click to Access AV Scorecard Overview

	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.	Print All
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	Project Link glids on the purple finis below to access each belowfuls project report) Domain I- Organizational (All Projecto) AV Adjustments (column) 2 a 1 2 a 10 3 a 10 4 a 10 5 a 1
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.	Hide Reviewer Comments



Achievement Value (AV) Scorecard Westchester Medical Center

Print Summary

Print All

	PPS Information
Quarter	DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
PPS	Westchester Medical Center
PPS Number	21

Achievement Value (AV) Scorecard Summary									
		AV I	Data			Paym	ent Data		
Project Link (click on the purple link below to access each individual project report)	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned	
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	Organizat		re embedded v s payment	vithin each	
2.a.i	19.00	19.00	0.00	19.00	\$ -	\$ -	\$ -	\$ -	
2.a.iii	20.00	20.00	0.00	20.00	\$ -	\$ -	\$ -	\$ -	
2.a.iv	19.00	19.00	0.00	19.00	\$ -	\$ -	\$ -	\$ -	
2.b.iv	20.00	20.00	0.00	20.00	\$ -	\$ -	\$ -	\$ -	
2.d.i	8.00	8.00	0.00	8.00	\$ -	\$ -	\$ -	\$ -	
3.a.i	16.00	16.00	0.00	16.00	\$ -	\$ -	\$ -	\$ -	
3.a.ii	16.00	16.00	0.00	16.00	\$ -	\$ -	\$ -	\$ -	
3.c.i	12.00	12.00	0.00	12.00	\$ -	\$ -	\$ -	\$ -	
3.d.iii	10.00	10.00	0.00	10.00	\$ -	\$ -	\$ -	\$ -	



Print Summary Achievement Value (AV) Scorecard Westchester Medical Center Print All 4.b.i 14.00 \$ 14.00 0.00 \$ \$ \$ 14.00 21.00 \$ \$ 4.b.ii 21.00 0.00 \$ \$ 21.00 AV Adjustments (Column F) 175.00 \$ - \$ Total 175.00 175.00 0.00 - \$ - \$



Save & Return

Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Westchester Medical Center - Domain 1 Organizational AVs

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

Net Organizational AVs Awarded: 5 out of 5

Hide Reviewer Comments

			Workforce S	Strategy			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Workforce Strategy							
Budget Updates							



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	Define target workforce state (in line with DSRIP program's goals)	9/30/2016	9/30/2016	Completed	Pass & Ongoing
`					
	Create a workforce transition roadmap for achieving defined target workforce	12/31/2016	12/31/2016	Not Started	Pass & Ongoing
`					
Additional Workforce	3. Perform detailed gap analysis between current state assessment of workforce and projected future state	3/31/2017	3/31/2017	In Process	Pass & Ongoing
Strategy Budget					
Jpdates (non AV- driving)	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	In Process	Pass & Ongoing
'					
	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing



	Print				Westchester I	Medical Center - Domain 1 Orga	nizational AVs
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Workforce							N/A
Strategy Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1

Section 01 - Budget							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Module 1.1 - PPS Budget Report (Baseline)	Ongoing	N/A	Completed	Pass & Complete	



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	Module 1.2 - PPS Budget Report (Quarterly)	Ongoing	N/A	In Process	Pass & Ongoing
Quarterly Project					
Reports, Project	Module 1.3 - PPS Flow of Funds (Baseline)	Ongoing	N/A	Completed	Pass & Complete
Budget and Flow of				-	
Funds	Module 1.4 - PPS Flow of Funds (Quarterly)	Ongoing	N/A	In Process	Pass & Ongoing
	Quarterly Progress Reports	N/A	N/A	In Process	Pass & Ongoing
		Total			

	Section 02 - Governance							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded	
		1. Finalize governance structure and sub- committee structure	9/30/2015	9/30/2015	Completed	Pass & Complete		
Governance Structure		Establish a clinical governance structure, including clinical quality committees for each DSRIP project	12/31/2015	12/31/2015	Completed	Pass & Complete		



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Updates						
		3. Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	9/30/2015	Completed	Pass & Complete
Governance Process		4. Establish governance structure reporting and monitoring processes	12/31/2015	12/31/2015	Completed	Pass & Complete
Update						
	•	5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,	6/30/2016	6/30/2016	Completed	Pass & Complete
		6. Finalize partnership agreements or contracts with CBOs	3/31/2016	3/31/2016	Completed	Pass & Complete
Additional						
Governance Milestones (non AV- driving)	•	7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and	12/31/2015	12/31/2015	Completed	Pass & Complete
unving)						
		8. Finalize workforce communication and engagement plan	3/31/2017	3/31/2017	In Process	Pass & Ongoing

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Westchester Medical Center - Domain 1 Organizational AVs

Print 9. Inclusion of CBOs in PPS Pass & Complete 3/31/2016 3/31/2016 Completed Implementation Major Risks to Implementation & Risk N/A N/A Pass & Ongoing In Process Mitigation Strategies Major Dependencies on Organizational N/A N/A Pass & Ongoing In Process Workstreams Roles and Responsibilities Pass & Ongoing N/A N/A In Process Additional Governance N/A **Key Stakeholders** N/A Topic Areas N/A Pass & Ongoing In Process **IT Expectations** N/A N/A Pass & Ongoing In Process N/A Pass & Ongoing Progress Reporting N/A In Process Total 1



Print

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	
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
Opuate							
		3. Finalize Compliance Plan consistent with New York State Social Services Law	12/31/2015	12/31/2015	Completed	Pass & Complete	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Financial							
Stability Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A



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	IT Expectations	N/A	N/A	In Process	Pass & Ongoing
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing
		-	-	-	
		Total			

	Section 04 - Cultural Competency & Health Literacy							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded	
		1. Finalize cultural competency / health literacy strategy.	12/31/2015	12/31/2015	Completed	Pass & Complete		
Cultural								
Competency /Health Literacy		2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	6/30/2016	6/30/2016	Completed	Pass & Complete	1	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing		
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing		



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Additional		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Cultural Competency							N/A
/Health Literacy		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	IN/A
Topic Areas							
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1

	Section 05 - IT Systems and Processes								
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded		
		1. Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	12/31/2016	12/31/2016	In Process	Pass & Ongoing			



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2. Develop an IT Change Management 12/31/2016 12/31/2016 In Process	Pass & Ongoing	
3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Ongoing	N/A
4. Develop a specific plan for engaging attributed members in Qualifying Entities 12/31/2016 12/31/2016 In Process	Pass & Ongoing	
5. Develop a data security and confidentiality plan. N/A 6/30/2016 Completed	Pass & Complete	
Major Risks to Implementation & Risk Mitigation Strategies N/A N/A N/A In Process	Pass & Ongoing	
Major Dependencies on Organizational N/A N/A In Process	Pass & Ongoing	
Additional		
T Systems Roles and Responsibilities N/A N/A In Process	Pass & Ongoing	,.,
Processes		N//
Topic Areas Key Stakeholders N/A N/A In Process	Pass & Ongoing	

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Print				Westchester I	Medical Center - Domain 1 Orgo
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing
		Total			

		Sec	ction 06 - Perform	ance Reporting			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Establish reporting structure for PPS-wide performance reporting and communication.	9/30/2016	9/30/2016	In Process	Pass & Ongoing	N/A
Performanc e Reporting	•	2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	6/30/2016	6/30/2016	Completed	Pass & Complete	N/A
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	



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	111110						
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Performanc							N/A
e Reporting Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							

	Section 07 - Practitioner Engagement							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded	
		1. Develop Practitioners communication and engagement plan.	3/31/2016	3/31/2016	Completed	Pass & Complete		
Practitioner Engagement	•	2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	6/30/2016	6/30/2016	Completed	Pass & Complete	N/A	



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

Section 08 - Population Health Management							
Process	AV	Milestone	Required Due	Committed Due	Milestone	Reviewer Status	AV Awarded
Measure	Driving	wiiestone	Date	Date	Status	Neviewei Status	



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	1. Develop population health management roadmap.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
Population						N/A
Health	2. Finalize PPS-wide bed reduction plan.	3/31/2020	3/31/2020	In Process	Pass & Ongoing	N1/A
						N/A
	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Population		-	-	-		N/A
Health Topic Areas	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	IN/A
-						
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Westchester Medical Center - Domain 1 Organizational AVs

Total 0

		?	Section 09 - Clinic	al Integration			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Perform a clinical integration 'needs assessment'.	12/31/2016	12/31/2016	In Process	Pass & Ongoing	N/A
Clinical							IN/A
Integration		2. Develop a Clinical Integration strategy.	12/31/2016	12/31/2016	In Process	Pass & Ongoing	N/A
							IN/A
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Clinical							N/A
Integration Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	14/1



Save & Return Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Westchester Medical Center - Domain 1 Organizational AVs Print Pass & Ongoing N/A N/A IT Expectations In Process N/A Pass & Ongoing Progress Reporting N/A In Process Total 0



Save & Return

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Westchester Medical Center AV Adjustments

AV Adjustment Scoresheet								
	AVs Per	Total Total AVs Projects Available Selected	Total AVs	Total AVs Awarded		Adjusted	Net AVs Awarded	
Adjustment	Project		Net Percentage		Aujusteu AVs	Net	Percentage AV	
	Project		Available	Awarded	AV	AVS	Awarded	reiteiltage 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	120.00	120.00	100%	0.00	120.00	100%
Total			175.00	175.00	100%	0.00	175.00	100%

Hic	Hide Reviewer Comments Organizational Project Adjustments							
	No AV Adjustments							
	Please note that there are no AV adjustments for Westchester Medical Center in DY2, Q1							



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - 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)	\$ 5,869,938.15
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 5,507,734.08

			2.a.i Score	sheet								
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 Organizational	Complete	5.00	5.00	100%	60%						
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		% 0%	-	-			
	Patient Engagement Speed	N/A	0.00	0.00	0%							
	Domain 1 Subtotal		5.00	5.00	100%	60%	0%	-	-			
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-			
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-			
	Domain 2 Subtotal			14.00	100%	40%	0%	-	-			
	Total Complete			19.00	100%	100%	0%	-	-			

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

Hide Reviewer Comments

	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



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.

	Print			We	estchester Medical Center	- Project 2.a.i
Total						0.00
	Domain 1 Project Prescribed					
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.	12/31/2016	12/31/2016	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	In Process	Pass & Ongoing	N/A
		2				-
	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



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - 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/
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/
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/
8. Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/
9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/
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/



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.i

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.	 12/31/2016	In Process	Pass & Ongoing	N/A

Total 0.00

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



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.i

Print	estchester Medical Center -	Project 2.a.i
Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
Medicaid Spending on ER and Inpatient Services ±	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



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.i

Print	estcnester Wealcal Center -	Project 2.a.i
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
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5



Save & Return

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.i

Print

Total 14.00



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.iii

	Project Snapshot				
Project Domain System Transformation Projects (Domain 2)					
Project ID 2.a.iii					
Project Title	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services				

Payment Snapshot			
Payment Available (DY2)	\$	4,821,734.91	
Funding Available for Distribution DY2Q1		-	
Dollars Earned to Date (DY1)	\$	4,524,210.14	

	2.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 Organizational	Complete	5.00	5.00	100%						
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	60%	0%	-	-		
	Patient Engagement Speed	Complete	1.00	1.00	100%						
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-		
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-		
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-		
	Domain 2 Subtotal			14.00	100%	40%	0%	-	-		
Total Complete			20.00	20.00	100%	100%	0%	-	-		

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

Hide Reviewer Comments

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



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.iii

Print			Wes	tchester Medical Center - F	Project 2.a.iii
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1
The Actively Engaged data submitted with your DY2 Q1 quarterly report quarterly review. The DY2 Q1 Actively Engaged data will be subject to rea		•		•	-
Total					1.00

	Domain 1 Project Prescribed I	Milestones - P	roject 2.a.iii			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
•	1. Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
•	2. Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and/or Advanced Primary Care accreditation by Demonstration Year (DY) 3.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	3. Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.iii

Print 4. Ensure that EHR systems used by participating safety net providers Pass & Ongoing 3/31/2018 3/31/2018 In Process N/A meet Meaningful Use and PCMH Level 3 standards and/or APCM. 5. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all Pass & Ongoing 3/31/2018 3/31/2018 In Process N/A participating safety net providers. 6. Develop a comprehensive care management plan for each patient to 3/31/2018 3/31/2018 In Process Pass & Ongoing N/A engage him/her in care and to reduce patient risk factors. 7. Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly 3/31/2017 Pass & Ongoing N/A 3/31/2017 In Process delineate roles and responsibilities for both parties. 8. Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. 3/31/2017 3/31/2017 Pass & Ongoing N/A In Process Where necessary, the provider will work with local government units (such as SPOAs and public health departments). 9. Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic 3/31/2017 3/31/2017 Pass & Ongoing In Process N/A diseases. Develop educational materials consistent with cultural and linguistic needs of the population.



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.iii

Print

Total 0.00

	Domain 2 Pay for Performance and Pay for Reporting - Project 2.a.iii (all Milestones are P4R in DY1)						
AV Driving	Measure	Reviewer Status	AVs Awarded				
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.33333333				
	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 19 years	Pass & Ongoing	0.25				
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25				



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.iii

Print 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 Pass & Ongoing Getting Timely Appointments, Care and information (Q6, 8, 10, and 12) 0.5 Helpful, Courteous, and Respectful Office Staff (Q24 and 25) Pass & Ongoing 0.5 Pass & Ongoing H-CAHPS – Care Transition Metrics 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



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.iii

Print		
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
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5



Save & Return

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.iii

Total 14.00



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.iv

	Project Snapshot				
Project Domain System Transformation Projects (Domain 2)					
Project ID	2.a.iv				
Project Title	Create a medical village using existing hospital infrastructure				

Payment Snapshot	
Payment Available (DY2)	\$ 5,660,297.50
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 5,311,029.30

2.a.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 Organizational	Complete	5.00	5.00	100%	60%	0%	-	
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%				-
	Patient Engagement Speed	Complete	0.00	0.00	0%				
Domain 1 Subtotal			5.00	5.00	100%	60%	0%	-	-
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 2 Subtotal			14.00	14.00	100%	40%	0%	-	-
Total Complete		19.00	19.00	100%	100%	0%	-	-	

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

Hide Reviewer Comments

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

0.00



Save & Return

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.a.iv

Module 3 - Patient Engagement Speed

Ongoing N/A Not Started

Pass & Ongoing N/A

Total

Domain 1 Project Prescribed Milestones - Project 2.a.iv						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. 	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	2. Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	3. Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A



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•	4. Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	5. Use EHRs and other technical platforms to track all patients engaged					
	in the project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	6. Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	7. Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	needs assessment.	-,0-,-01	-, -, -,,,		0.0	,
Total						

Domain 2 Pay for Performance and Pay for Reporting - Project 2.a.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	0.33333333					
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.33333333					



Print	restchester Wedicar Center -	rroject z.u.iv
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 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



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	Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
_			
	H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
	PDI 90– Composite of all measures +/-	Pass & Ongoing	1
	Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able		
	to participate in bidirectional exchange	Pass & Ongoing	1
	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1
	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS	Pass & Ongoing	N1/0
	reimbursement	rass & Ongoing	N/A



Save & Return

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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
Total		14.00



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - 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)	\$ 4,507,273.94
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 4,229,152.96

			2.b.iv Score	esheet																
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 Organizational	Complete	5.00	5.00	100%	60%	60% 0%													
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%			0%	0% -	-										
	Patient Engagement Speed	Complete	1.00	1.00	100%															
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-											
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-											
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-											
	Domain 2 Subtotal		14.00	14.00	100%	40%	0%	-	-											
	Total	Complete	20.00	20.00	100%	100%	0%	-	-											

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

Hide Reviewer Comments

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



Save & Return Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

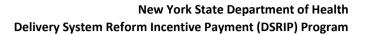
Print			Wes	tchester Medical Center - F	Project 2.b.iv	
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1	
The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of this quarterly 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.						
Total					1.00	

	Domain 1 Project Prescribed I	Milestones - P	roject 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
	Ensure required social services participate in the project.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
		, , , , ,	, , , , ,			·



Print					
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
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	Not Started	Pass & Ongoing	N/A
7. Use EHRs and other technical platforms to track all patients engaged	ı				
in the project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
Total					0.00

	Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.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	0.33333333					
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.33333333					





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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 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



Print	tcnester ivieaicai Center - F	rioject 2.b.i
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
Descrit of total Madicaid annuidan value burgament received through sub-paritation as at the forms of the ESC		
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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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
Total		14.00



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.d.i

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

Payment Snapshot					
Payment Available (DY2)	\$	5,218,166.45			
Funding Available for Distribution DY2Q1		-			
Dollars Earned to Date (DY1)	\$	4,732,973.91			

		2.d.i Score	sheet												
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 Organizational	Complete	5.00	5.00	100%	60%									
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		0%	-	-						
	Patient Engagement Speed	Complete	1.00	1.00	100%										
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-						
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	40%	0%	-	-						
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-						
	Domain 2 Subtotal			2.00	100%	40%	0%	-	-						
	Total	Complete	8.00	8.00	100%	100%	0%	-	-						

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

Hide Reviewer Comments

	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		



Print			We.	stchester Medical Center -	Project 2.d.i	
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1	
The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as portion quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in					-	
Total						

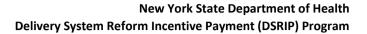
	Domain 1 Project Prescribed	Milestones - I	Project 2.d.i			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. Contract or partner with community-based organizations (CBOs) to engage target populations using PAM® and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	2. Establish a PPS-wide training team, comprised of members with	3/31/2016	3/31/2016	Completed	Pass & Complete	N/A
	training in PAM® and expertise in patient activation and engagement.					
•	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



	Print					
	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	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	literacy, and cultural competency.					
	6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs.					
	Along with the member's MCO and assigned PCP, reconnect	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	beneficiaries to his/her designated PCP (see outcome measurements in					
•	7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM® during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	9/30/2019	9/30/2019	In Process	Pass & Ongoing	N/A
	8. Include beneficiaries in development team to promote preventive care.	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A
	9. Measure PAM® components	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	1 / / 1					



Print Westchester Medical Center - Project 2.a.						Project z.u.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.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
			ı			
	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 and	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	15. Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	16. Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A





Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 2.d.i

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	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	
Total							

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



Save & Return

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PAM Level	Pass & Ongoing	N/A
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
Total		2.00



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - 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)	\$ 4,041,283.85
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 3,791,916.75

	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 Organizational	Complete	5.00	5.00	100%	60%					
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		0%	-	-		
	Patient Engagement Speed	Complete	1.00	1.00	100%						
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-		
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	10.00	10.00	100%	16%	0%	-	-		
Domain 5	Domain 3 Pay for Performance N/A		N/A	N/A	N/A	24%	0%	-	-		
	Domain 3 Subtotal				100%	40%	0%	-	-		
	Total Complete				100%	100%	0%	-	-		

Hide Reviewer Comments

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

	Domain 1 Project Milestones - Project 3.a.i										
AV Drivii	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					



Save & Return	Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Qual							
Print	1			We	stchester Medical Center -	Project 3.a.i		
Module 3 - Patient Engage	ment Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1		
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 quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in								
	Total					1		

		Domain 1 Project Prescribed Milestone	es - Project 3.	a.i Models 1,	2 and 3		
		✓ 3.a.i Model 1 ✓ 3.a.	i Model 2	✓ 3.a.i Model 3	3		
Model	AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	•	Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
		2. Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
3.a.i Model 1							



	Print						,
	•	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
		5. Co-locate primary care services at behavioral health sites.	3/31/2020	3/31/2020	On Hold	Pass & Ongoing	N/A
		6. Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2020	3/31/2020	On Hold	Pass & Ongoing	N/A
3.a.i Model 2	•	7. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	3/31/2020	3/31/2020	On Hold	Pass & Ongoing	N/A
		8. 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
		9. Implement IMPACT Model at Primary Care Sites.	3/31/2020	3/31/2020	On Hold	Pass & Ongoing	N/A

Save & Return

	Print				We	stchester Medical Center -	Project 3.a
	•	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
		requirements of the livir ACT model.					
3.a.i Model 3		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
		Total					0



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 3.a.i

Print Meas **AV Driving Reviewer Status AVs Awarded** ure 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 Follow-up after hospitalization for Mental Illness - within 7 days Pass & Ongoing 0.5



Save & Return

Print	estcnester Wealcal Center -	Project 3.a.i
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
Total		10



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - 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)	\$ 3,878,351.99
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 3,639,038.59

	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 Organizational	Complete	5.00	5.00	100%	60%	60% 0%	-	
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%				-
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	10.00	10.00	100%	16%	0%	-	-
Domain 5	Domain 3 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	24%	0%	-	-
	Domain 2 Subtotal		10.00	10.00	100%	40%	0%	-	-
	Total	Complete	16.00	16.00	100%	100%	0%	-	-

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

Hide Reviewer Comments

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



Print			Wes	tchester Medical Center - I	Project 3.a.ii
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1
The Actively Engaged data submitted with your DY2 Q1 quarterly repor quarterly review. The DY2 Q1 Actively Engaged data will be subject to re-		•		•	-
Total					1.00

	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.	3/31/2019	3/31/2019	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.	3/31/2019	3/31/2019	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.	3/31/2019	3/31/2019	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

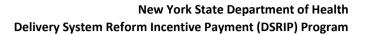


Print					
5. Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	NA
6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	3/31/2019	3/31/2019	In Process	Pass & Ongoing	NA
7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	3/31/2019	3/31/2019	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.	3/31/2019	3/31/2019	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
	 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. 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. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. Ensure quality committee is established for oversight and 	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. 6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). 7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. 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. 9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. 3/31/2019	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. 6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). 7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. 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. 9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. 3/31/2017 3/31/2017 3/31/2017 3/31/2017 3/31/2017 3/31/2017 3/31/2017	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. 6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). 7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. 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. 9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. 10. Ensure quality committee is established for oversight and 3/31/2017 3/31/2017 In Process	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. 6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). 7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. 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. 9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. Pass & Ongoing 10. Ensure quality committee is established for oversight and 3/31/2017 3/31/2017 In Process Pass & Ongoing 13/31/2017 In Process Pass & Ongoing 14/31/2017 In Process Pass & Ongoing Pass & Ongoing



Print			wes	tcnester Wealcal Center - F	roject 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
Total					0.00

	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			





Print	stchester Medical Center - I	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



	Save & Return	Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quar		-		
Print		Wes	stchester Medical Center - F	Project 3.a.ii		
	Screening for Clinical Depression and follow-up		Pass & Ongoing	1		
	Total 10.					



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 3.c.i

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

Payment Snapshot	
Payment Available (DY2)	\$ 3,144,609.72
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 2,950,571.83

		3.c.i Score	sheet												
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 Organizational	Complete	5.00	5.00	100%	60%	60% 0%								
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%			0%	-	-					
	Patient Engagement Speed	Complete	1.00	1.00	100%										
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-						
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	6.00	6.00	100%	16%	0%	-	-						
Domain 5	Domain 3 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	24%	0%	-	-						
	Domain 2 Subtotal Total Complet		6.00	6.00	100%	40%	0%	-	-						
			12.00	12.00	100%	100%	0%	-	-						

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

Hide Reviewer Comments

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	



Print			We	stchester Medical Center -	Project 3.c.i
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1
The Actively Engaged data submitted with your DY2 Q1 quarterly report quarterly review. The DY2 Q1 Actively Engaged data will be subject to rea		•		•	-
Total					1.00

	Domain 1 Project Prescribed Milestones - Project 3.c.i							
AV Driving	Driving Project Requirement and Metric/Deliverable		Milestone Status	Reviewer Status	AVs Awarded			
	1. Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	3/31/2017	3/31/2017	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	3/31/2017	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	3/31/2017	3/31/2017	Pass & Ongoing	N/A			
	improve health literacy, patient self-efficacy, and patient self-management.	3/31/2017	3/31/2017	r ass & Ongoing	IN/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	3/31/2017	Pass & Ongoing	N/A			



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5. Ensure coordination with the Medicaid Managed Care organizations serving the target population.	3/31/2017	3/31/2017	Pass & Ongoing	N/A
6. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	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	3/31/2018	Pass & Ongoing	N/A
Total				0.00

	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						



Save & Return

Print		
Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1
Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.33333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.33333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.33333333
Prevention Quality Indicator # 1 (DM Short term complication) ±	Pass & Ongoing	1
Total		6.00



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 3.d.iii

Project Snapshot									
Project Domain Clinical Improvement Projects (Domain 3)									
Project ID 3.d.iii									
Project Title	Implementation of evidence-based medicine guidelines for asthma management								

Payment Snapshot	
Payment Available (DY2)	\$ 3,249,430.05
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 3,048,924.23

3.d.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 Organizational	Complete	5.00	5.00	100%	60%									
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		0%	-	-						
	Patient Engagement Speed	Complete	1.00	1.00	100%										
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-						
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	16%	0%	-	-						
Domain 5	Domain 3 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	24%	0%	-	-						
	Domain 2 Subtotal		4.00	4.00	100%	40%	0%	-	-						
	Total	Complete	10.00	10.00	100%	100%	0%	-	-						

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

Hide Reviewer Comments

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

Pass (with Exception) &

1



Module 3 - Patient Engagement Speed

Save & Return

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 3.d.iii

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.

Ongoing

Total 1.00

In Process

N/A

	Domain 1 Project Prescribed Milestones - Project 3.d.iii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded	
	1. Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A	
	2. Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A	
						,	
	3. Deliver educational activities addressing asthma management to participating primary care providers.	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A	



	Print			west	tcnester iviealcal Center - P	roject 3.a.iii
	4. Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	3/31/2016	3/31/2016	Completed	Pass & Complete	N/A
	5. Use EHRs or other technical platforms to track all patients engaged in	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	this project.	3/31/2017	3/31/2017	in Process	rass & Oligoling	N/A
Total						0.00

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



Save & Return	Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Paymen	
Print	Westchester Medical Center - Pr	oject 3.d.iii
	Total	4.00



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 4.b.i

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

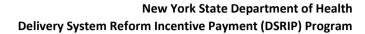
Payment Snapshot	
Payment Available (DY2)	\$ 2,410,867.45
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 2,262,105.07

	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 Organizational	Complete	5.00	5.00	100%	60%	60%	60% 0%	60% 0%	60%	60%	60%	60%	60% 0%	60%	60%	60%	60%	60%		60% 0%	60% 0%		
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%															60% 0%			-	-
	Patient Engagement Speed	N/A	0.00	0.00	0%																			
	Domain 1 Subtotal		5.00	5.00	100%	60%	0%	-	-															
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	9.00	9.00	100%	40%	0%	-	-															
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-															
	Domain 4 Subtotal			9.00	100%	40%	0%	-	-															
	Total Complete		14.00	14.00	100%	100%	0%	-	-															

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



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

Westchester Medical Center - Project 4.b.ii

	Project Snapshot	
Project Domain	Domain 4: Population-wide Projects: New York's	
Project ID 4.b.ii		
Project Title	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	

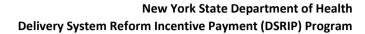
Payment Snapshot	
Payment Available (DY2)	\$ 1,781,945.51
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 1,671,990.70

4.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 Organizational	Complete	5.00	5.00	100%	60%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		0%	-	-	
	Patient Engagement Speed	N/A	0.00	0.00	0%					
Domain 1 Subtotal				5.00	100%	60%	0%	-	-	
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	16.00	16.00	100%	40%	0%	-	-	
Domain 4	Domain 4 Pay for Performance (P4P) N/A		N/A	N/A	N/A	0%	0%	-	-	
	Domain 4 Subtotal			16.00	100%	40%	0%	-	-	
Total Complete			21.00	21.00	100%	100%	0%	-	-	

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

Hide Reviewer Comments

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





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Asthma emergency department visit rate per 10,000	Pass & Ongoing	1
Asthma emergency department visit rate per 10,000 - Aged 0-4 years	Pass & Ongoing	1
Percentage of adults who are obese	Pass & Ongoing	1
Develope of adults who wasting a salayestal severage are board on the west recent suidelines. And 50		
Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years	Pass & Ongoing	1
Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
Percentage of children and adolescents who are obese	Pass & Ongoing	1
Percentage of premature death (before age 65 years)	Pass & Ongoing	1



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	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 heart attack hospitalization rate per 10,000	Pass & Ongoing	1
	Rate of hospitalizations for short-term complications of diabetes per 10,000 – Aged 18+ years	Pass & Ongoing	1
	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6- 17 years	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
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1



Save & Return		Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Q			
	Print	Westchester Medical Center - I	Project 4.b.ii		
		Total	16.00		