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**Achievement Value (AV) Scorecard
The New York Presbyterian Hospital of Queens**

PPS Information

Quarter	DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
PPS	The New York Presbyterian Hospital of Queens
PPS Number	40

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	DY2 Q4 Payment Available	DY2 Q4 Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>	
2.a.ii	22.00	22.00	0.00	22.00	\$ 131,146	\$ 131,146
2.b.v	20.00	22.00	0.00	22.00	\$ 163,378	\$ 163,378
2.b.vii	21.00	21.90	0.00	21.90	\$ 146,895	\$ 145,636
2.b.viii	20.00	21.00	0.00	21.00	\$ 153,092	\$ 153,092
3.a.i	15.50	11.50	0.00	11.50	\$ 171,858	\$ 120,867
3.b.i	14.00	14.00	0.00	14.00	\$ 128,466	\$ 128,466
3.d.ii	15.00	12.30	0.00	12.30	\$ 138,784	\$ 103,783
3.g.ii	12.00	12.00	0.00	12.00	\$ 93,826	\$ 93,826
4.c.ii	16.00	16.00	0.00	16.00	\$ 71,644	\$ 71,644



Department of Health

Medicaid Redesign Team

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

Achievement Value (AV) Scorecard
The New York Presbyterian Hospital of Queens

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AV Adjustments (Column F)						
Total	155.50	152.70	0.00	152.70	\$ 1,199,089	\$ 1,111,838



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment The New York Presbyterian Hospital of Queens - 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
Total	Complete	5.00	5.00	0.00	5.00	100%

Net Organizational AVs Awarded: 5 out of 5

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Workforce Strategy							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Workforce Strategy Budget Updates	●						
	●	Workforce Strategy Spending (Baseline)	Ongoing	N/A	Completed	Pass & Complete	



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Additional Workforce Strategy Budget Updates (non AV-driving)		1. Define target workforce state (in line with DSRIP program's goals)	N/A	N/A	In Process	Pass & Ongoing	1
		2. Create a workforce transition roadmap for achieving defined target workforce	12/31/2016	N/A	Completed	Pass & Complete	
		3. Perform detailed gap analysis between current state assessment of workforce and projected future state	3/31/2017	N/A	Completed	Pass & Complete	
		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	N/A	Completed	Pass & Complete	
		5. Develop training strategy	9/30/2016	N/A	Completed	Pass & Complete	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	



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Additional Workforce Strategy Topic Areas	●						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	
	Total						

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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Quarterly Project Reports, Project Budget and Flow of Funds	●	Module 1.2 - PPS Budget Report (Quarterly)	Ongoing	N/A	In Process	Pass & Ongoing	1		
	●	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			
	Total							1	

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



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Updates							1
	●	3. Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	N/A	Completed	Pass & Complete	
Governance Process Update	●	4. Establish governance structure reporting and monitoring processes	12/31/2015	N/A	Completed	Pass & Complete	
	●	5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,	3/31/2016	N/A	Completed	Pass & Complete	
Additional Governance Milestones (non AV-driving)	●	6. Finalize partnership agreements or contracts with CBOs	N/A	N/A	In Process	Pass & Ongoing	
	●	7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and	6/30/2016	N/A	Completed	Pass & Complete	
	●	8. Finalize workforce communication and engagement plan	N/A	N/A	In Process	Pass & Ongoing	
							N/A



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	●	9. Inclusion of CBOs in PPS Implementation	12/31/2015	N/A	Completed	Pass & Complete	
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	
Total							1



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Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded	
Financial Stability Update	●	1. Finalize PPS finance structure, including reporting structure	9/30/2015	N/A	Completed	Pass & Complete	1	
	●	2. Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	3/31/2016	N/A	Completed	Pass & Complete		
	●	3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d	12/31/2015	N/A	Completed	Pass & Complete		
	●	4. Develop a Value Based Needs Assessment "VNA"	3/31/2017	N/A	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		



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Additional Financial Stability 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	
Total							1

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	N/A	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	N/A	Completed	Pass & Complete	



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Additional Cultural Competency /Health Literacy 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		
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



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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	N/A	Complete	Pass & Complete	N/A	
	●	2. Develop an IT Change Management Strategy.	N/A	N/A	In Process	Pass & Ongoing		
	●	3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	N/A	N/A	In Process	Pass & Ongoing		
	●	4. Develop a specific plan for engaging attributed members in Qualifying Entities	6/30/2016	N/A	Complete	Pass & Complete		
	●	5. Develop a data security and confidentiality plan.	6/30/2016	N/A	Complete	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		



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Additional IT Systems and Processes Topic Areas	●						N/A
	●	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	
Total							0

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.	6/30/2016	N/A	Completed	Pass & Complete	N/A
	●	2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	6/30/2016	N/A	Completed	Pass & Complete	N/A



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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	N/A	
●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	N/A	
Total							0

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.	3/31/2017	N/A	Completed	Pass & Complete	



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Practitioner Engagement	●						N/A
	●	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.	12/31/2016	N/A	Completed	Pass & Complete	
Additional Practitioner Engagement 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		



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Total							0

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.	9/30/2016	N/A	Complete	Pass & Complete	N/A
	●	2. Finalize PPS-wide bed reduction plan.	12/31/2016	N/A	Complete	Pass & Complete	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	



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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					
0					

Section 09 - Clinical Integration							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Clinical Integration	●	1. Perform a clinical integration 'needs assessment'.	3/31/2016	N/A	Completed	Pass & Complete	N/A
Clinical Integration	●	2. Develop a Clinical Integration strategy.	N/A	N/A	In Process	Pass & Ongoing	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	



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The New York Presbyterian Hospital of Queens - Domain 1 Organizational AVs*

Additional Clinical Integration Topic Areas	●						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	
Total						0	



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens AV Adjustments

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	9.00	45.00	45.00	100%	0.00	45.00	100%
Project Adjustments (applied to one project only)	Various	9.00	110.50	107.70	97%	0.00	107.70	97%
Total			155.50	152.70	98%	0.00	152.70	98%

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Organizational

Project Adjustments

No AV Adjustments	
	<i>Please note that there are no AV adjustments for The New York Presbyterian Hospital of Queens in DY2, Q1</i>





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*Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.a.ii*

Project Snapshot	
Project Domain	System Transformation Projects (Domain 2)
Project ID	2.a.ii
Project Title	Increase Certification of Primary Care Practitioners with PCMH Certification and/or Advanced Primary Care Models (as developed under the New York

Payment Snapshot	
DY2 Q4 Payment Available	\$ 131,146
DY2 Q4 Payment Earned	\$ 131,146

2.a.ii Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	78,687	78,687
	Project Implementation Speed	Complete	1.00	1.00	100%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			7.00	7.00	100%	60%	30%	78,687	78,687
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	40%	20%	52,458	52,458
	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 2 Subtotal			15.00	15.00	100%	40%	20%	52,458	52,458
Total		Complete	22.00	22.00	100%	100%	50%	131,146	131,146

Total Project 2.a.ii AVs Awarded: 22 out of 22

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Domain 1 Project Milestones - Project 2.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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The New York Presbyterian Hospital of Queens - Project 2.a.ii

	<i>Enter Reviewer Comment</i>					
●	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	1.00
	<i>Enter Reviewer Comment</i>					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>					
Total						2.00

Domain 1 Project Prescribed Milestones - Project 2.a.ii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	1. Ensure that all participating PCPs in the PPS 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.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					
●	2. Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.33
	<i>Enter Reviewer Comment</i>					
●	3. Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.33
	<i>Enter Reviewer Comment</i>					



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.a.ii

●	4. Ensure 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 direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	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.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	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.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	7. Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	8. Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.33
	Enter Reviewer Comment					
●	9. Implement open access scheduling in all primary care practices.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.a.ii

●	<i>Enter Reviewer Comment</i>		
Total			1.00

Domain 2 Pay for Performance and Pay for Reporting - Project 2.a.ii (all Milestones are P4R in DY2)			
AV Driving	Measure	Reviewer Status	AVs Awarded
●	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.3333333
<i>Enter Reviewer Comment</i>			
●	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.3333333
<i>Enter Reviewer Comment</i>			
●	Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333
<i>Enter Reviewer Comment</i>			
●	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
<i>Enter Reviewer Comment</i>			
●	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
<i>Enter Reviewer Comment</i>			



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.a.ii

●	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
<i>Enter Reviewer Comment</i>			
●	Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
<i>Enter Reviewer Comment</i>			
●	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
<i>Enter Reviewer Comment</i>			
●	Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
<i>Enter Reviewer Comment</i>			
●	H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	PDI 90– Composite of all measures +/-	Pass & Ongoing	1



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.a.ii

●	<i>Enter Reviewer Comment</i>		
●	Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Potentially Avoidable Readmissions	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	<i>Enter Reviewer Comment</i>		



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*Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.a.ii*

●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
<i>Enter Reviewer Comment</i>			
Total			15.00



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.v

Project Snapshot	
Project Domain	System Transformation Projects (Domain 2)
Project ID	2.b.v
Project Title	Care transitions intervention for skilled nursing facility (SNF) residents

Payment Snapshot	
DY2 Q4 Payment Available	\$ 163,378
DY2 Q4 Payment Earned	\$ 163,378

2.b.v Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	98,027	98,027
	Project Implementation Speed	Complete	1.00	1.00	100%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			7.00	7.00	100%	60%	30%	98,027	98,027
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	40%	20%	65,351	65,351
	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 2 Subtotal			15.00	15.00	100%	40%	20%	65,351	65,351
Total		Complete	22.00	22.00	100%	100%	50%	163,378	163,378

Total Project 2.b.v AVs Awarded: 22 out of 22

Hide Reviewer Comments

Domain 1 Project Milestones - Project 2.b.v						
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, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.v

	<i>Enter Reviewer Comment</i>					
●	Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	Completed	Pass & Complete	1.00
	<i>Enter Reviewer Comment</i>					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>					
Total						2.00

Domain 1 Project Prescribed Milestones - Project 2.b.v						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	1. Partner with associated SNFs to develop a standardized protocol to assist with resolution of the identified issues.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.17
	<i>Enter Reviewer Comment</i>					
●	2. Engage with the Medicaid Managed Care Organizations and Managed Long Term Care or FIDA Plans associated with their identified population to develop transition of care protocols, ensure covered services including DME will be readily available, and that there is a payment strategy for the transition of care services.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.17
	<i>Enter Reviewer Comment</i>					
●	3. Develop transition of care protocols that will include timely notification of planned discharges and the ability of the SNF staff to visit the patient and staff in the hospital to develop the transition of care services. Ensure that all relevant protocols allow patients in end-of-life situations to transition home with all appropriate services.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.17



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.v

	<i>Enter Reviewer Comment</i>					
●	4. Establish protocols for standardized care record transitions to the SNF staff and medical personnel.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.17
	<i>Enter Reviewer Comment</i>					
●	5. Ensure all participating hospitals and SNFs have shared EHR system capability and HIE/RHIO/SHIN-NY access for electronic transition of medical records by the end of DSRIP Year 3.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.17
	<i>Enter Reviewer Comment</i>					
●	6. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.17
	<i>Enter Reviewer Comment</i>					
Total						1.00

Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.v (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
	<i>Enter Reviewer Comment</i>		
●	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.3333333
	<i>Enter Reviewer Comment</i>		
●	Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.v

	<i>Enter Reviewer Comment</i>		
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
	Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
	<i>Enter Reviewer Comment</i>		
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
	<i>Enter Reviewer Comment</i>		
	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
	<i>Enter Reviewer Comment</i>		
	Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
	<i>Enter Reviewer Comment</i>		
	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
	<i>Enter Reviewer Comment</i>		
	Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
	<i>Enter Reviewer Comment</i>		



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.v

●	H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	PDI 90– Composite of all measures +/-	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.v

	<i>Enter Reviewer Comment</i>		
●	Potentially Avoidable Readmissions	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	<i>Enter Reviewer Comment</i>		
●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	<i>Enter Reviewer Comment</i>		
Total			15.00



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*Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - 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	
DY2 Q4 Payment Available	\$ 146,895
DY2 Q4 Payment Earned	\$ 145,636

2.b.vii Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	88,137	86,878
	Project Implementation Speed	Complete	1.00	0.90	90%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			7.00	6.90	99%	60%	30%	88,137	86,878
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	40%	20%	58,758	58,758
	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 2 Subtotal			15.00	15.00	100%	40%	20%	58,758	58,758
Total		Complete	22.00	21.90	100%	100%	50%	146,895	145,636

Total Project 2.b.vii AVs Awarded: 21.9 out of 22

Hide Reviewer Comments

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, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.vii

	<i>Enter Reviewer Comment</i>					
●	Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	Completed	Pass & Complete	0.90
	<i>Enter Reviewer Comment</i>					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>					
Total						1.90

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 http://interact2.net .	3/31/2017	3/31/2017	Completed	Fail	0.00
	<i>Enter Reviewer Comment</i>					
●	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	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
●	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	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
●	4. Educate all staff on care pathways and INTERACT principles.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.10



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.vii

	<i>Enter Reviewer Comment</i>					
●	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	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
●	6. Create coaching program to facilitate and support implementation.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
●	7. Educate patient and family/caretakers, to facilitate participation in planning of care.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
●	8. Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
●	9. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
●	10. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
Total						0.90

Domain 2 Pay for Performance and Pay for Reporting



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - 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
	<i>Enter Reviewer Comment</i>		
●	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.3333333
	<i>Enter Reviewer Comment</i>		
●	Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333
	<i>Enter Reviewer Comment</i>		
●	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
	<i>Enter Reviewer Comment</i>		
●	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
	<i>Enter Reviewer Comment</i>		
●	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
	<i>Enter Reviewer Comment</i>		



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.vii

●	Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
<i>Enter Reviewer Comment</i>			
●	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
<i>Enter Reviewer Comment</i>			
●	Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
<i>Enter Reviewer Comment</i>			
●	H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	PDI 90– Composite of all measures +/-	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	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, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.vii

●	<i>Enter Reviewer Comment</i>		
●	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Potentially Avoidable Readmissions	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	<i>Enter Reviewer Comment</i>		
●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	<i>Enter Reviewer Comment</i>		
Total			15.00



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*Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.viii*

Project Snapshot	
Project Domain	System Transformation Projects (Domain 2)
Project ID	2.b.viii
Project Title	Hospital-Home Care Collaboration Solutions

Payment Snapshot	
DY2 Q4 Payment Available	\$ 153,092
DY2 Q4 Payment Earned	\$ 153,092

2.b.viii Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	91,855	91,855
	Project Implementation Speed	Complete	1.00	1.00	100%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			7.00	7.00	100%	60%	30%	91,855	91,855
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	20%	61,237	61,237
	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%	20%	61,237	61,237
Total		Complete	21.00	21.00	100%	100%	50%	153,092	153,092

Total Project 2.b.viii AVs Awarded: 21 out of 21

Hide Reviewer Comments

Domain 1 Project Milestones - Project 2.b.viii						
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, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.viii

	<i>Enter Reviewer Comment</i>					
●	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	1.00
	<i>Enter Reviewer Comment</i>					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>					
Total						2.00

Domain 1 Project Prescribed Milestones - Project 2.b.viii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	1. Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					
●	2. Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	0.14
	<i>Enter Reviewer Comment</i>					
●	3. Develop 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	Completed	Pass & Ongoing	0.14



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.viii

	<i>Enter Reviewer Comment</i>					
●	4. Educate all staff on care pathways and INTERACT-like principles.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	0.14
	<i>Enter Reviewer Comment</i>					
●	5. Develop 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	Completed	Pass & Ongoing	0.14
	<i>Enter Reviewer Comment</i>					
●	6. Create coaching program to facilitate and support implementation.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	0.14
	<i>Enter Reviewer Comment</i>					
●	7. Educate patient and family/caretakers, to facilitate participation in planning of care.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	0.14
	<i>Enter Reviewer Comment</i>					
●	8. Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					
●	9. Utilize telehealth/telemedicine to enhance hospital-home care collaborations.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.viii

●	10. Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	11. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	12. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	0.14
	Enter Reviewer Comment					
Total						1.00

Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.viii (all Milestones are P4R in DY2)			
AV Driving	Measure	Reviewer Status	AVs Awarded
●	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.3333333
	Enter Reviewer Comment		
●	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.3333333
	Enter Reviewer Comment		
●	Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333
	Enter Reviewer Comment		



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.viii

●	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
<i>Enter Reviewer Comment</i>			
●	Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
<i>Enter Reviewer Comment</i>			
●	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
<i>Enter Reviewer Comment</i>			
●	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
<i>Enter Reviewer Comment</i>			
●	Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
<i>Enter Reviewer Comment</i>			
●	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
<i>Enter Reviewer Comment</i>			
●	Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
<i>Enter Reviewer Comment</i>			
●	H-CAHPS – Care Transition Metrics	Pass & Ongoing	1



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.viii

	<i>Enter Reviewer Comment</i>		
●	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	PDI 90- Composite of all measures +/-	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>		
●	Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.viii

●	Potentially Avoidable Readmissions	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	<i>Enter Reviewer Comment</i>		
●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	<i>Enter Reviewer Comment</i>		
Total			14.00



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*Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - 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	
DY2 Q4 Payment Available	\$ 171,858
DY2 Q4 Payment Earned	\$ 120,867

3.a.i Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	79,319	79,319
	Project Implementation Speed	Complete	1.00	1.00	100%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			7.00	7.00	100%	60%	30%	79,319	79,319
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	9.9%	4.9%	13,220	13,220
	Domain 3 Pay for Performance		7.00	2.50	36%	30.1%	30.1%	79,319	28,328
Domain 3 Subtotal			9.00	4.50	50%	40%	35%	92,539	41,548
Total		Complete	16.00	11.50	72%	100%	65%	171,858	120,867

Total Project 3.a.i AVs Awarded: 11.5 out of 16

Hide Reviewer Comments

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, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.a.i

	<i>Enter Reviewer Comment</i>					
●	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	1.00
	<i>Enter Reviewer Comment</i>					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>					
Total						1

Domain 1 Project Prescribed Milestones - Project 3.a.i Models 1, 2 and 3							
<input checked="" type="checkbox"/> 3.a.i Model 1 <input checked="" type="checkbox"/> 3.a.i Model 2 <input checked="" type="checkbox"/> 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.			In Process	Pass & Ongoing	N/A
		<i>Enter Reviewer Comment</i>					
	●	2. Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125
	<i>Enter Reviewer Comment</i>						



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - 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.			In Process	Pass & Ongoing	N/A
		<i>Enter Reviewer Comment</i>					
	●	4. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125
		<i>Enter Reviewer Comment</i>					
3.a.i Model 2	●	5. Co-locate primary care services at behavioral health sites.			In Process	Pass & Ongoing	N/A
		<i>Enter Reviewer Comment</i>					
	●	6. Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125
		<i>Enter Reviewer Comment</i>					
	●	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.			In Process	Pass & Ongoing	N/A
		<i>Enter Reviewer Comment</i>					
●	8. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125	
	<i>Enter Reviewer Comment</i>						
	●	9. Implement IMPACT Model at Primary Care Sites.			In Process	Pass & Ongoing	N/A



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.a.i

3.a.i Model 3	●	<i>Enter Reviewer Comment</i>						
	●	10. Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125	
		<i>Enter Reviewer Comment</i>						
	●	11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125	
		<i>Enter Reviewer Comment</i>						
	●	12. Designate a Psychiatrist meeting requirements of the IMPACT Model.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125	
		<i>Enter Reviewer Comment</i>						
	●	13. Measure outcomes as required in the IMPACT Model.			In Process	Pass & Ongoing	N/A	
		<i>Enter Reviewer Comment</i>						
	●	14. Provide "stepped care" as required by the IMPACT Model.			In Process	Pass & Ongoing	N/A	
		<i>Enter Reviewer Comment</i>						
	●	15. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125	
		<i>Enter Reviewer Comment</i>						
	Total						1.00	



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*Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.a.i*

AV Driving	Measure	Reviewer Status	AVs Awarded
●	Adherence to Antipsychotic Medications for People with Schizophrenia	Fail	0
	P4P Measure DY2Q4		
●	Antidepressant Medication Management - Effective Acute Phase Treatment	Fail	0
	P4P Measure DY2Q4		
●	Antidepressant Medication Management - Effective Continuation Phase Treatment	Fail	0
	P4P Measure DY2Q4		
●	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	N/A	N/A
	P4P Measure DY2Q4		
●	Diabetes Monitoring for People with Diabetes and Schizophrenia	Pass & Ongoing	1
	P4P Measure DY2Q4		
●	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	Pass & Ongoing	1
	P4P Measure DY2Q4		
●	Follow-up after hospitalization for Mental Illness - within 30 days	Pass & Ongoing	0.5
	P4P Measure DY2Q4		



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*Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.a.i*

●	Follow-up after hospitalization for Mental Illness - within 7 days	Fail	0
	P4P Measure DY2Q4		
●	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5
	P4R Measure DY2Q4		
●	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5
	P4R Measure DY2Q4		
●	Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Fail	0
	P4P Measure DY2Q4		
●	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Fail	0
	P4P Measure DY2Q4		
●	Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Fail	0
	P4P Measure DY2Q4		
●	Screening for Clinical Depression and follow-up	Pass & Ongoing	1
	P4R Measure DY2Q4		
Total			4.50



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.b.i

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

Payment Snapshot	
DY2 Q4 Payment Available	\$ 128,466
DY2 Q4 Payment Earned	\$ 128,466

3.b.i Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	59,292	59,292
	Project Implementation Speed	Complete	1.00	1.00	100%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			7.00	7.00	100%	60%	30%	59,292	59,292
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	6.00	6.00	100%	9.9%	4.9%	9,882	9,882
	Domain 3 Pay for Performance (P4P)		1.00	1.00	100%	30.1%	30.1%	59,292	59,292
Domain 3 Subtotal			7.00	7.00	100%	40%	35%	69,174	69,174
Total		Complete	14.00	14.00	100%	100%	65%	128,466	128,466

Total Project 3.b.i AVs Awarded: 14 out of 14

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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, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.b.i

	<i>Enter Reviewer Comment</i>					
●	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	1.00
	<i>Enter Reviewer Comment</i>					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>					
Total						2.00

Domain 1 Project Prescribed Milestones - Project 3.b.i						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	1. Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					
●	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 end of DY 3.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					
●	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.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - 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	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
●	5. Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					
●	6. Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
●	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	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
●	8. Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					
●	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	Completed	Pass & Complete	0.10
	<i>Enter Reviewer Comment</i>					
●	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.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.b.i

●	11. 'Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.10
<i>Enter Reviewer Comment</i>						
●	12. Document patient driven self-management goals in the medical record and review with patients at each visit.			In Process	Pass & Ongoing	N/A
<i>Enter Reviewer Comment</i>						
●	13. Follow up with referrals to community based programs to document participation and behavioral and health status changes.			In Process	Pass & Ongoing	N/A
<i>Enter Reviewer Comment</i>						
●	14. Develop and implement protocols for home blood pressure monitoring with follow up support.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.10
<i>Enter Reviewer Comment</i>						
●	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	Completed	Pass & Complete	0.10
<i>Enter Reviewer Comment</i>						
●	16. Facilitate referrals to NYS Smoker's Quitline.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.10
<i>Enter Reviewer Comment</i>						
●	17. Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk			In Process	Pass & Ongoing	N/A
<i>Enter Reviewer Comment</i>						
●	18. Adopt strategies from the Million Hearts Campaign.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	0.10



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.b.i

	<i>Enter Reviewer Comment</i>					
●	19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					
●	20. Engage a majority (at least 80%) of primary care providers in this project.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	0.10
	<i>Enter Reviewer Comment</i>					
Total						1.00

Domain 3 Pay for Performance and Pay for Reporting			
AV Driving	Measure	Reviewer Status	AVs Awarded
●	Aspirin Use	Pass & Ongoing	0.5
	<i>P4R Measure D2Q4</i>		
●	Discussion of Risks and Benefits of Aspirin Use	Pass & Ongoing	0.5
	<i>P4R Measure D2Q4</i>		
●	Controlling High Blood Pressure	Pass & Ongoing	1
	<i>P4R Measure D2Q4</i>		
●	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1
	<i>P4R Measure D2Q4</i>		



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*Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.b.i*

●	Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1
	P4R Measure D2Q4		
●	Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.3333333
	P4R Measure D2Q4		
●	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333
	P4R Measure D2Q4		
●	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333
	P4R Measure D2Q4		
●	Prevention Quality Indicator # 8 (Heart Failure) ±	Pass & Ongoing	1
	P4R Measure D2Q4		
●	Prevention Quality Indicator # 7 (HTN) ±	Pass & Ongoing	1
	P4P Measure DY2Q4		
Total			7.00



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*Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.d.ii*

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

Payment Snapshot	
DY2 Q4 Payment Available	\$ 138,784
DY2 Q4 Payment Earned	\$ 103,783

3.d.ii Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	64,054	53,074
	Project Implementation Speed	Complete	1.00	0.80	80%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			7.00	5.80	83%	60%	30%	64,054	53,074
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	9.9%	4.9%	10,676	10,676
	Domain 3 Pay for Performance (P4P)		4.00	2.50	63%	30.1%	30.1%	64,054	40,034
Domain 3 Subtotal			8.00	6.50	81%	40%	35%	74,730	50,710
Total		Complete	15.00	12.30	82%	100%	65%	138,784	103,783

Total Project 3.d.ii AVs Awarded: 12.3 out of 15

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



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.d.ii

	<i>Enter Reviewer Comment</i>					
●	Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	Completed	Pass & Ongoing	0.80
	<i>Enter Reviewer Comment</i>					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0
	<i>Enter Reviewer Comment</i>					
Total						0.80

Domain 1 Project Prescribed Milestones - Project 3.d.ii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					
●	2. Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20
	<i>Enter Reviewer Comment</i>					
●	3. Develop and implement evidence-based asthma management guidelines.	3/31/2017	3/31/2017	Completed	Fail	0.00
	<i>Enter Reviewer Comment</i>					



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.d.ii

●	4. Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20
	Enter Reviewer Comment					
●	5. Ensure coordinated care for asthma patients includes social services and support.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	6. Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20
	Enter Reviewer Comment					
●	7. Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	8. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20
	Enter Reviewer Comment					
Total						0.80

Domain 3 Pay for Performance and Pay for Reporting			
AV Driving	Measure	Reviewer Status	AVs Awarded



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*Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.d.ii*

●	Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1
	P4P Measure DY2Q4		
●	Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Pass & Ongoing	0.5
	P4P Measure DY2Q4		
●	Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Fail	0
	P4P Measure DY2Q4		
●	Pediatric Quality Indicator # 14 Pediatric Asthma ±	Pass & Ongoing	1
	P4P Measure DY2Q4		
●	Prevention Quality Indicator # 15 Younger Adult Asthma ±	Fail	0
	P4P Measure DY2Q4		
●	Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1
	P4R Measure DY2Q4		



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.g.ii

Project Snapshot	
Project Domain	Clinical Improvement Projects (Domain 3)
Project ID	3.g.ii
Project Title	Integration of Palliative Care into Nursing Homes

Payment Snapshot	
DY2 Q4 Payment Available	\$ 93,826
DY2 Q4 Payment Earned	\$ 93,826

3.g.ii Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	56,296	56,296
	Project Implementation Speed	Complete	1.00	1.00	100%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			7.00	7.00	100%	60%	30%	56,296	56,296
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	40.0%	35.0%	37,531	37,531
	Domain 3 Pay for Performance (P4P)	N/A	N/A						
Domain 3 Subtotal			5.00	5.00	100%	40%	35%	37,531	37,531
Total		Complete	12.00	12.00	100%	100%	65%	93,826	93,826

Total Project 3.g.ii AVs Awarded: 12 out of 12

Hide Reviewer Comments

Domain 1 Project Milestones - Project 3.g.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, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.g.ii

	<i>Enter Reviewer Comment</i>					
●	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	1.00
	<i>Enter Reviewer Comment</i>					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>					
Total						2.00

Domain 1 Project Prescribed Milestones - Project 3.g.ii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	1. Integrate Palliative Care into practice model of participating Nursing Homes.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					
●	2. Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home.			In Process	Pass & Ongoing	N/A
	<i>Enter Reviewer Comment</i>					
●	3. Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.33
	<i>Enter Reviewer Comment</i>					
●	4. Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.33
	<i>Enter Reviewer Comment</i>					



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.g.ii

●	5. Engage with Medicaid Managed Care to address coverage of services.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	6. Use EHRs or other IT platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.33
	Enter Reviewer Comment					
Total						1.00

Domain 3 Pay for Performance and Pay for Reporting - Project 3.g.ii (all Milestones are P4R in DY2)			
AV Driving	Measure	Reviewer Status	AVs Awarded
●	Percentage of members who remained stable or demonstrated improvement in pain	Pass & Ongoing	1
Enter Reviewer Comment			
●	Advanced Directives – Talked about Appointing for Health Decisions	Pass & Ongoing	1
Enter Reviewer Comment			
●	Percentage of members whose pain was not controlled ±	Pass & Ongoing	1
Enter Reviewer Comment			
●	Depressive feelings - percentage of members who experienced some depression feeling ±	Pass & Ongoing	1
Enter Reviewer Comment			
●	Percentage of members who had severe or more intense daily pain ±	Pass & Ongoing	1
Enter Reviewer Comment			



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*Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.g.ii*

Total	5.00



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 4.c.ii

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

Payment Snapshot	
DY2 Q4 Payment Available	\$ 71,644
DY2 Q4 Payment Earned	\$ 71,644

4.c.ii Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	42,986	42,986
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	N/A	0.00	0.00	0%				
Domain 1 Subtotal			5.00	5.00	100%	60%	30%	42,986	42,986
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	40%	20%	28,658	28,658
	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 4 Subtotal			11.00	11.00	100%	40%	20%	28,658	28,658
Total		Complete	16.00	16.00	100%	100%	50%	71,644	71,644

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

Hide Reviewer Comments

Domain 4 Pay for Performance and Pay for Reporting - Project 4.c.ii (all Milestones are P4R in DY2)			
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, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
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	<i>Enter Reviewer Comment</i>		
●	Newly diagnosed HIV case rate per 100,000	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Newly diagnosed HIV case rate per 100,000—Difference in rates (Black and White) of new HIV diagnoses	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Newly diagnosed HIV case rate per 100,000—Difference in rates (Hispanic and White) of new HIV diagnoses	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Percentage of premature death (before age 65 years)	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 4.c.ii

●	Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
●	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
	<i>Enter Reviewer Comment</i>		
Total			11.00