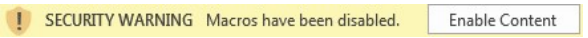
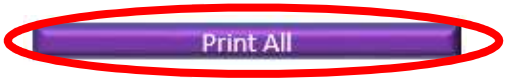
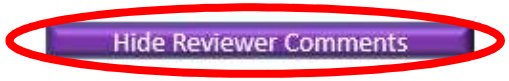
New York State Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program

Achievement Value (AV) Scorecard
Central New York Care Collaborative, Inc.

General Instructions		
Step	**Description/Link**	**Image**
1. Enable Content	Click "Enable Content" at the top of the screen to enable macros.	
2. Review AV Scorecard Overview	The AV scorecard Overview is a summary of the report	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.	
2. Access Detailed Project Reports and return to AV Scorecard Overview	The AV Scorecard Overview tab is the landing page from which detailed project reports can be viewed. From the AV Scorecard Overview" click the relevant project button to access the project tab. From the project tab click "Save and Return" to access the AV Scorecard Overview	
3. Show or Hide reviewer comments	Each project tab includes a Show/Hide Reviewer Comments button on the left hand side of the screen. Click "Show Reviewer Comments" to show comments and "Hide Reviewer Comments" to hide comments.	

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Delivery System Reform Incentive Payment (DSRIP) Program

Print Summary

Print All

Achievement Value (AV) Scorecard
Central New York Care Collaborative, Inc.

PPS Information	
Quarter	DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
PPS	Central New York Care Collaborative, Inc.
PPS Number	8

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	DY4, Q2 Payment Available	DY4, Q2 Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	*Organizational funds are embedded within each project's payment*	
2.a.i	28.00	23.00	0.00	23.00	$2,555,924	$1,405,758
2.a.iii	29.00	23.00	0.00	23.00	$2,099,509	$1,084,746
2.b.iii	29.00	23.00	0.00	23.00	$1,962,584	$1,014,002
2.b.iv	29.00	23.00	0.00	23.00	$1,961,103	$1,013,237
2.d.i	14.00	11.00	0.00	11.00	$1,696,995	$1,029,510
3.a.i	16.00	10.00	0.00	10.00	$1,780,018	$ 941,926
3.a.ii	16.00	10.00	0.00	10.00	$1,688,735	$ 893,622
3.b.i	14.00	13.00	0.00	13.00	$ 392,568	$ 348,950
3.g.i	11.00	10.00	0.00	10.00	$ 301,234	$ 267,763
4.a.iii	16.00	16.00	0.00	16.00	$ 912,830	$ 912,830

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4.d.i	32.00	32.00	0.00	32.00	$1,095,396	$1,095,396
AV Adjustments (Column F)						
Total	**234.00**	**194.00**	**0.00**	**194.00**	**$16,446,897**	**$10,007,741**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment
Central New York Care Collaborative, Inc. - 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

Hide Reviewer Comments

Workforce Strategy							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Workforce Strategy Budget Updates	●	Workforce Strategy Spending (Quarterly)	Ongoing	N/A	In Process	Pass & Ongoing	1
	●	Workforce Strategy Spending (Baseline)	Ongoing	N/A	Completed	Pass & Complete	
	●						

Additional Workforce Strategy Budget Updates (non AV-driving)		1. Define target workforce state (in line with DSRIP program's goals)	N/A	N/A	Completed	Pass & Complete	N/A
		2. Create a workforce transition roadmap for achieving defined target workforce	N/A	N/A	Completed	Pass & Complete	
		3. Perform detailed gap analysis between current state assessment of workforce and projected future state	N/A	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	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	

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Additional Workforce Strategy 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 01 - Budget

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

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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							**1**

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

Additional Governance Milestones (non AV-driving)		5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,	N/A	N/A	Completed	Pass & Complete	N/A
		6. Finalize partnership agreements or contracts with CBOs	N/A	N/A	Completed	Pass & Complete	
		7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and	N/A	N/A	Completed	Pass & Complete	
		8. Finalize workforce communication and engagement plan	N/A	N/A	Completed	Pass & Complete	
		9. Inclusion of CBOs in PPS Implementation	N/A	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	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	

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Additional Governance 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							**1**

Section 03 - Financial Sustainability							
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	12/31/2015	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	

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	●	4. Develop a Value Based Needs Assessment "VNA"	3/31/2017	N/A	Completed	Pass & Complete	
Additional Financial Stability Topic Areas	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**1**

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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).	9/30/2016	N/A	Completed	Pass & Complete	
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	

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		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**
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).	9/30/2016	N/A	Complete	Pass & Complete	N/A
		2. Develop an IT Change Management Strategy.	9/30/2016	N/A	Complete	Pass & Complete	
		3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	12/31/2016	N/A	Complete	Pass & Complete	
		4. Develop a specific plan for engaging attributed members in Qualifying Entities	N/A	N/A	Complete	Pass & Ongoing	
		5. Develop a data security and confidentiality plan.	N/A	N/A	Complete	Pass & Ongoing	

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

Section 06 - Performance Reporting							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Performanc		1. Establish reporting structure for PPS-wide performance reporting and communication.	N/A	N/A	In Process	Pass & Ongoing	N/A

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Performanc e Reporting		2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	N/A	N/A	In Process	Pass & Ongoing	N/A
Additional Performanc e Reporting Topic Areas		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	N/A
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**0**

Section 07 - Practitioner Engagement

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Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Practitioner Engagement	●	1. Develop Practitioners communication and engagement plan.	12/31/2015	N/A	Completed	Pass & Complete	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.	N/A	N/A	In Process	Pass & Ongoing	
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	
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.	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	2. Finalize PPS-wide bed reduction plan.	N/A	N/A	In Process	Pass & Ongoing	N/A
Additional Population Health Topic Areas	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment
Central New York Care Collaborative, Inc. - Domain 1 Organizational AVs

	●	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'.	12/31/2016	N/A	Complete	Pass & Complete	N/A
	●	2. Develop a Clinical Integration strategy.	N/A	N/A	In Process	Pass & Ongoing	N/A
Additional Clinical	●	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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Integration Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**0**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. AV Adjustmen

AV Adjustment Scoresheet								
Adjustment	AVs Per Project	Total Projects Selected	Total AVs Available	Total AVs Awarded		Adjusted AVs	Net AVs Awarded	
				Net Awarded	Percentage AV		Net Awarded	Percentage AV
Organizational Adjustments (applied to all projects)	5.00	11.00	55.00	55.00	100%	0.00	55.00	100%
Project Adjustments (applied to one project only)	Various	11.00	179.00	139.00	78%	0.00	139.00	78%
Total			**234.00**	**194.00**	**83%**	**0.00**	**194.00**	**83%**

Hide Reviewer Comments

☐ Organizational ☐ Project Adjustments

No AV Adjustments	
	Please note that there are no AV adjustments for Central New York Care Collaborative, Inc. in DY2, Q1

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - 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		
DY4, Q2 Payment Available	$	2,555,924
DY4, Q2 Payment Earned	$	1,405,758

2.a.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	20%	20%	511,185	511,185
	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%**	**20%**	**20%**	**511,185**	**511,185**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	8%	8%	204,474	204,474
	Domain 2 Pay for Performance (P4P)	Complete	8.00	3.00	38%	72%	72%	1,840,265	690,099
Domain 2 Subtotal			**23.00**	**18.00**	**78%**	**80%**	**80%**	**2,044,739**	**894,573**
Total		**Complete**	**28.00**	**23.00**	**82%**	**100%**	**100%**	**2,555,924**	**1,405,758**

Total Project 2.a.i AVs Awarded: 23 out of 28

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		Pass & Ongoing	N/A
	Enter Reviewer Comment					
	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00

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Central New York Care Collaborative, Inc. - Project 2.a.i

	Enter Reviewer Comment	
Total		**0.00**

Domain 1 Project Prescribed Milestones - Project 2.a.i						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	1. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
	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 & Complete	N/A
	Enter Reviewer Comment					
	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 & Complete	N/A
	Enter Reviewer Comment					
	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	Completed	Pass & Complete	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.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.a.i

	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.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	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	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	8. Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	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 & Complete	N/A
	Enter Reviewer Comment					
●	10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	11. Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 2 Pay for Reporting - Project 2.a.i

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.a.i

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		
●	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.a.i

●	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
●	H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
	Enter Reviewer Comment		
●	PDI 90– Composite of all measures +/-	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1

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Delivery System Reform Incentive Payment (DSRIP) Program

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.a.i

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

Domain 2 Pay for Performance - Project 2.a.i			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Fail	0
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Fail	0
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 65 and older	Fail	0
	Enter Reviewer Comment		
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	*Please Select*	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	*Please Select*	0

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.a.i

	Enter Reviewer Comment		
	Children's Access to Primary Care- 7 to 11 years	*Please Select*	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 19 years	*Please Select*	0
	Enter Reviewer Comment		
	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
	H-CAHPS – Care Transition Metrics	Fail	0
	Enter Reviewer Comment		
	Potentially Avoidable Emergency Room Visits	*Please Select*	0
	Enter Reviewer Comment		
	Potentially Avoidable Readmissions	Fail	0
	Enter Reviewer Comment		
	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	Enter Reviewer Comment		
	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
Total			**3.00**

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Delivery System Reform Incentive Payment (DSRIP) Program

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - 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

Payment Snapshot		
DY4, Q2 Payment Available	$	2,099,509
DY4, Q2 Payment Earned	$	1,084,746

2.a.iii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	20%	20%	419,902	349,918
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**20%**	**419,902**	**349,918**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	8%	8%	167,961	167,961
	Domain 2 Pay for Performance (P4P)	Complete	8.00	3.00	38%	72%	72%	1,511,646	566,867
Domain 2 Subtotal			**23.00**	**18.00**	**78%**	**80%**	**80%**	**1,679,607**	**734,828**
Total		**Complete**	**29.00**	**23.00**	**79%**	**100%**	**100%**	**2,099,509**	**1,084,746**

Total Project 2.a.iii AVs Awarded: 23 out of 29

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	Completed	Pass & Ongoing	N/A
	Enter Reviewer Comment					

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.a.iii

●	Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Pass & Ongoing	0.00
	Enter Reviewer Comment					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Fail	0
	Enter Reviewer Comment					
Total						**0.00**

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

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.a.iii

	Enter Reviewer Comment					
	5. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	6. Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	7. Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	8. Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	3/31/2017	3/31/2017	Completed	Fail	N/A
	Enter Reviewer Comment					
	9. Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 2 Pay for Reporting - Project 2.a.iii			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.a.iii

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

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

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.a.iii

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

Domain 2 Pay for Performance - Project 2.a.iii			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Fail	0
	Enter Reviewer Comment		
●	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Fail	0
	Enter Reviewer Comment		
●	Adult Access to Preventive or Ambulatory Care - 65 and older	Fail	0
	Enter Reviewer Comment		
●	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 24 months	*Please Select*	0
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.a.iii

●	Children's Access to Primary Care- 25 months to 6 years	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 7 to 11 years	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 19 years	*Please Select*	0
	Enter Reviewer Comment		
●	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
●	H-CAHPS – Care Transition Metrics	Fail	0
	Enter Reviewer Comment		
●	Potentially Avoidable Emergency Room Visits	*Please Select*	0
	Enter Reviewer Comment		
●	Potentially Avoidable Readmissions	Fail	0
	Enter Reviewer Comment		
●	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	Enter Reviewer Comment		
●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
Total			**3.00**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.b.iii

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

Payment Snapshot		
DY4, Q2 Payment Available	$	1,962,584
DY4, Q2 Payment Earned	$	1,014,002

2.b.iii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	20%	20%	392,517	327,097
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**20%**	**392,517**	**327,097**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	8%	8%	157,007	157,007
	Domain 2 Pay for Performance (P4P)	Complete	8.00	3.00	38%	72%	72%	1,413,061	529,898
Domain 2 Subtotal			**23.00**	**18.00**	**78%**	**80%**	**80%**	**1,570,067**	**686,904**
Total		**Complete**	**29.00**	**23.00**	**79%**	**100%**	**100%**	**1,962,584**	**1,014,002**

Total Project 2.b.iii AVs Awarded: 23 out of 29

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Domain 1 Project Milestones - Project 2.b.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
	Enter Reviewer Comment					

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.b.iii

●	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00
	Enter Reviewer Comment					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0
	Enter Reviewer Comment					
Total						**0.00**

Domain 1 Project Prescribed Milestones - Project 2.b.iii						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
●	1. Establish ED care triage program for at-risk populations	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	2. Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					

	3. For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	4. Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	3/31/2017	3/31/2017	Completed	Pass (with Exception) & Complete	N/A
	Enter Reviewer Comment					
	5. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 2 Pay for Reporting - Project 2.b.iii			
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		
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
	Enter Reviewer Comment		
	Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
	Enter Reviewer Comment		
	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
	H-CAHPS – Care Transition Metrics	Pass & Ongoing	1

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

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.b.iii

	Enter Reviewer Comment		
	PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
	Enter Reviewer Comment		
	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	Enter Reviewer Comment		
	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
Total			**15.00**

Domain 2 Pay for Performance - Project 2.b.iii			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Fail	0
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Fail	0
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 65 and older	Fail	0
	Enter Reviewer Comment		
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	*Please Select*	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	*Please Select*	0
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.b.iii

●	Children's Access to Primary Care- 7 to 11 years	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 19 years	*Please Select*	0
	Enter Reviewer Comment		
●	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
●	H-CAHPS – Care Transition Metrics	Fail	0
	Enter Reviewer Comment		
●	Potentially Avoidable Emergency Room Visits	*Please Select*	0
	Enter Reviewer Comment		
●	Potentially Avoidable Readmissions	Fail	0
	Enter Reviewer Comment		
●	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	Enter Reviewer Comment		
●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
Total			**3.00**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - 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		
DY4, Q2 Payment Available	$	1,961,103
DY4, Q2 Payment Earned	$	1,013,237

2.b.iv Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	20%	20%	392,221	326,851
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**20%**	**392,221**	**326,851**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	8%	8%	156,888	156,888
	Domain 2 Pay for Performance (P4P)	Complete	8.00	3.00	38%	72%	72%	1,411,995	529,498
Domain 2 Subtotal			**23.00**	**18.00**	**78%**	**80%**	**80%**	**1,568,883**	**686,386**
Total		**Complete**	**29.00**	**23.00**	**79%**	**100%**	**100%**	**1,961,103**	**1,013,237**

Total Project 2.b.iv AVs Awarded: 23 out of 29

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Domain 1 Project Milestones - Project 2.b.iv

AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					

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Central New York Care Collaborative, Inc. - Project 2.b.iv

●	Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Pass & Complete	0.00
	Enter Reviewer Comment					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0
	Enter Reviewer Comment					
Total						**0.00**

Domain 1 Project Prescribed Milestones - Project 2.b.iv						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
●	1. Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	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	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	3. Ensure required social services participate in the project.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	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	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					

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Central New York Care Collaborative, Inc. - Project 2.b.iv

●	5. Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	6. Ensure that a 30-day transition of care period is established.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	7. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 2 Pay for Reporting - Project 2.b.iv			
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		
●	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
	Enter Reviewer Comment		

●	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
	Enter Reviewer Comment		
●	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
●	H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
	Enter Reviewer Comment		

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

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.b.iv

	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
	Total		**15.00**

Domain 2 Pay for Performance - Project 2.b.iv			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Fail	0
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Fail	0
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 65 and older	Fail	0
	Enter Reviewer Comment		
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	*Please Select*	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	*Please Select*	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 7 to 11 years	*Please Select*	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 19 years	*Please Select*	0
	Enter Reviewer Comment		
	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
	H-CAHPS – Care Transition Metrics	Fail	0
	Enter Reviewer Comment		
	Potentially Avoidable Emergency Room Visits	*Please Select*	0

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.b.iv

	Enter Reviewer Comment		
	Potentially Avoidable Readmissions	Fail	0
	Enter Reviewer Comment		
	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	Enter Reviewer Comment		
	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
Total			**3.00**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - 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

Payment Snapshot		
DY4, Q2 Payment Available	$	1,696,995
DY4, Q2 Payment Earned	$	1,029,510

2.d.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	20%	20%	339,399	282,833
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**20%**	**339,399**	**282,833**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	8%	8%	135,760	135,760
	Domain 2 Pay for Performance (P4P)	Complete	4.00	2.00	50%	72%	72%	1,221,836	610,918
Domain 2 Subtotal			**8.00**	**6.00**	**75%**	**80%**	**80%**	**1,357,596**	**746,678**
Total		**Complete**	**14.00**	**11.00**	**79%**	**100%**	**100%**	**1,696,995**	**1,029,510**

Total Project 2.d.i AVs Awarded: 11 out of 14

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Domain 1 Project Milestones - Project 2.d.i

AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 2.d.i

●	Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Pass & Complete	0.00
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0
	Enter Reviewer Comment					
Total						**0.00**

Domain 1 Project Prescribed Milestones - Project 2.d.i

AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	1. Contract or partner with community-based organizations (CBOs) to engage target populations using PAM® and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	2. Establish a PPS-wide training team, comprised of members with training in PAM® and expertise in patient activation and engagement.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	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	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	4. Survey the targeted population about healthcare needs in the PPS' region.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					

●	5. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10).	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM® during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	8. Include beneficiaries in development team to promote preventive care.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	9. Measure PAM® components	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	11. Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A

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	Enter Reviewer Comment					
●	12. Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	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	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	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	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	15. Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	16. Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	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	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 2 Pay for Performance and Pay for Reporting - Project 2.d.i (all Milestones are P4R in DY2)

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
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AV Driving	Measure	Reviewer Status	AVs Awarded
●	C&G CAHPS by PPS for uninsured- Getting timely appointments, care, and information	Pass & Ongoing	0.25
	Enter Reviewer Comment		
●	C&G CAHPS by PPS for uninsured- Patients' rating of the provider (or doctor)	Pass & Ongoing	0.25
	Enter Reviewer Comment		
●	C&G CAHPS by PPS for uninsured- How well providers (or doctors) communicate with patients	Pass & Ongoing	0.25
	Enter Reviewer Comment		
●	C&G CAHPS by PPS for uninsured- Helpful, courteous, and respectful office staff	Pass & Ongoing	0.25
	Enter Reviewer Comment		
●	ED use by uninsured	Pass & Ongoing	1
	Enter Reviewer Comment		
●	PAM Level	Pass & Ongoing	1
	Enter Reviewer Comment		
●	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
	Enter Reviewer Comment		
Total			**4.00**

Domain 2 Pay for Performance and Pay for Reporting - Project 2.d.i (all Milestones are P4R in DY2)

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Central New York Care Collaborative, Inc. - Project 2.d.i

AV Driving	Measure	Reviewer Status	AVs Awarded
●	C&G CAHPS by PPS for uninsured- Getting timely appointments, care, and information	Fail	0
	Enter Reviewer Comment		
●	C&G CAHPS by PPS for uninsured- Patients' rating of the provider (or doctor)	Fail	0
	Enter Reviewer Comment		
●	C&G CAHPS by PPS for uninsured- How well providers (or doctors) communicate with patients	Fail	0
	Enter Reviewer Comment		
●	C&G CAHPS by PPS for uninsured- Helpful, courteous, and respectful office staff	Fail	0
	Enter Reviewer Comment		
●	ED use by uninsured	Pass & Ongoing	1
	Enter Reviewer Comment		
●	PAM Level	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Use of primary and preventive care services-- Percent of attributed Medicaid members with no claims history	Fail	0
	Enter Reviewer Comment		
Total			**2.00**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - 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		
DY4, Q2 Payment Available	$	1,780,018
DY4, Q2 Payment Earned	$	941,926

3.a.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	20%	20%	356,004	296,670
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**20%**	**356,004**	**296,670**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	10%	10%	178,002	178,002
	Domain 3 Pay for Performance		8.00	3.00	38%	70%	70%	1,246,013	467,255
Domain 3 Subtotal			**10.00**	**5.00**	**50%**	**80%**	**80%**	**1,424,015**	**645,257**
Total		**Complete**	**16.00**	**10.00**	**63%**	**100%**	**100%**	**1,780,018**	**941,926**

Total Project 3.a.i AVs Awarded: 10 out of 16

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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
	Enter Reviewer Comment					

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	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00
	Enter Reviewer Comment					
	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0
	Enter Reviewer Comment					
Total						**0**

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

☑ 3.a.i Model 1 ☑ 3.a.i Model 2 ☐ 3.a.i Model 3

Model	AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
3.a.i Model 1		1. Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
		Enter Reviewer Comment					
		2. Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
		Enter Reviewer Comment					
		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	Completed	Pass & Complete	N/A
		Enter Reviewer Comment					
		4. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A

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		Enter Reviewer Comment					
3.a.i Model 2		5. Co-locate primary care services at behavioral health sites.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
		Enter Reviewer Comment					
		6. Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
		Enter Reviewer Comment					
		7. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	3/31/2018	3/31/2018	Completed	Pass & Complete	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	N/A
		Enter Reviewer Comment					
Total							**0**

Domain 3 Pay for Reporting			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5
	P4R Measure DY3Q4		

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Central New York Care Collaborative, Inc. - Project 3.a.i

	Screening for Clinical Depression and follow-up	Pass & Ongoing	1
	P4R Measure DY3Q4		
Total			**2**

Domain 3 Pay for Performance			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Adherence to Antipsychotic Medications for People with Schizophrenia	Fail	0
	P4P Measure DY3Q4		
	Antidepressant Medication Management - Effective Acute Phase Treatment	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
	Antidepressant Medication Management - Effective Continuation Phase Treatment	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Fail	0
	P4P Measure DY3Q4		
	Diabetes Monitoring for People with Diabetes and Schizophrenia	Fail	0
	P4P Measure DY3Q4		
	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	Fail	0
	P4P Measure DY3Q4		
	Follow-up after hospitalization for Mental Illness - within 30 days	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
	Follow-up after hospitalization for Mental Illness - within 7 days	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
	Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
	Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	*Please Select*	0
	P4P Measure DY3Q4		
Total			**3**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - 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		
DY4, Q2 Payment Available	$	1,688,735
DY4, Q2 Payment Earned	$	893,622

3.a.ii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	20%	20%	337,747	281,456
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**20%**	**337,747**	**281,456**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	10%	10%	168,874	168,874
	Domain 3 Pay for Performance (P4P)		8.00	3.00	38%	70%	70%	1,182,115	443,293
Domain 2 Subtotal			**10.00**	**5.00**	**50%**	**80%**	**80%**	**1,350,988**	**612,167**
Total		**Complete**	**16.00**	**10.00**	**63%**	**100%**	**100%**	**1,688,735**	**893,622**

Total Project 3.a.ii AVs Awarded: 10 out of 16

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Domain 1 Project Milestones - Project 3.a.ii

AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 3.a.ii

	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00
	Enter Reviewer Comment					
	Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Fail	0
	Enter Reviewer Comment					
Total						**0.00**

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.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	2. Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	4. Develop written treatment protocols with consensus from participating providers and facilities.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	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	Completed	Pass & Complete	N/A

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 3.a.ii

	Enter Reviewer Comment					
●	6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	3/31/2018	3/31/2018	Completed	Fail	N/A
	Enter Reviewer Comment					
●	7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	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	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	10. Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	11. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 3 Pay for Reporting

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 3.a.ii

AV Driving	Measure	Reviewer Status	AVs Awarded
●	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
●	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
●	Screening for Clinical Depression and follow-up	Pass & Ongoing	1
	P4R Measure DY3Q4		
Total			**2**

Domain 3 Pay for Performance			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	Adherence to Antipsychotic Medications for People with Schizophrenia	Fail	0
	P4P Measure DY3Q4		
●	Antidepressant Medication Management - Effective Acute Phase Treatment	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
●	Antidepressant Medication Management - Effective Continuation Phase Treatment	Pass & Ongoing	0.5
	P4P Measure DY3Q4		

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Central New York Care Collaborative, Inc. - Project 3.a.ii

●	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Fail	0
	P4P Measure DY3Q4		
●	Diabetes Monitoring for People with Diabetes and Schizophrenia	Fail	0
	P4P Measure DY3Q4		
●	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	Fail	0
	P4P Measure DY3Q4		
●	Follow-up after hospitalization for Mental Illness - within 30 days	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
●	Follow-up after hospitalization for Mental Illness - within 7 days	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
●	Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
●	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
●	Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	*Please Select*	0
	P4P Measure DY3Q4		
Total			**3**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - 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		
DY4, Q2 Payment Available	$	392,568
DY4, Q2 Payment Earned	$	348,950

3.b.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	20%	67%	261,712	218,093
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**67%**	**261,712**	**218,093**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	8.00	8.00	100%	10%	33%	130,856	130,856
	Domain 3 Pay for Performance (P4P)		0.00	0.00	N/A	70%	0%	-	-
Domain 2 Subtotal			**8.00**	**8.00**	**100%**	**80%**	**33%**	**130,856**	**130,856**
Total		**Complete**	**14.00**	**13.00**	**93%**	**100%**	**100%**	**392,568**	**348,950**

Total Project 3.b.i AVs Awarded: 13 out of 14

Hide Reviewer Comments

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
	Enter Reviewer Comment					

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 3.b.i

●	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00
	Enter Reviewer Comment					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0
	Enter Reviewer Comment					
Total						**0.00**

Domain 1 Project Prescribed Milestones - Project 3.b.i						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
●	1. Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	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.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	3. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	4. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					

●	5. Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	6. Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	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	N/A
	Enter Reviewer Comment					
●	8. Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	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	N/A
	Enter Reviewer Comment					
●	10. Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	11. 'Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	12. Document patient driven self-management goals in the medical record and review with patients at each visit.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 3.b.i

	Enter Reviewer Comment					
	13. Follow up with referrals to community based programs to document participation and behavioral and health status changes.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	14. Develop and implement protocols for home blood pressure monitoring with follow up support.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	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	N/A
	Enter Reviewer Comment					
	16. Facilitate referrals to NYS Smoker's Quitline.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	17. Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	18. Adopt strategies from the Million Hearts Campaign.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
	Enter Reviewer Comment					
	19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	20. Engage a majority (at least 80%) of primary care providers in this project.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 3.b.i

	Enter Reviewer Comment	
Total		**0.00**

Domain 3 Pay for Performance and Pay for Reporting			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Aspirin Use	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
	Discussion of Risks and Benefits of Aspirin Use	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
	Controlling High Blood Pressure	Pass & Ongoing	1
	P4R Measure DY3Q4		
	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1
	P4R Measure DY3Q4		
	Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1
	P4R Measure DY3Q4		
	Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.3333333
	P4R Measure DY3Q4		
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 3.b.i

	P4R Measure DY3Q4		
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333
	P4R Measure DY3Q4		
	Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
	Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
	Prevention Quality Indicator # 8 (Heart Failure) ±	Pass & Ongoing	1
	P4R Measure in DY3Q4		
	Prevention Quality Indicator # 7 (HTN) ±	Pass & Ongoing	1
	P4R Measure DY3Q4		
Total			**8.00**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 3.g.i

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

Payment Snapshot		
DY4, Q2 Payment Available	$	301,234
DY4, Q2 Payment Earned	$	267,763

3.g.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	20%	67%	200,823	167,352
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**67%**	**200,823**	**167,352**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	10%	33%	100,411	100,411
	Domain 3 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	70%	0%	-	-
Domain 2 Subtotal			**5.00**	**5.00**	**100%**	**80%**	**33%**	**100,411**	**100,411**
Total		**Complete**	**11.00**	**10.00**	**91%**	**100%**	**100%**	**301,234**	**267,763**

Total Project 3.g.i AVs Awarded: 10 out of 11

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Domain 1 Project Milestones - Project 3.g.i

AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 3.g.i

●	Module 2 - Project Implementation Speed	3/17/2017	N/A	Completed	Pass & Ongoing	0.00
	Enter Reviewer Comment					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0
	Enter Reviewer Comment					
Total						**0.00**

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

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Central New York Care Collaborative, Inc. - Project 3.g.i

●	6. Use EHRs or other IT platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
Total						**0.00**

Domain 3 Pay for Performance and Pay for Reporting - Project 3.g.i			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	Percentage of members who remained stable or demonstrated improvement in pain	Pass & Ongoing	1
●	Advanced Directives – Talked about Appointing for Health Decisions	Pass & Ongoing	1
●	Percentage of members whose pain was not controlled ±	Pass & Ongoing	1
●	Depressive feelings - percentage of members who experienced some depression feeling ±	Pass & Ongoing	1
●	Percentage of members who had severe or more intense daily pain ±	Pass & Ongoing	1
Total			**5.00**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 4.a.iii

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

Payment Snapshot		
DY4, Q2 Payment Available	$	912,830
DY4, Q2 Payment Earned	$	912,830

4.a.iii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	20%	20%	182,566	182,566
	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%**	**20%**	**20%**	**182,566**	**182,566**
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	80%	80%	730,264	730,264
	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 4 Subtotal			**11.00**	**11.00**	**100%**	**80%**	**80%**	**730,264**	**730,264**
Total		**Complete**	**16.00**	**16.00**	**100%**	**100%**	**100%**	**912,830**	**912,830**

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

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Domain 4 Pay for Performance and Pay for Reporting - Project 4.a.iii (all Milestones are P4R in 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
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 4.a.iii

●	Age-adjusted suicide death rate per 100,000	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of premature death (before age 65 years)	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted percentage of adult binge drinking during the past month	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years	Pass & Ongoing	1

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 4.a.iii

	Enter Reviewer Comment		
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
Total			**11.00**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 4.d.i

Project Snapshot	
Project Domain	Domain 4: Population-wide Projects: New York's
Project ID	4.d.i
Project Title	Reduce Premature Births

Payment Snapshot		
DY4, Q2 Payment Available	$	1,095,396
DY4, Q2 Payment Earned	$	1,095,396

4.d.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	5.00	100%	20%	20%	219,079	219,079
	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%**	**20%**	**20%**	**219,079**	**219,079**
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	27.00	27.00	100%	80%	80%	876,317	876,317
	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 4 Subtotal			**27.00**	**27.00**	**100%**	**80%**	**80%**	**876,317**	**876,317**
Total		**Complete**	**32.00**	**32.00**	**100%**	**100%**	**100%**	**1,095,396**	**1,095,396**

Total Project 4.d.i AVs Awarded: 32 out of 32

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Domain 4 Pay for Performance and Pay for Reporting - Project 4.d.i (all Milestones are P4R in DY2)			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	Adolescent pregnancy rate per 1,000 females - Aged 15- 17 years	Pass & Ongoing	1
	Enter Reviewer Comment		

●	Adolescent pregnancy rate per 1,000 females - Aged 15- 17 years – Ratio of Black non-Hispanics to White nonHispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Adolescent pregnancy rate per 1,000 females - Aged 15- 17 years—Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Maternal mortality rate per 100,000 births	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
	Enter Reviewer Comment		

Save & Return

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 4.d.i

●	Percentage of children with any kind of health insurance - Aged under 19 years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of infants exclusively breastfed in the hospital	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of infants exclusively breastfed in the hospital – Ratio of Black nonHispanics to White nonHispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of infants exclusively breastfed in the hospital – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of infants exclusively breastfed in the hospital – Ratio of Medicaid births to non-Medicaid births	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of live births that occur within 24 months of a previous pregnancy	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of premature death (before age 65 years)	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 4.d.i

●	Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of preterm births	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of preterm births – Ratio of Black nonHispanics to White nonHispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of preterm births – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of preterm births – Ratio of Medicaid births to non-Medicaid births	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of unintended pregnancy among live births	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of unintended pregnancy among live births – Ratio of Black nonHispanics to White nonHispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of unintended pregnancy among live births—Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
Central New York Care Collaborative, Inc. - Project 4.d.i

●	Percentage of unintended pregnancy among live births—Ratio of Medicaid births to non-Medicaid births	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of women with health coverage - Aged 18-64 years	Pass & Ongoing	1
	Enter Reviewer Comment		
Total			**27.00**