

## 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.	SECURITY WARNING Macros have been disabled.     Enable Content							
2. Review AV Scorecard Overview	The AV scorecard Overview is a summary of the report	Click to Access AV Scorecard Overview							

	Functionality	
Step	Description/Link	Image
1. Print	All tabs include a print button in the upper left hand corner. The AV Scorecard Overview tab also includes a "Print All" button which will print all relevany reports.	Print All
	The AV Scorecard Overview tab is the landing page from which detailed project reports can be viewed. From the AV Scorecard Overview" click the relevant project button to access the project tab. From the project tab click "Save and Return" to access the AV Scorecard Overview	Project Link (click on the purple fink below to access each individual project report)  Domain I: Organizational (All Projectal)  AV Adjustments (Column I)  2 as  2 as  2 as  2 as  2 as  2 as  2 as
3. Show or Hide reviewer comments	Each project tab includes a Show/Hide Reviewer Comments button on the left hand side of the screen. Click "Show Reviewer Comments" to show comments and "Hide Reviewer Comments" to hide comments.	Hide Reviewer Comments



**Print Summary** 

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

PPS Information						
Quarter	DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)					
PPS	Central New York Care Collaborative, Inc.					
PPS Number	8					

Achievement Value (AV) Scorecard Summary										
		AV I	Data		Payme	Payment Data				
Project Link (click on the purple link below to access each individual project report)	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	DY5, Q2 Payment Available	DY5, Q2 Payment Earned				
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	Organization embedded project's	within each				
2.a.i	20.00	12.75	0.00	12.75	\$1,620,283	\$ 527,807				
2.a.iii	20.00	12.75	0.00	12.75	\$1,330,947	\$ 433,556				
2.b.iii	20.00	12.75	0.00	12.75	\$1,244,146	\$ 405,281				
2.b.iv	20.00	12.75	0.00	12.75	\$1,243,207	\$ 404,975				
2.d.i	12.00	10.75	0.00	10.75	\$1,075,780	\$ 658,915				
3.a.i	25.00	19.00	0.00	19.00	\$1,128,411	\$ 519,069				
3.a.ii	25.00	19.00	0.00	19.00	\$1,070,544	\$ 492,450				
3.b.i	19.00	14.83	0.00	14.83	\$ 829,539	\$ 385,143				



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

3.g.i	15.00	14.00	0.00	14.00	\$ 636,540	\$ 521,963
4.a.iii	16.00	16.00	0.00	16.00	\$ 578,673	\$ 578,673
4.d.i	32.00	32.00	0.00	32.00	\$ 694,407	\$ 694,407
AV Adjustments (Column F)						
Total	224.00	176.58	0.00	176.58	\$11,452,477	\$5,622,239





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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (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 Spending (Quarterly)	Ongoing	N/A	In Process	Pass & Ongoing				
Workforce Strategy		Workforce Strategy Spending (Baseline)	Ongoing	N/A	Completed	Pass & Complete	4			
Budget Updates							1			



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	 ·				
	Define target workforce state (in line with DSRIP program's goals)	N/A	N/A	Completed	Pass & Complete
	Create a workforce transition roadmap for achieving defined target workforce	N/A	N/A	Completed	Pass & Complete
	and the same of th				
Additional	Perform detailed gap analysis between current state assessment of workforce	N/A	N/A	Completed	Pass & Complete
Workforce Strategy	and projected future state	.,,,,	1.47.	Completed	. 455 & 65
Budget Jpdates —					
non AV-	4. Produce a compensation and benefit analysis, covering impacts on both				
driving)	retrained and redeployed staff, as well as new hires, particularly focusing on full and	6/30/2016	N/A	Completed	Pass & Complete
	partial placements				
	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



	Prin						
-	•	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
additional	•	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Vorkforce trategy opic Areas	•	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
_	•	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	•	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1

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



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

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



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



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



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Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize PPS finance structure, including reporting structure	12/31/2015	N/A	Completed	Pass & Complete	
		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	
Financial							
Stability Update		3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d	12/31/2015	N/A	Completed	Pass & Complete	1
		4. Develop a Value Based Needs Assessment "VNA"	3/31/2017	N/A	Completed	Pass & Complete	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	



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		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Financial							N/A
Stability Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1

	Section 04 - Cultural Competency & Health Literacy								
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded		
		Finalize cultural competency / health literacy strategy.	12/31/2015	N/A	Completed	Pass & Complete			
Cultural Competency /Health Literacy		2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	9/30/2016	N/A	Completed	Pass & Complete	1		



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

	Section 05 - IT Systems and Processes								
Process	AV	Milestone	Required Due	<b>Committed Due</b>	Milestone	Reviewer Status	AV Awarded		
Measure	Driving	willestone	Date	Date	Status	Reviewer Status	AV Awarded		



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	•	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	
		Develop an IT Change Management     Strategy.	9/30/2016	N/A	Complete	Pass & Complete	
T Systems nd Processes	•	Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	12/31/2016	N/A	Complete	Pass & Complete	N/A
		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	
	•	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	



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Additional						
IT Systems		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing
Processes Topic Areas						
Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing
			Total			

		Sec	ction 06 - Perforn	nance Reporting			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Establish reporting structure for PPS-wide performance reporting and communication.	N/A	N/A	In Process	Pass & Ongoing	N/A
Performanc e Reporting	•	2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	N/A	N/A	In Process	Pass & Ongoing	N/A



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

	Section 07 - Practitioner Engagement									
Process	AV	Milestone	Required Due	<b>Committed Due</b>	Milestone	Reviewer Status	AN/ Asserted			
Measure	Driving	Milestone	Date	Date	Status		AV Awarded			
		1. Develop Practitioners communication and engagement plan.	12/31/2015	N/A	Completed	Pass & Complete				



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Practitioner Engagement	•	2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	N/A	N/A	In Process	Pass & Ongoing	N/A
_		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	N/A
Additional Practitioner Engagement							
Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	



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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Central New York Care Collaborative, Inc. - Domain 1 Organizational AVs

Total 0

Section 08 - Population Health Management									
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded		
		Develop population health management roadmap.	N/A	N/A	In Process	Pass & Ongoing	N/A		
Population							14/71		
Health		2. Finalize PPS-wide bed reduction plan.	N/A	N/A	In Process	Pass & Ongoing	N/A		
							.,,		
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing			
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing			
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing			
Additional Population							N/A		
Health Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing			



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

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



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Additional Clinical							N/A	
Integration Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	IN/A	
	•	IT Expectations	N/A	N/A	In Process	Pass & Ongoing		
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing		
	Total							



Save & Return

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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

Central New York Care Collaborative, Inc. AV Adjustmen

AV Adjustment Scoresheet									
	AVs Per	Projects Total AVs Available	Total AV	Awarded	Adjusted	Net AVs Awarded			
Adjustment	Project		'''	Net	Percentage		Net	Percentage AV	
	Project		Available	Awarded	AV	AVS	Awarded		
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	169.00	121.58	72%	0.00	121.58	72%	
Total				176.58	79%	0.00	176.58	79%	

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 DY5, Q2 July 1, 2019 - September 30, 2019 (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						
	Create an Integrated Delivery System focused on						
<b>Project Title</b>	Evidence Based Medicine and Population Health						
	Management						

Payment Snapshot	
DY5, Q2 Payment Available	\$ 1,620,283
DY5, Q2 Payment Earned	\$ 527,807

	2.a.i Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q2)	Payment Available (\$)	Net Payment Earned (\$)	
	Domain 1 Organizational	Complete	5.00	5.00	100%					
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%	0%	0%	-	-	
	Patient Engagement Speed	N/A	N/A	N/A	0%					
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-	
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	7%	7%	113,420	113,420	
Domain 2	Domain 2 Pay for Performance (P4P	Complete	10.00	2.75	28%	93%	93%	1,506,863	414,387	
	Domain 2 Subtotal			7.75	52%	100%	100%	1,620,283	527,807	
	Total Complete			12.75	64%	100%	100%	1,620,283	527,807	

Total Project 2.a.i AVs Awarded: 12.75 out of 20

#### 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								



Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

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

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Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A	
Enter Reviewer Comment						
Total						

	Domain 1 Project Prescribed M	lilestones - P	roject 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	Completed	Fail	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	Completed	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	Completed	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		



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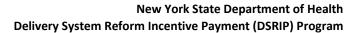
	Enter Reviewer Comment							
	5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A		
	Enter Revie	wer Commer	nt					
	6. Perform population 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	Completed	Fail	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	Completed	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	Completed	Pass & Complete	N/A		
	Enter Reviewer Comment							



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_	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	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
Total						0.00

Domain 2 Pay for Reporting - Project 2.a.i						
AV Driving	Measure	Reviewer Status	AVs Awarded			
	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					
	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					
	Total		5.00			





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	Domain 2 Pay for Performance - Project 2.a.i		
AV Driving	Measure	Reviewer Status	Avardad
	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	Fail	0
	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	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 19 years	Fail	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	Fail	0
	Enter Reviewer Comment		
	Potentially Avoidable Readmissions	Fail	0
	Enter Reviewer Comment		
	PDI 90– Composite of all measures +/-	Fail	0
	Enter Reviewer Comment		
	PQI 90 – Composite of all measures +/-	Fail	0
	Enter Reviewer Comment		



Save	& Return

Primary Care - Length of Relationship - Q3		0
Enter Reviewer Comment		
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
Enter Reviewer Comment		-
Total		2.75



Print

Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

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

Project Snapshot					
<b>Project Domain</b>	System Transformation Projects (Domain 2)				
Project ID	2.a.iii				
	Health Home At-Risk Intervention Program:				
Project Title	Proactive management of higher risk patients not				
	currently eligible for Health Homes through access				

Payment Snapsho	t	
DY5, Q2 Payment Available	\$	1,330,947
DY5, Q2 Payment Earned	\$	433,556

	2.a.iii Scoresheet																			
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q2)	Payment Available (\$)	Net Payment Earned (\$)											
	Domain 1 Organizational	Complete	5.00	5.00	100%	0%														
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%		0%	-	-											
	Patient Engagement Speed	N/A	N/A	N/A	0%															
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-											
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	7%	7%	93,166	93,166											
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	2.75	28%	93%	93%	1,237,781	340,390											
Domain 2 Subtotal		15.00	7.75	52%	100%	100%	1,330,947	433,556												
Total Complete		20.00	12.75	64%	100%	100%	1,330,947	433,556												

Total Project 2.a.iii AVs Awarded: 12.75 out of 20

#### **Hide Reviewer Comments**

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



Print Central New York Care Collaborative, Inc Project 2.a.iii								
	Enter Reviewer Comment							
	Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A		
	Enter Reviewer Comment							
	Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A		
	Enter Reviewer Comment							
Total						0.00		

	Domain 1 Project Prescribed Milestones - Project 2.a.iii							
AV Driving	Driving Project Requirement and Metric/Deliverable		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		



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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			
Enter Revie	ewer Commen	nt						
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 Revie	wer Commen	nt						
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			



Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

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

Print

#### Enter Reviewer Comment

Total 0.00

	Domain 2 Pay for Reporting - Project 2.a.iii		
AV Driving	Measure	Reviewer Status	AVs Awarded
	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		
	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		
	Total		5.00



Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

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

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	Domain 2 Pay for Performance - Project 2.a.iii		
<b>AV Driving</b>	Measure	Reviewer Status	Avardad
	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	Fail	0
	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	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 19 years	Fail	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	Fail	0
	Enter Reviewer Comment		
	Potentially Avoidable Readmissions	Fail	0
	Enter Reviewer Comment		
	PDI 90– Composite of all measures +/-	Fail	0
	Enter Reviewer Comment		
	PQI 90 – Composite of all measures +/-	Fail	0
	Enter Reviewer Comment		



Save	&	Return	$\equiv$

Primary Care - Length of Relationship - Q3	Fail	0				
Enter Reviewer Comment						
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5				
Enter Reviewer Comment						
Total		2.75				



Print

Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (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	
DY5, Q2 Payment Available	\$ 1,244,146
DY5, Q2 Payment Earned	\$ 405,281

	2.b.iii Scoresheet												
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q2)	Payment Available (\$)	Net Payment Earned (\$)				
	Domain 1 Organizational	Complete	5.00	5.00	100%	0%							
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%		0%	-	-				
	Patient Engagement Speed	N/A	N/A	N/A	0%								
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-				
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	7%	7%	87,090	87,090				
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	2.75	28%	93%	93%	1,157,056	318,190				
	Domain 2 Subtotal		15.00	7.75	52%	100%	100%	1,244,146	405,281				
	Total	Complete	20.00	12.75	64%	100%	100%	1,244,146	405,281				

Total Project 2.b.iii AVs Awarded: 12.75 out of 20

#### **Hide Reviewer Comments**

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

### Save & Return

Print		Centro	il New York C	are Collaborative, Inc.  - F	roject 2.b.iii			
Enter Reviewer Comment								
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A			
Enter Revie	Enter Reviewer Comment							
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A			
Enter Reviewer Comment								
Total								

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



Print							
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			
	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1			
	Enter Reviewer Comment					



Print Central New York Care Collaborative, Inc Project 2.b.iii				
•	Medicaid spending on Primary Care and community based behavioral health care	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			
Total				

Domain 2 Pay for Performance - Project 2.b.iii					
<b>AV Driving</b>	Measure	Reviewer Status	AV5		
	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				



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Children's Access to Primary Care- 12 to 24 months	Fail	0
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	Fail	0
Enter Reviewer Comment		
Children's Access to Primary Care- 12 to 19 years	Fail	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	Fail	0
Enter Reviewer Comment		
Potentially Avoidable Readmissions	Fail	0
Enter Reviewer Comment	·	
PDI 90– Composite of all measures +/-	Fail	0
Enter Reviewer Comment		
PQI 90 – Composite of all measures +/-	Fail	0
Enter Reviewer Comment		
Primary Care - Length of Relationship - Q3	Fail	0
Enter Reviewer Comment		
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
Enter Reviewer Comment		
Total		2.75



Print

Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

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

	Project Snapshot					
<b>Project Domain</b>	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	
DY5, Q2 Payment Available	\$ 1,243,207
DY5, Q2 Payment Earned	\$ 404,975

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q2)	Payment Available (\$)	Net Payment Earned (\$)									
	Domain 1 Organizational	Complete	5.00	5.00	100%	0%												
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%		0%	-	-									
	Patient Engagement Speed	N/A	N/A	N/A	0%													
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-									
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	7%	7%	87,025	87,025									
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	2.75	28%	93%	93%	1,156,183	317,950									
	Domain 2 Subtotal			7.75	52%	100%	100%	1,243,207	404,975									
	Total	Complete	20.00	12.75	64%	100%	100%	1,243,207	404,975									

Total Project 2.b.iv AVs Awarded: 12.75 out of 20

#### **Hide Reviewer Comments**

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

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

### Save & Return

Print		Centra	ıl New York C	are Collaborative, Inc P	Project 2.b.iv			
Enter Reviewer Comment								
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A			
Enter Reviewer Comment								
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A			
Enter Reviewer Comment								
Total					0.00			

	Domain 1 Project Prescribed M	lilestones - Pr	oject 2.b.iv				
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded	
	<ol> <li>Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.</li> </ol>	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						



Print					
4. Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
Enter Revie	wer Commen	nt			
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				
	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						



Print Print	are Collaborative, Inc P	roject 2.b.iv
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		
Total		5.00

	Domain 2 Pay for Performance - Project 2.b.iv						
<b>AV Driving</b>	Measure	Reviewer Status	Avardad				
	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	Fail	0				
	Enter Reviewer Comment						
	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25				
	Enter Reviewer Comment						

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

#### Save & Return

Print

 Children's Access to Primary Care- 7 to 11 years	Fail	0
Enter Reviewer Comment	-	
Children's Access to Primary Care- 12 to 19 years	Fail	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	Fail	0
Enter Reviewer Comment		
Potentially Avoidable Readmissions	Fail	0
Enter Reviewer Comment		
PDI 90– Composite of all measures +/-	Fail	0
Enter Reviewer Comment		
PQI 90 – Composite of all measures +/-	Fail	0
Enter Reviewer Comment		
Primary Care - Length of Relationship - Q3	Fail	0
Enter Reviewer Comment		
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
Enter Reviewer Comment		
Total		2.75



Print

Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

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

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

Payment Snapshot	
DY5, Q2 Payment Available	\$ 1,075,780
DY5, Q2 Payment Earned	\$ 658,915

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q2)	Payment Available (\$)	Net Payment Earned (\$)			
	Domain 1 Organizational	Complete	5.00	5.00	100%	0%						
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%		0%	-	-			
	Patient Engagement Speed	N/A	N/A	N/A	0%							
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-			
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	7%	7%	75,305	75,305			
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	3.00	1.75	58%	93%	93%	1,000,476	583,611			
Domain 2 Subtotal			7.00	5.75	82%	100%	100%	1,075,780	658,915			
	Total	Complete	12.00	10.75	90%	100%	100%	1,075,780	658,915			

Total Project 2.d.i AVs Awarded: 10.75 out of 12

#### **Hide Reviewer Comments**

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



Print		Centr	al New York	Care Collaborative, Inc	Project 2.d.i	
Enter Reviewer Comment						
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A	
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A	
Enter Reviewer Comment						
Total					0.00	

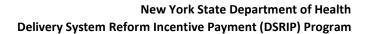
	Domain 1 Project Prescribed M	lilestones - P	roject 2.d.i				
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded	
	1. Contract or partner with community-based organizations (CBOs) to engage target populations using PAM® 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						



	Print					•		
	4. Survey the targeted population about healthcare needs in the PPS' region.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
	Enter Revie	wer Commen	t					
	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 Revie	wer Commen	t					
	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 Revie	wer Commen	t					
	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		



Print		-				
Enter Revie	wer Commer	nt				
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	
Enter Revie	wer Commer	nt				
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 Revie	wer Commer	nt				
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 member.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A	
Enter Reviewer Comment						





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17. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
Enter Reviewer Comment					
Total					0.00

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



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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 - Project 2.d.i		
<b>AV Driving</b>	Measure	Reviewer Status	AVS
	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)	Fail	0
	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	N/A	N/A
	Enter Reviewer Comment		
	Use of primary and preventive care services Percent of attributed Medicaid members with no claims history for	Fail	0
	Enter Reviewer Comment		
	Total		1.75



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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (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	
DY5, Q2 Payment Available	\$ 1,128,411
DY5, Q2 Payment Earned	\$ 519,069

	3.a.i Scoresheet								
Domain	Domain Component		AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q2)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%		0%		
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%	0%		-	-
	Patient Engagement Speed	N/A	N/A	N/A	0%				
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	10.00	10.00	100%	10%	10%	112,841	112,841
Domain 3	Domain 3 Pay for Performance Complete		10.00	4.00	40%	90%	90%	1,015,570	406,228
	Domain 3 Subtotal			14.00	70%	100%	100%	1,128,411	519,069
	Total Complete			19.00	76%	100%	100%	1,128,411	519,069

Total Project 3.a.i AVs Awarded: 19 out of 25

#### **Hide Reviewer Comments**

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



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

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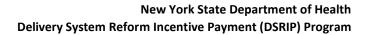
Print		Centi	ai New York	Care Collaborative, Inc	Project 3.a.i			
Enter Reviewer Comment								
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A			
Enter Revie	Enter Reviewer Comment							
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A			
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
	•	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
3.a.i Model 1		Ent	ter Reviewer	Comment			



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	•	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
		En	ter 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
		En	ter Reviewer	Comment			
		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					
3.a.i Model 2		7. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
		En	ter 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
		En	ter Reviewer	Comment			
Total 0						0	





Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

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

Print

	Domain 3 Pay for Reporting		
AV Driving	Measure	Reviewer Status	AVs Awarded
	Adherence to Antipsychotic Medications for People with Schizophrenia	Pass & Ongoing	1
	Antidepressant Medication Management - Effective Acute Phase Treatment	Pass & Ongoing	0.5
	Antidepressant Medication Management - Effective Continuation Phase Treatment	Pass & Ongoing	0.5
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Pass & Ongoing	1
	Diabetes Monitoring for People with Diabetes and Schizophrenia	Pass & Ongoing	1
	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	Pass & Ongoing	1
	Follow-up after hospitalization for Mental Illness - within 30 days	Pass & Ongoing	0.5



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



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<b>AV Driving</b>	Measure	Reviewer Status	Avardad
	Adherence to Antipsychotic Medications for People with Schizophrenia	Pass & Ongoing	1
	Antidepressant Medication Management - Effective Acute Phase Treatment	Fail	0
	Antidous account Madienties Management - Effective Counting of the Dhane Transfer out	Fail	0
	Antidepressant Medication Management - Effective Continuation Phase Treatment	rall	0
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Fail	0
	Diabetes Monitoring for People with Diabetes and Schizophrenia	Fail	0
		- 1	
	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	Fail	0
	Follow-up after hospitalization for Mental Illness - within 30 days	Fail	0
	Follow-up after hospitalization for Mental Illness - within 7 days	Pass & Ongoing	0.5
	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5
	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Fail	0
	Tollow up care for children resembed Abrib Medications illitiation rilase	Tull	U
	Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Fail	0
	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Fail	0
	Screening for Clinical Depression and follow-up	Pass & Ongoing	1
	Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Pass & Ongoing	1
		1 000 01 011/0011/0	



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

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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

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

Print

Total



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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (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	
DY5, Q2 Payment Available	\$ 1,070,544
DY5, Q2 Payment Earned	\$ 492,450

	3.a.ii Scoresheet																			
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q2)	Payment Available (\$)	Net Payment Earned (\$)											
	Domain 1 Organizational	Complete	5.00	5.00	100%	0%														
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%		0%	0%	0%	0%	0%	0%	0% 0%	0% -	-					
	Patient Engagement Speed	N/A	N/A	N/A	0%															
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-											
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	10.00	10.00	100%	10%	10%	107,054	107,054											
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	10.00	4.00	40%	90%	90%	963,490	385,396											
Domain 2 Subtotal			20.00	14.00	70%	100%	100%	1,070,544	492,450											
	Total	Complete	25.00	19.00	76%	100%	100%	1,070,544	492,450											

Total Project 3.a.ii AVs Awarded: 19 out of 25

#### **Hide Reviewer Comments**

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



Print						
Enter Reviewer Comment						
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A	
Enter Reviewer Comment						
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A	
Enter Reviewer Comment						
Total						

	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 Revie	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			



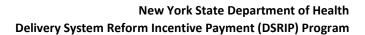
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Enter Revie	Enter Reviewer Comment						
5. Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
Enter Revie	wer Commen	t					
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 Revie	wer Commen	t					
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		



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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					

	Domain 3 Pay for Reporting						
AV Driving	Measure	Reviewer Status	AVs Awarded				
	Adherence to Antipsychotic Medications for People with Schizophrenia	Pass & Ongoing	1				
	Antidepressant Medication Management - Effective Acute Phase Treatment	Pass & Ongoing	0.5				
	Antidepressant Medication Management - Effective Continuation Phase Treatment	Pass & Ongoing	0.5				
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Pass & Ongoing	1				
	Diabetes Monitoring for People with Diabetes and Schizophrenia	Pass & Ongoing	1				



Pass & Ongoing

1

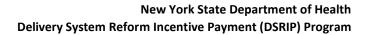


Screening for Clinical Depression and follow-up

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





Print Central New Yor	K Care Collaborative, Inc	Project 3.a.ii
Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Pass & Ongoing	1
Total		10

	Domain 3 Pay for Performance						
<b>AV Driving</b>	Measure	Reviewer Status	Avardad				
	Adherence to Antipsychotic Medications for People with Schizophrenia	Pass & Ongoing	1				
	Antidepressant Medication Management - Effective Acute Phase Treatment	Fail	0				
	Antidepressant Medication Management - Effective Continuation Phase Treatment	Fail	0				
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Fail	0				
	Diabetes Monitoring for People with Diabetes and Schizophrenia	Fail	0				
	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	Fail	0				
	Follow-up after hospitalization for Mental Illness - within 30 days	Fail	0				
	Follow-up after hospitalization for Mental Illness - within 7 days	Pass & Ongoing	0.5				
	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5				
	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Fail	0				



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

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Print Central New York C	Lare Collaborative, Inc F	roject 3.a.ii			
Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Fail	0			
Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Fail	0			
Screening for Clinical Depression and follow-up	Pass & Ongoing	1			
Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Pass & Ongoing	1			
Total					



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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (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	
DY5, Q2 Payment Available	\$ 829,539
DY5, Q2 Payment Earned	\$ 385,143

	3.b.i Scoresheet															
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q2)	Payment Available (\$)	Net Payment Earned (\$)							
	Domain 1 Organizational	Complete	5.00	5.00	100%	0%										
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%		0%	-	-							
	Patient Engagement Speed	N/A	N/A	N/A	0%											
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-							
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	7.00	7.00	100%	10%	10%	82,954	82,954							
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	7.00	2.83	40%	90%	90%	746,585	302,189							
	Domain 2 Subtotal		14.00	9.83	70%	100%	100%	829,539	385,143							
	Total	Complete	19.00	14.83	78%	100%	100%	829,539	385,143							

Total Project 3.b.i AVs Awarded: 14.83 out of 19

#### **Hide Reviewer Comments**

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



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Enter Reviewer Comment								
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A			
Enter Revie	Enter Reviewer Comment							
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A			
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			
	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								



	Print		Centr	al New York	Care Collaborative, Inc	Project 3.b.i				
	4. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A				
	Enter Revie	ewer Commer	nt							
	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 Revie	wer Commer	nt							
	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 Revie	wer Commer	nt							



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	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			
	Enter Revie	wer Commen	nt						
	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 Revie	wer Commen	nt						
	18. Adopt strategies from the Million Hearts Campaign.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A			



	Print		Centr	ai New York (	Care Collaborative, Inc I	Project 3.b.i	
	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	
	Enter Reviewer Comment						
	Total					0.00	

	Domain 3 Pay for Performance and Pay for Reporting		
AV Driving	Measure	Reviewer Status	AVs Awarded
	Controlling High Blood Pressure	Pass & Ongoing	1
	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1
	Health Literacy - Easy to Understand Instructions	Pass & Ongoing	0.3333333
	Health Literacy - Describing How to Follow Instructions	Pass & Ongoing	0.3333333



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Health Literacy - Explained What to do if Illness Got Worse	Pass & Ongoing	0.3333333
Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.3333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333
Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy	Pass & Ongoing	0.5
Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%	Pass & Ongoing	0.5
Prevention Quality Indicator # 8 (Heart Failure) ±	Pass & Ongoing	1
Prevention Quality Indicator # 7 (HTN) ±	Pass & Ongoing	1



Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

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

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Total 7.00

	Domain 3 Pay for Performance and Pay for Reporting		
AV Driving	Measure	Reviewer Status	AVS
	Prevention Quality Indicator # 7 (HTN) ±	Fail	0
	Prevention Quality Indicator # 8 (Heart Failure) ±	Fail	0
	Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy	Pass & Ongoing	0.5
	Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%	Fail	0
	Controlling High Blood Busseyes	D 9 Oi	
	Controlling High Blood Pressure	Pass & Ongoing	1
	Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Fail	0
	Wiedical Assistance with smoking and Tobacco ose cessation - Advised to Quit	Ган	0
_	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333
			0.000000
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Fail	0
	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1
	Health Literacy - Easy to Understand Instructions	Fail	0
	Health Literacy - Describing How to Follow Instructions	Fail	0
	Health Literacy - Explained What to do if Illness Got Worse	Fail	0



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

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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

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

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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (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	
DY5, Q2 Payment Available	\$ 636,540
DY5, Q2 Payment Earned	\$ 521,963

	3.g.i Scoresheet								
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q2)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%	0%	0%		
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%			-	-
	Patient Engagement Speed	N/A	N/A	N/A	0%				
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-
Domain 3	Domain 3 Pay for Reporting (P4R)	Incomplete	5.00	5.00	100%	10%	10%	63,654	63,654
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	5.00	4.00	80%	90%	90%	572,886	458,309
	Domain 2 Subtotal			9.00	90%	100%	100%	636,540	521,963
	Total	Incomplete	15.00	14.00	93%	100%	100%	636,540	521,963

Total Project 3.g.i AVs Awarded: 14 out of 15

#### **Hide Reviewer Comments**

	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		



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Enter Reviewer Comment								
Module 2 - Project Implementation Speed	3/17/2017	N/A	Completed	Please Select	N/A			
Enter Rev.	ewer Commen	t						
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A			
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		
	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		



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5. Engage with Medicaid Managed Care to address coverage of services.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
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					

	Domain 3 Pay for Reporting							
AV Driving	Measure	Reviewer Status	AVs Awarded					
	Percentage of patients indicating need who were offered or provided an intervention for pain symptoms experienced during the past week	Pass & Ongoing	1					
	Percentage of patients indicating need who were offered or provided an intervention for physical symptoms (other than pain) experienced during the past week	Pass & Ongoing	1					
	Percentage of patients indicating need who were offered or provided an intervention for not feeling at peace during the past week	Pass & Ongoing	1					
	Percentage of patients indicating need who were offered or provided an interventio for depressive feelings experienced during the past week	Pass & Ongoing	1					
	Percentage of patients who were offered or provided an intervention when there was no advance directive in place	Pass & Ongoing	1					



Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

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

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Total 5.00

	Domain 3 Pay for Performance		
AV Driving	Measure	Reviewer Status	AVS
	Percentage of patients indicating need who were offered or provided an intervention for pain symptoms experienced during the past week	Pass & Ongoing	1
	Percentage of patients indicating need who were offered or provided an intervention for physical symptoms (other than pain) experienced during the past week	Fail	0
	Percentage of patients indicating need who were offered or provided an intervention for not feeling at peace during the past week	Pass & Ongoing	1
	Percentage of patients indicating need who were offered or provided an interventio for depressive feelings experienced during the past week	Pass & Ongoing	1
	Percentage of patients who were offered or provided an intervention when there was no advance directive in place	Pass & Ongoing	1
	Total		4.00



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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

Central New York Care Collaborative, Inc. - Project 4.a.iii

	Project Snapshot						
<b>Project Domain</b> 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	
DY5, Q2 Payment Available	\$ 578,673
DY5, Q2 Payment Earned	\$ 578,673

	4.a.iii Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q2)	Payment Available (\$)	Net Payment Earned (\$)	
	Domain 1 Organizational	Complete	5.00	5.00	100%		0%	-		
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%	0%			-	
	Patient Engagement Speed	N/A	N/A	N/A	0%					
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-	
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	100%	100%	578,673	578,673	
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-	
Domain 4 Subtotal			11.00	11.00	100%	100%	100%	578,673	578,673	
	Total	Complete	16.00	16.00	100%	100%	100%	578,673	578,673	

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

#### **Hide Reviewer Comments**

	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		



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	Enter Reviewer Comment		
	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		



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

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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

Central New York Care Collaborative, Inc. - Project 4.a.iii

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	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	Pass & Ongoing	1	
	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			
	Total			



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Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)

Central New York Care Collaborative, Inc. - Project 4.d.i

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

Payment Snapshot	
DY5, Q2 Payment Available	\$ 694,407
DY5, Q2 Payment Earned	\$ 694,407

	4.d.i Scoresheet								
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q2)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%				
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%	0%	0%	-	-
	Patient Engagement Speed	N/A	N/A	N/A	0%				
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	27.00	27.00	100%	100%	100%	694,407	694,407
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal			27.00	100%	100%	100%	694,407	694,407
	Total Complete			32.00	100%	100%	100%	694,407	694,407

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

#### **Hide Reviewer Comments**

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



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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		



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Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
Enter Reviewer Comment		
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



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_	Time		
	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		
	Percentage of preterm births	Pass & Ongoing	1
	Enter Reviewer Comment		
	Percentage of preterm births – Ratio of Black nonHispanics to White nonHispanics		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		



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

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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		
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