

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

#### Achievement Value (AV) Scorecard Bronx Partners for Healthy Communities

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

	Functionality	
Step	Description/Link	Image
1. Print	All tabs include a print button in the upper left hand corner. The AV Scorecard Overview tab also includes a "Print All" button which will print all relevany reports.	Print All
Access Detailed Project Reports and return to AV Scorecard Overview	The AV Scorecard Overview tab is the landing page from which detailed project reports can be viewed. From the AV Scorecard Overview" click the relevant project button to access the project tab. From the project tab click "Save and Return" to access the AV Scorecard Overview	Project Link (Gids on the purple files below to access each individual project report)  Domain 1 organizations [All Projects]  AV Adjustments (Column 1)  2.81  2.81  2.81  2.81  2.81  2.84  2.84  2.84
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



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

**Print Summary** 

Print All

Achievement Value (AV) Scorecard Bronx Partners for Healthy Communities

	PPS Information					
Quarter DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter)						
PPS	Bronx Partners for Healthy Communities					
PPS Number	36					

Achievement Value (AV) Scorecard Summary									
Project Link (click on the purple link below to access		AV [	Data		Payme	ent Data			
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		nds are embedded oject's payment			
2.a.i	20.00	12.25	0.00	12.25	\$ 1,973,972	\$ 551,232			
2.a.iii	20.00	12.25	0.00	12.25	\$ 1,589,504	\$ 443,869			
2.b.iii	20.00	12.25	0.00	12.25	\$ 1,433,648	\$ 400,346			
2.b.iv	20.00	12.25	0.00	12.25	\$ 1,452,504	\$ 405,612			
3.a.i	25.00	18.50	0.00	18.50	\$ 1,307,924	\$ 542,789			
3.b.i	19.00	14.50	0.00	14.50	\$ 985,131	\$ 415,163			
3.c.i	17.00	15.00	0.00	15.00	\$ 1,036,026	\$ 725,218			
3.d.ii	13.00	12.00	0.00	12.00	\$ 1,058,352	\$ 820,223			
4.a.iii	16.00	16.00	0.00	16.00	\$ 748,099	\$ 748,099			



Total

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

12,295,855 \$

5,763,244

Print Summary								(AV) Scorecard
Print All				Bro	onx Pa	rtners for He	althy	y Communities
4.c.ii	16.00	16.00	0.00	16.00	\$	710,694	\$	710,694
AV Adjustments (Column F)								

141.00

186.00

0.00

141.00 \$





Print

Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Bronx Partners for Healthy Communities - 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 Awarde		
	•								
Workforce Strategy Budget Updates		Workforce Strategy Spending (Baseline)	Ongoing	N/A	Completed	Pass & Complete			



# Save & Return Print

	 *				
	Define target workforce state (in line with DSRIP program's goals)	N/A	N/A	In Process	Pass & Ongoing
	Create a workforce transition roadmap for achieving defined target workforce	N/A	N/A	In Process	Pass & Ongoing
Additional	3. Perform detailed gap analysis between current state assessment of workforce	N/A	N/A	In Process	Pass & Ongoing
Workforce Strategy	and projected future state		.,		
Budget Updates –					
(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



Print

	-						
Additional Workforce Strategy Topic Areas	•	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	•	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	•	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	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				



	Print			Bronx Par	tners for Healthy	y Communities - Domain 1 Orgo
		Module 1.2 - PPS Budget Report (Quarterly	Ongoing	N/A	In Process	Pass & Ongoing
Quarterly Project						
Reports, Project		Module 1.3 - PPS Flow of Funds (Baseline)	Ongoing	N/A	Completed	Pass & Complete
Budget and Flow of						
Funds		Module 1.4 - PPS Flow of Funds (Quarterly)	Ongoing	N/A	In Process	Pass & Ongoing
		Quarterly Progress Reports	N/A	N/A	In Process	Pass & Ongoing
			Total			

	Section 02 - Governance						
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize governance structure and subcommittee structure	6/30/2015	N/A	Completed	Pass & Complete	
		2. Establish a clinical governance					
Governance		structure, including clinical quality	12/31/2015	N/A	Completed	Pass & Complete	
Structure		committees for each DSRIP project					



# Save & Return Print

Jpdates						
		3. Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	N/A	Completed	Pass & Complete
Governance		4. Establish governance structure reporting and monitoring processes	12/31/2015	N/A	Completed	Pass & Complete
Process Jpdate						
	•	5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,	6/30/2016	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
iiiviiig)						
		8. Finalize workforce communication and engagement plan	3/31/2016	N/A	Completed	Pass & Complete



Print

		9. Inclusion of CBOs in PPS Implementation	6/30/2016	N/A	Completed	Pass & Complete	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	•	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	N/A
Additional Governance -							
opic 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				1



Print

Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize PPS finance structure, including reporting structure	12/31/2015	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	



Print

	PIIII						
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Financial							N/
Stability Fopic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	IN).
		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 Compe	tency & Health	Literacy		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize cultural competency / health literacy strategy.	12/31/2015	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).	6/30/2016	N/A	Completed	Pass & Complete	1



# Save & Return Print

		Total				1
	1 TOBICSS Reporting	197	17/7	1111100033	, ass a stigoting	
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
Topic Areas						
/Health Literacy	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
Cultural Competency			ı			
Additional	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 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		



Print

	•	1. Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	12/31/2015	N/A	Complete	Pass & Complete	
		Develop an IT Change Management	2/24/2046	21/2	Complete	Dans 9 Commists	
T Systems		Strategy.	3/31/2016	N/A	Complete	Pass & Complete	
T Systems and Processes	•	3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	N/A	N/A	In Process	Pass & Ongoing	ı
		4. Develop a specific plan for engaging attributed members in Qualifying Entities	N/A	N/A	In Process	Pass & Ongoing	
		5. Develop a data security and confidentiality plan.	6/30/2016	N/A	Complete	Pass & Complete	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	



	Print			DIONAT UT	iners for riculting	Communices - Domain 1 Orga	mzational Av
Additional							
IT Systems and		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	N/A
Processes Topic Areas							N/A
Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				0

		Sec	ction 06 - Perform	nance Reporting			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Establish reporting structure for PPS-wide performance reporting and communication.	3/31/2016	N/A	Completed	Pass & Complete	N/A
Performanc e Reporting		2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	6/30/2016	N/A	Completed	Pass & Complete	N/A



# Save & Return Print

	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
	<u> </u>					
	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
1100	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
dditional erformanc						N/A
Reporting opic 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				0

	Section 07 - Practitioner Engagement										
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded				
		1. Develop Practitioners communication and engagement plan.	3/31/2016	N/A	Completed	Pass & Complete					



Print

Practitioner Engagement	•	2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	6/30/2016	N/A	Completed	Pass & Complete	N/A
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Practitioner							NI/A
Ingagement opic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
=		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
							N/A
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	



Save & Return

Print

Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Bronx Partners for Healthy Communities - Domain 1 Organizational AVs

Total 0

		Section	08 - Population I	Health Managen	nent		
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							IV/A
Health		2. Finalize PPS-wide bed reduction plan.	N/A	N/A	In Process	Pass & Ongoing	N/A
							N/A
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Population							N/A
Health Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	,



	Print			Bronx Part	tners for Healthy	/ Communities - Domain 1 Orga	nizatio
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							0

			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	Completed	Pass & Complete	N/A
Clinical							N/A N/A
Integration		2. Develop a Clinical Integration strategy.	3/31/2016	N/A	Completed	Pass & Complete	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	



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

### Save & Return

	Print			Bronx Part	tners for Healthy	/ Communities - Domain 1 Orgo	inizational AV				
Additional Clinical Integration Topic Areas											
		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A				
	•	IT Expectations	N/A	N/A	In Process	Pass & Ongoing					
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing					
	Total										



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

Save & Return

Print

AV Adjustment Scoresheet									
	AVs Per Total		Total AVs	Total AVs		Adjusted	Net A	NVs Awarded	
Adjustment	Project	Projects	Available	Net	Percentage		Net	Percentage AV	
	rioject	Selected	Available	Awarded	AV	AVS	Awarded	Percentage AV	
Organizational Adjustments (applied to all projects)	5.00	10.00	50.00	50.00	100%	0.00	50.00	100%	
Project Adjustments (applied to one project only)	Various	10.00	136.00	91.00	67%	0.00	91.00	67%	
Total			186.00	141.00	76%	0.00	141.00	76%	

Hid	e Reviewer Comments	Organizational	Project Adjustments					
	No AV Adjustments							
	Please note that there are no AV adjustments for Bronx Partners for Healthy Communities in DY2, Q1							



Print

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

Bronx Partners for Healthy Communities - Project 2.a.i

	Project Snapshot							
<b>Project Domain</b>	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	\$ 1,973,972
DY5, Q2 Payment Earned	\$ 551,232

	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%	138,178	138,178		
Domain 2	Domain 2 Pay for Performance (P4P	Complete	10.00	2.25	23%	93%	93%	1,835,794	413,054		
	Domain 2 Subtotal			7.25	48%	100%	100%	1,973,972	551,232		
	Total Complete			12.25	61%	100%	100%	1,973,972	551,232		

Total Project 2.a.i AVs Awarded: 12.25 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 Revie	wer Commer	it							



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

Bronx Partners for Healthy Communities - Project 2.a.i

### Print

Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A		
Enter Revie	wer Commen	nt					
Total							

	Domain 1 Project Prescribed Milestones - Project 2.a.i								
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded			
	1. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	3/31/2019	3/31/2019	Completed	Fail	0.00			
	Enter Revie	wer Commer	nt .						
	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 Revie	wer Commer	nt						
	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	Fail	N/A			



# Save & Return Print

	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	Fail	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.	3/31/2017	3/31/2017	Completed	Pass & Complete	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	Fail	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.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment								



Print

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	12/31/2016	12/31/2016	Completed	Pass & Complete	N/A		
Enter Reviewer Comment							
Total							

	Domain 2 Pay for Reporting		
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



Print

AV Driving	Domain 2 Pay for Performance  Measure	Reviewer Status	AVS
AV Driving	*****		A.v.ordod
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Fail	0
	Enter Reviewer Comment	F-11	
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Fail	0
	Enter Reviewer Comment	F 11	
	Adult Access to Preventive or Ambulatory Care - 65 and older	Fail	0
	Enter Reviewer Comment	- H	
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	Fail	0
	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)	Fail	0
	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 +/-	Pass & Ongoing	1
	Enter Reviewer Comment		
	PQI 90 – Composite of all measures +/-	Fail	0
	Enter Reviewer Comment		



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

Save & Return

Print

Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
Enter Reviewer Comment		
Primary Care - Usual Source of Care - Q4	Pass & Ongoing	0.5
Enter Reviewer Comment		-
Total		2.25



Print

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

Bronx Partners for Healthy Communities - 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 Snapshot	
DY5, Q2 Payment Available	\$ 1,589,504
DY5, Q2 Payment Earned	\$ 443,869

		2.a.iii Scores	heet												
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%	111,265	111,265						
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	2.25	23%	93%	93%	1,478,238	332,604						
Domain 2 Subtotal		15.00	7.25	48%	100%	100%	1,589,504	443,869							
	Total	Complete	20.00	12.25	61%	100%	100%	1,589,504	443,869						

Total Project 2.a.iii AVs Awarded: 12.25 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		Bron.	x Partners foi	Healthy Communities - P	roject 2.a.iii			
Enter Reviewer Comment								
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A			
Enter Revie	wer 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 2.a.iii						
AV Driving	AV 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	Fail	N/A	
	Enter Revie	wer Commen	t				
	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	



	Print		Bron	x Partners for	Healthy Communities - P	roject 2.a.iii		
	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	Fail	N/A		
	Enter Revie	wer 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 Revie	wer Commen	nt					
	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 Revie	wer Commen	rt					
•	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	Pass & Complete	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		



Print

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

Bronx Partners for Healthy Communities - Project 2.a.iii

Enter Reviewer Comment

Total 0.00

	Domain 2 Pay for Reporting		
<b>AV Driving</b>	Measure	Reviewer Status	Avarded
	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	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	Pass & Ongoing	1
	Enter Reviewer Comment		
	Total		5.00

	Domain 2 Pay for Performance		
<b>AV Driving</b>	Measure	Reviewer Status	AVS
	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	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
	Enter Reviewer Comment		



# Save & Return Print

Children la Assessata Britanana Cons. 25 magatha ta Consens	F-11	1 0
Children's Access to Primary Care- 25 months to 6 years	Fail	0
 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)	Fail	0
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 +/-	Pass & Ongoing	1
Enter Reviewer Comment	0 0	
 PQI 90 – Composite of all measures +/-	Fail	0
Enter Reviewer Comment		
Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
Enter Reviewer Comment	1 433 & 011501115	0.5
Primary Care - Usual Source of Care - Q4	Pass & Ongoing	0.5
Enter Reviewer Comment	i ass & Oligoling	0.5
		2.25
Total		2.25



Print

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

Bronx Partners for Healthy Communities - Project 2.b.iii

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

Payment Snapshot	
DY5, Q2 Payment Available	\$ 1,433,648
DY5, Q2 Payment Earned	\$ 400,346

	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)	Completed	5.00	5.00	100%	7%	7%	100,355	100,355			
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	2.25	23%	93%	93%	1,333,293	299,991			
Domain 2 Subtotal			15.00	7.25	48%	100%	100%	1,433,648	400,346			
	Total	Complete	20.00	12.25	61%	100%	100%	1,433,648	400,346			

Total Project 2.b.iii AVs Awarded: 12.25 out of 20

#### **Hide Reviewer Comments**

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

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

### Save & Return

Print		2.0	x r un en en e jo	reality communices	,		
Enter Reviewer Comment							
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A		
Enter Revi	ewer Commer	it					
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A		
Enter Reviewer Comment							
Total							

	Domain 1 Project Prescribed Milestones - Project 2.b.iii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded	
	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	Fail	N/A	
	Enter Reviewer Comment						



	Print		Bron	x Partners fo	r Healthy Communities - P	roject 2.b.iii
	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 Revie	wer Commen	rt			
	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 Revie	wer Commen	nt			
	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						0.00

	Domain 2 Pay for Reporting		
AV Driving	Measure	Reviewer Status	AVS
	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
	Enter Reviewer Comment		
	Medicaid spending on Primary Care and community based behavioral health care		1
	Enter Reviewer Comment		
	Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and	Pass & Ongoing	1



	Fint		
	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	Pass & Ongoing	1
	Enter Reviewer Comment		
Total			5.00

Domain 2 Pay for Performance					
<b>AV Driving</b>	Measure	Reviewer Status	AV3		
	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	Fail	0		
	Enter Reviewer Comment				
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25		
	Enter Reviewer Comment				
	Children's Access to Primary Care- 25 months to 6 years	Fail	0		
	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)	Fail	0		
	Enter Reviewer Comment				
	H-CAHPS – Care Transition Metrics	Fail	0		
	Enter Reviewer Comment				
	Potentially Avoidable Emergency Room Visits	Fail	0		



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

### Save & Return

Print Print Print Print				
	Enter Reviewer Comment			
	Potentially Avoidable Readmissions	Fail	0	
	Enter Reviewer Comment			
	PDI 90– Composite of all measures +/-	Pass & Ongoing	1	
	Enter Reviewer Comment			
	PQI 90 – Composite of all measures +/-	Fail	0	
	Enter Reviewer Comment			
	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5	
	Enter Reviewer Comment			
	Primary Care - Usual Source of Care - Q4	Pass & Ongoing	0.5	
	Enter Reviewer Comment			
Total				



Print

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

Bronx Partners for Healthy Communities - 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	\$ 1,452,504
DY5, Q2 Payment Earned	\$ 405,612

	2.b.iv 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)	Completed	5.00	5.00	100%	7%	7%	101,675	101,675
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	2.25	23%	93%	93%	1,350,829	303,936
Domain 2 Subtotal			15.00	7.25	48%	100%	100%	1,452,504	405,612
	Total	Complete	20.00	12.25	61%	100%	100%	1,452,504	405,612

Total Project 2.b.iv AVs Awarded: 12.25 out of 20

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 Print						
	Enter Reviewer Comment					
	Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	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.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.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
•	3. Ensure required social services participate in the project.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						



	Print		Bronz	x Partners foi	r Healthy Communities - P	roject 2.b.iv	
	4. Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	3/31/2017	3/31/2017	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						
<b>AV Driving</b>	Measure	Reviewer Status	Avs			
	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	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	Pass & Ongoing	1			



Print

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

Bronx Partners for Healthy Communities - Project 2.b.iv

Enter Reviewer Comment

Total 5.00

	Domain 2 Pay for Performance		
<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	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	Fail	0
	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)	Fail	0
	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 +/-	Pass & Ongoing	1



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

Save & Return  Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quart Bronx Partners for Healthy Communities - Project 2.			
Print	Bronx Partners for	· Healthy Communities - P	roject 2.b.iv
	Enter Reviewer Comment		
PQI 90 – Composite of all measures +/-		Fail	0
	Enter Reviewer Comment		
Primary Care - Length of Relationship - Q3		Pass & Ongoing	0.5
	Enter Reviewer Comment		
Primary Care - Usual Source of Care - Q4		Pass & Ongoing	0.5
	Enter Reviewer Comment		
	Total		2.25



Print

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

Bronx Partners for Healthy Communities - 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	\$ 1,307,924
DY5, Q2 Payment Earned	\$ 542,789

	3.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%	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)	Complete	10.00	10.00	100%	10%	10%	130,792	130,792
Domain 5	Domain 3 Pay for Performance	Complete	10.00	3.50	35%	90%	90%	1,177,132	411,996
	Domain 3 Subtotal				68%	100%	100%	1,307,924	542,789
Total Complete				18.50	74%	100%	100%	1,307,924	542,789

Total Project 3.a.i AVs Awarded: 18.5 out of 25

	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

Save	&	Return	

Print		Бю	nx Fulthers je	or Healthy Communities -	rioject 3.u.i		
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		

	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	Project Requirement and Metric/Deliverable  Required Committed Milestone Reviewer Status  Aware  Awa				
		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	Fail	N/A
		Enter Reviewer Comment					
		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	er Reviewer	Comment			



	Print			Broi	nx Partners fo	or Healthy Communities -	Project 3.a.i		
		3. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	3/31/2018	3/31/2018	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	Enter Reviewer Comment						
	•	5. Co-locate primary care services at behavioral health sites.	3/31/2018	3/31/2018	Completed	Fail	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		
		Enter Reviewer Comment							
		8. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
		En	ter Reviewer	Comment					
		9. Implement IMPACT Model at Primary Care Sites.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A		



	Print Print								
		Enter Reviewer Comment							
	•	10. Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
		En	ter Reviewer	Comment					
		11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
		Enter Reviewer Comment							
3.a.i Model 3		12. Designate a Psychiatrist meeting requirements of the IMPACT Model.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
		Enter Reviewer Comment							
		13. Measure outcomes as required in the IMPACT Model.	3/31/2018	3/31/2018	Completed	Fail	N/A		
		Enter Reviewer Comment							
		14. Provide "stepped care" as required by the IMPACT Model.	6/30/2017	6/30/2017	Completed	Pass & Complete	N/A		
		Enter Reviewer Comment							
		15. 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		



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

Bronx Partners for Healthy Communities - Project 3.a.i

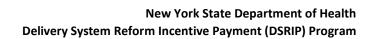
Print

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
	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 & Ongoin	og 0.5
Follow-up care for Children Prescribed ADHD Medications - Initiation Phase  Pass & Ongoin	ng 0.5
Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)  Pass & Ongoin	0.5
Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)  Pass & Ongoin	0.5
Screening for Clinical Depression and follow-up  Pass & Ongoin	1 1
Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ± Pass & Ongoin	g 1
Total	10.00

	Domain 3 Pay for Performance		
<b>AV Driving</b>	Measure	Reviewer Status	AVS
	Adherence to Antipsychotic Medications for People with Schizophrenia	Fail	0
	Antidepressant Medication Management - Effective Acute Phase Treatment	Pass & Ongoing	0.5





Print	,	•
Antidepressant Medication Management - Effective Continuation Phase Treatment	Fail	0
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Fail	0
	F 1	
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	Fail	0
Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5
Tollow-up care for children rescribed Abrib Medications - Continuation rinase	1 dos & Origonia	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
	D 00 :	
Screening for Clinical Depression and follow-up	Pass & Ongoing	1
Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Fail	0
Total		3.50



Print

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

Bronx Partners for Healthy Communities - 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	\$ 985,131
DY5, Q2 Payment Earned	\$ 415,163

	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%		0%				
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 3	Domain 3 Pay for Reporting (P4R)	Complete	7.00	7.00	100%	10%	10%	98,513	98,513			
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	7.00	2.50	36%	90%	90%	886,618	316,649			
Domain 3 Subtotal			14.00	9.50	68%	100%	100%	985,131	415,163			
	Total	Complete	19.00	14.50	76%	100%	100%	985,131	415,163			

Total Project 3.b.i AVs Awarded: 14.5 out of 19

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



Print		2.0		or recurry communices				
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.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

	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	wer 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 Reviewer Comment								



Print

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 Commer	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 Revie	wer Commer	nt						
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 Revie	wer Commer	ot						
17. Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
18. Adopt strategies from the Million Hearts Campaign.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			



Drint

/	PIIIIL							
	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 & Complete	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 - Instructions Easy to Understand	Pass & Ongoing	0.3333333		
	Health Literacy - Describing How to Follow Instructions	Pass & Ongoing	0.3333333		



Print

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)

Bronx Partners for Healthy Communities - Project 3.b.i

Print

Total 7.00

	Domain 3 Pay for Performance and Pay for Reporting		
<b>AV Driving</b>	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
	Chabin Theman for Dakington (the Conditionance of the Chabin Adhaman of Conditional of the Chabin Adhaman of Chabin	F-:1	
	Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%	Fail	0
	Controlling High Blood Pressure	Pass & Ongoing	1
	Controlling Filgh Blood Fressure	1 d33 & Oligonia	<u> </u>
	Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Fail	0
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Fail	0
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Fail	0
	Flu Shots for Adults Ages 18 – 64	Fail	0
	Health Dhanna, Jackovskiege Feer to Hadenskand	D 0 O	0.222222
	Health Literacy - Instructions Easy to Understand	Pass & Ongoing	0.3333333
	Health Literacy - Describing How to Follow Instructions	Pass & Ongoing	0.3333333
	Treatiff Literacy - Describing flow to Follow instructions	i ass & Oligoning	0.333333
	Health Literacy - Explained What to do if Illness Got Worse	Pass & Ongoing	0.3333333
	,		



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

2.50

Save & Return

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

Bronx Partners for Healthy Communities - Project 3.b.i

Print

Total



Print

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

Bronx Partners for Healthy Communities - Project 3.c.i

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

Payment Snapshot	
DY5, Q2 Payment Available	\$ 1,036,026
DY5, Q2 Payment Earned	\$ 725,218

	3.c.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%		6 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	6.00	6.00	100%	10%	10%	103,603	103,603					
Domain 3	Domain 3 Pay for Performance (P4P)	Complete	6.00	4.00	67%	90%	90%	932,423	621,615					
Domain 2 Subtotal		12.00	10.00	83%	100%	100%	1,036,026	725,218						
	Total	Complete	17.00	15.00	88%	100%	100%	1,036,026	725,218					

Total Project 3.c.i AVs Awarded: 15 out of 17

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



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



Print	вго	nx Partners J	or Healthy Communities -	Project 3.c.i						
Enter Reviewer Comme	Enter Reviewer Comment									
5. Ensure coordination with the Medicaid Managed Care organizations serving the target population.	3/31/2018	Completed	Pass & Complete	N/A						
Enter Reviewer Comme	nt									
6. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	Completed	Pass & Complete	N/A						
Enter Reviewer Comment										
7. Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	3/31/2018	Completed	Pass & Complete	N/A						
Enter Reviewer Comment										
Total				0.00						

	Domain 3 Pay for Performance and Pay for Reporting							
AV Driving	Measure	Reviewer Status	AVs Awarded					
	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) ±	Pass & Ongoing	1					
	Comprehensive Diabetes screening – All Three Tests (HbA1c, dilated eye exam, nephropathy monitor)	Pass & Ongoing	1					
	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1					



Print

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

Bronx Partners for Healthy Communities - Project 3.c.i

Print		
Health Literacy - Instructions Easy to Understand	Pass & Ongoing	0.3333333
Health Literacy - Describing How to Follow Instructions	Pass & Ongoing	0.3333333
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
Prevention Quality Indicator # 1 (DM Short term complication) ±	Pass & Ongoing	1
Total		6.00

### **Domain 3 Pay for Performance and Pay for Reporting**



Print

## Achievement Value (AV) Scorecard DY5, Q2 July 1, 2019 - September 30, 2019 (Payment Quarter) Bronx Partners for Healthy Communities - Project 3.c.i

#### AVS **AV Driving Reviewer Status** Measure Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit Fail 0 Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication Fail 0 Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies Fail 0 Flu Shots for Adults Ages 18 – 64 Fail 0 Health Literacy - Instructions Easy to Understand Pass & Ongoing 0.3333333 Health Literacy - Describing How to Follow Instructions Pass & Ongoing 0.3333333 Health Literacy - Explained What to do if Illness Got Worse Pass & Ongoing 0.3333333 Prevention Quality Indicator # 1 (DM Short term complication) ± Pass & Ongoing 1 Comprehensive Diabetes screening – All Three Tests Pass & Ongoing 1 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) ± Pass & Ongoing 1 Total 4.00



Print

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

Bronx Partners for Healthy Communities - Project 3.d.ii

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

Payment Snapshot	
DY5, Q2 Payment Available	\$ 1,058,352
DY5, Q2 Payment Earned	\$ 820,223

	3.d.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%	-	-				
	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	4.00	4.00	100%	10%	10%	105,835	105,835				
Domain 3	Domain 3 Pay for Performance (P4P)	Complete	4.00	3.00	75%	90%	90%	952,516	714,387				
Domain 2 Subtotal		8.00	7.00	88%	100%	100%	1,058,352	820,223					
	Total	Complete	13.00	12.00	92%	100%	100%	1,058,352	820,223				

Total Project 3.d.ii AVs Awarded: 12 out of 13

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



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



	Print		Bron	x Partners fo	or Healthy Communities - I	Project 3.d.ii	
•	4. Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Revie	wer Commer	nt .				
	5. Ensure coordinated care for asthma patients includes social services and support.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	6. Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	7. Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	8. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	Total					0.00	

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



Print Bronx Partners	for Healtny Communities - F	4roject 3.a.ii
Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1
Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Pass & Ongoing	0.5
Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Pass & Ongoing	0.5
Pediatric Quality Indicator # 14 Pediatric Asthma ±	Pass & Ongoing	1
Prevention Quality Indicator # 15 Younger Adult Asthma ±	Pass & Ongoing	1
Total		4.00

	Domain 3 Pay for Performance		
<b>AV Driving</b>	Measure	Reviewer Status	AVS
	Asthma Medication Ratio (5 – 64 Years)	Fail	0
	Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Pass & Ongoing	0.5
	Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Pass & Ongoing	0.5
	Pediatric Quality Indicator # 14 Pediatric Asthma ±	Pass & Ongoing	1
	Prevention Quality Indicator # 15 Younger Adult Asthma ±	Pass & Ongoing	1
	Total		3.00



Print

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

Bronx Partners for Healthy Communities - 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	\$ 748,099
DY5, Q2 Payment Earned	\$ 748,099

	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%				
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	11.00	11.00	100%	100%	100%	748,099	748,099
Domain 4	Domain 4 Pay for Performance (P4P)		N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal			11.00	100%	100%	100%	748,099	748,099
	Total	Complete	16.00	16.00	100%	100%	100%	748,099	748,099

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

	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	



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

Bronx Partners for Healthy Communities - Project 4.a.iii

Print Enter Reviewer Comment Pass & Ongoing Age-adjusted suicide death rate per 100,000 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

Save & Return

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

Bronx Partners for Healthy Communities - Project 4.a.iii

### Print

	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		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		11.00



Print

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

Bronx Partners for Healthy Communities - Project 4.c.ii

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

Payment Snapshot				
DY5, Q2 Payment Available	\$	710,694		
DY5, Q2 Payment Earned	\$	710,694		

4.c.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	Domain 1 Organizational	Complete	5.00	5.00	100%	0%	0%	-	
	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 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	100%	100%	710,694	710,694
	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal			11.00	100%	100%	100%	710,694	710,694
Total Complete		16.00	16.00	100%	100%	100%	710,694	710,694	

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

Domain 4 Pay for Performance and Pay for Reporting - Project 4.c.ii (all Milestones are P4R in DY2)					
AV Driving	Measure	Reviewer Status	AVs Awarded		
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1		



	Print	in rieutiny communities -	roject 4.cm		
	Enter Reviewer Comment				
	Newly diagnosed HIV case rate per 100,000	Pass & Ongoing	1		
	Enter Reviewer Comment				
	Newly diagnosed HIV case rate per 100,000—Difference in rates (Black and White) of new HIV diagnoses	Pass & Ongoing	1		
	Enter Reviewer Comment				
	Newly diagnosed HIV case rate per 100,000—Difference in rates (Hispanic and White) of new HIV diagnoses	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				



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

Save & Return

P.	Print			
	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			
Total				