

### Achievement Value (AV) Scorecard Nassau Queens Performing Provider System, LLC

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
2. Access Detailed Project Reports and return to AV Scorecard Overview	The AV Scorecard Overview tab is the landing page from which detailed project reports can be viewed. From the AV Scorecard Overview" click the relevant project button to access the project tab. From the project tab click "Save and Return" to access the AV Scorecard Overview	Project Link (click on the purple flink below to access each individual project report)  Domain I- Organizational (All Projects)  AV Adjustments (column 1)  2 a 3  2 a 11  2 a 11
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 Nassau Queens Performing Provider System, LLC

	PPS Information					
Quarter	DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)					
PPS	Nassau Queens Performing Provider System, LLC					
PPS Number	14					

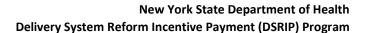
F	Achievement Value (AV) Scorecard Summary										
Project Link (click on the purple link below to access		AV I	Data		Payment Data						
each individual project report)	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	DY5, Q4 Payment Available	DY5, Q4 Payment Earned					
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00		nds are embedded oject's payment					
2.a.i	20.00	11.83	0.00	11.83	\$ 2,343,871	\$ 563,701					
2.b.ii	20.00	11.83	0.00	11.83	\$ 1,674,193	\$ 402,643					
2.b.iv	20.00	11.83	0.00	11.83	\$ 1,799,758	\$ 432,842					
2.b.vii	20.00	11.83	0.00	11.83	\$ 1,716,048	\$ 412,710					
2.d.i	13.00	11.37	0.00	11.37	\$ 1,796,084	\$ 1,115,413					
3.a.i	25.00	18.50	0.00	18.50	\$ 1,617,833	\$ 671,401					
3.a.ii	25.00	18.50	0.00	18.50	\$ 1,548,629	\$ 642,681					
3.b.i	19.00	13.33	0.00	13.33	\$ 1,221,117	\$ 331,446					
3.c.i	17.00	14.33	0.00	14.33	\$ 1,255,645	\$ 753,387					



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Achievement Value (AV) Scorecard Nassau Queens Performing Provider System, LLC

Total	217.00	161.37	0.00	161.37	\$ 16,772,936	\$ 7,125,982
AV Adjustments (Column F)						
4.b.i	22.00	22.00	0.00	22.00	\$ 962,661	\$ 962,661
4.a.iii	16.00	16.00	0.00	16.00	\$ 837,097	\$ 837,097





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Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Nassau Queens Performing Provider System, LLC - Domain 1 Organizational AVs

Do	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 Awa		
Workforce Strategy Budget Updates		Workforce Strategy Spending (Baseline)	Ongoing	N/A	Completed	Pass & Complete			



	Define target workforce state (in line	N/A	N/A	In Process	Pass & Ongoing
	with DSRIP program's goals)				
	Create a workforce transition roadmap for achieving defined target workforce	12/31/2016	N/A	Completed	Pass & Complete
			I	1	
Additional Workforce Strategy	3. Perform detailed gap analysis between current state assessment of workforce and projected future state	12/31/2016	N/A	Completed	Pass & Complete
Budget Updates					
(non AV- driving)	4. Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and	6/30/2016	N/A	Completed	Pass & Complete
	partial placements				
	5. Develop training strategy	N/A	N/A	In Process	Pass & Ongoing
	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing



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	•	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
dditional	•	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Workforce Strategy Topic Areas	•	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N
	•	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				

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



	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	9/30/2015	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					



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



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	9. Inclusion of CBOs in PPS Implementation	N/A	N/A	Completed	Pass & Complete	
	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	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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	PIIII						
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Financial							N/
Stability Topic 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 Competency & Health Literacy									
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded			
		1. Finalize cultural competency / health literacy strategy.	12/31/2015	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			



	Major Risks to Implementation & Risk	N/A	N/A	In Process	Pass & Ongoing	
_	Mitigation Strategies	19/75	14/ 1	III I TOCCSS	1 dos & origonig	
	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
-						
Additional Cultural	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Competency /Health						N/A
Literacy Topic Areas	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
. op.or cac						
	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).	3/31/2016	N/A	Complete	Pass & Complete	
		Develop an IT Change Management     Strategy.	9/30/2016	N/A	Complete	Pass & Complete	
T Systems ——and Processes							
		3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	3/31/2017	N/A	Complete	Pass & Complete	N/A
		4. Develop a specific plan for engaging attributed members in Qualifying Entities	12/31/2017	N/A	Complete	Pass & Complete	
		5. Develop a data security and confidentiality plan.	9/30/2016	N/A	Complete	Pass & Complete	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	



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Additional							
IT Systems and		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	N/A
Processes  Topic Areas							N/A
TOPIC ATEAS		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				0

	Section 06 - Performance Reporting									
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded			
		Establish reporting structure for PPS-wide performance reporting and communication.	12/31/2016	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.	12/31/2016	N/A	Completed	Pass & Complete	N/A			



		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	
		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	ocess AV		Required Due	<b>Committed Due</b>	Milestone	Reviewer Status	AN/ Asserted				
Measure	Driving	Milestone	Date	Date	Status	Reviewer Status	AV Awarded				
		1. Develop Practitioners communication and engagement plan.	6/30/2016	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.	3/31/2017	N/A	Completed	Pass & Complete	N/A
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
Additional Practitioner Engagement 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	



Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Nassau Queens Performing Provider System, LLC - 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.	3/31/2016	N/A	Complete	Pass & Complete	N/A		
Population 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	14/1		



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

			Section 09 - 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'.	6/30/2016	N/A	Completed	Pass & Complete	N/A
Clinical							N/A
Integration	•	2. Develop a Clinical Integration strategy.	9/30/2016	N/A	Completed	Pass & Complete	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	



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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											



Save & Return

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AV Adjustment Scoresheet									
	AVs Per	Total	Total Total AVs		Awarded	Adjusted	Net A	NVs Awarded	
Adjustment	Project	Projects	Available	Net	Percentage		Net	Percentage AV	
	Project	Selected	Available	Awarded	AV	Avs	Awarded	reiteiltage Av	
Organizational Adjustments (applied to all projects)	5.00	11.00	55.00	55.00	100%	0.00	55.00	100%	
Project Adjustments (applied to one project only)	Various	11.00	162.00	106.37	66%	0.00	106.37	66%	
Total				161.37	74%	0.00	161.37	74%	

Hid	le Reviewer Comments	Organizational	Project Adjustments						
	No AV Adjustments								
	Please note that there are no AV adjustments for Nassau Queens Performing Provider System, LLC in DY2, Q1								



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Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - 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, Q4 Payment Available	\$ 2,343,871
DY5, Q4 Payment Earned	\$ 563,701

	2.a.i Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q4)	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%	164,071	164,071	
Domain 2	Domain 2 Pay for Performance (P4P	Complete	10.00	1.83	18%	93%	93%	2,179,800	399,630	
	Domain 2 Subtotal			6.83	46%	100%	100%	2,343,871	563,701	
	Total Complete			11.83	59%	100%	100%	2,343,871	563,701	

Total Project 2.a.i AVs Awarded: 11.83 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	nt							



Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A		
Enter Revie	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;	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
	additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	, ,	, ,	·	·	·			
	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 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	Fail	N/A			



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



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	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A	
Enter Reviewer Comment						
Total						

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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Adult Access to Preventive or Ambulatory Care - 20 to 44 years  Enter Reviewer Comment  Adult Access to Preventive or Ambulatory Care - 45 to 64 years  Enter Reviewer Comment  Adult Access to Preventive or Ambulatory Care - 65 and older  Enter Reviewer Comment  CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers  Enter Reviewer Comment  Children's Access to Primary Care- 12 to 24 months  Enter Reviewer Comment  Children's Access to Primary Care- 25 months to 6 years  Enter Reviewer Comment  Children's Access to Primary Care- 7 to 11 years  Children's Access to Primary Care- 12 to 19 years  Children's Access to Primary Care- 12 to 19 years  Enter Reviewer Comment  Children's Access to Primary Care- 12 to 19 years  Pass & Ongoing  O.2  Enter Reviewer Comment  Children's Access to Primary Care- 10 to 11 years  Enter Reviewer Comment  Children's Access to Primary Care- 12 to 19 years  Pass & Ongoing  O.2  Enter Reviewer Comment  Enter Reviewer Comment  Potentially Appointments, Care and information (Q6, 8, 10, and 12)  Enter Reviewer Comment  Potentially Avoidable Emergency Room Visits  Enter Reviewer Comment  Potentially Avoidable Readmissions  Enter Reviewer Comment  Enter Reviewer Comment  Potentially Avoidable Readmissions  Enter Reviewer Comment  Potentially Avoidable Readmissions  Enter Reviewer Comment  Fail 0  Enter Reviewer Comment		Domain 2 Pay for Performance - Project 2.a.i		AVS
Adult Access to Preventive or Ambulatory Care - 45 to 64 years  Enter Reviewer Comment  Adult Access to Preventive or Ambulatory Care - 65 and older  Enter Reviewer Comment  Adult Access to Preventive or Ambulatory Care - 65 and older  Enter Reviewer Comment  CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers  Enter Reviewer Comment  Children's Access to Primary Care - 12 to 24 months  Enter Reviewer Comment  Children's Access to Primary Care - 25 months to 6 years  Enter Reviewer Comment  Children's Access to Primary Care - 7 to 11 years  Enter Reviewer Comment  Children's Access to Primary Care - 12 to 19 years  Enter Reviewer Comment  Children's Access to Primary Care - 12 to 19 years  Enter Reviewer Comment  Children's Access to Primary Care - 12 to 19 years  Enter Reviewer Comment  H-CAHPS - Care Transition Metrics  Enter Reviewer Comment  Potentially Avoidable Emergency Room Visits  Enter Reviewer Comment  Potentially Avoidable Readmissions  Enter Reviewer Comment  Fail 0  Potentially Avoidable Readmissions  Enter Reviewer Comment  Fail 0  Potentially Avoidable Readmissions  Enter Reviewer Comment  Fail 0  Potentially Avoidable Readmissions  Fail 0	AV Driving	Measure	Reviewer Status	Avardad
Adult Access to Preventive or Ambulatory Care - 45 to 64 years  Enter Reviewer Comment  Adult Access to Preventive or Ambulatory Care - 65 and older  CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers  Enter Reviewer Comment  Children's Access to Primary Care - 12 to 24 months  Enter Reviewer Comment  Children's Access to Primary Care - 25 months to 6 years  Enter Reviewer Comment  Children's Access to Primary Care - 25 months to 6 years  Enter Reviewer Comment  Children's Access to Primary Care - 7 to 11 years  Enter Reviewer Comment  Children's Access to Primary Care - 12 to 19 years  Enter Reviewer Comment  Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)  Enter Reviewer Comment  H-CAHPS - Care Transition Metrics  Enter Reviewer Comment  Potentially Avoidable Emergency Room Visits  Enter Reviewer Comment  Potentially Avoidable Readmissions  Enter Reviewer Comment  Potentially Avoidable Readmissions  Enter Reviewer Comment  Potentially Avoidable Readmissions  Enter Reviewer Comment  POI 90 - Composite of all measures +/-  Fail 0  Enter Reviewer Comment  POI 90 - Composite of all measures +/-  Fail 0  POI 90 - Composite of all measures +/-  Fail 0  Fail 0		Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Fail	0
Adult Access to Preventive or Ambulatory Care - 65 and older  CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers  Enter Reviewer Comment  Children's Access to Primary Care- 12 to 24 months  Enter Reviewer Comment  Children's Access to Primary Care- 25 months to 6 years  Children's Access to Primary Care- 25 months to 6 years  Enter Reviewer Comment  Children's Access to Primary Care- 7 to 11 years  Enter Reviewer Comment  Children's Access to Primary Care- 12 to 19 years  Fail 0  Children's Access to Primary Care- 12 to 19 years  Enter Reviewer Comment  Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)  Enter Reviewer Comment  H-CAHPS - Care Transition Metrics  Enter Reviewer Comment  Potentially Avoidable Emergency Room Visits  Enter Reviewer Comment  Potentially Avoidable Readmissions  Enter Reviewer Comment  POI 90 - Composite of all measures +/-  Fail 0  Enter Reviewer Comment  POI 90 - Composite of all measures +/-  Fail 0  Enter Reviewer Comment  POI 90 - Composite of all measures +/-  Fail 0		Enter Reviewer Comment		
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Children's Access to Primary Care- 25 months to 6 years  Enter Reviewer Comment  Children's Access to Primary Care- 7 to 11 years  Enter Reviewer Comment  Children's Access to Primary Care- 12 to 19 years  Enter Reviewer Comment  Children's Access to Primary Care- 12 to 19 years  Enter Reviewer Comment  Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)  Enter Reviewer Comment  H-CAHPS — Care Transition Metrics  Enter Reviewer Comment  Potentially Avoidable Emergency Room Visits  Enter Reviewer Comment  Potentially Avoidable Readmissions  Enter Reviewer Comment  Potentially Avoidable Readmissions  Enter Reviewer Comment  POI 90 — Composite of all measures +/-  Enter Reviewer Comment  Fail 0  Enter Reviewer Comment  Fail 0  Enter Reviewer Comment  Fail 0		Enter Reviewer Comment		
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H-CAHPS — Care Transition Metrics  Enter Reviewer Comment  Enter Reviewer Comment  Potentially Avoidable Emergency Room Visits  Enter Reviewer Comment  Potentially Avoidable Readmissions  Fail  Potentially Avoidable Readmissions  Enter Reviewer Comment  PDI 90— Composite of all measures +/-  Enter Reviewer Comment  PQI 90— Composite of all measures +/-  Fail  O  Enter Reviewer Comment  Fail  O		Enter Reviewer Comment		
H-CAHPS – Care Transition Metrics  Enter Reviewer Comment  Potentially Avoidable Emergency Room Visits  Enter Reviewer Comment  Potentially Avoidable Readmissions  Fail  Potentially Avoidable Readmissions  Enter Reviewer Comment  PDI 90 – Composite of all measures +/-  Fail  PQI 90 – Composite of all measures +/-  Fail  O  Enter Reviewer Comment  Fail  O		Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Fail	0
Potentially Avoidable Emergency Room Visits  Enter Reviewer Comment  Enter Reviewer Comment  Potentially Avoidable Readmissions  Enter Reviewer Comment  PDI 90- Composite of all measures +/-  PQI 90 - Composite of all measures +/-  Fail  O  Enter Reviewer Comment  Fail  O  Fail  O		Enter Reviewer Comment		
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PDI 90- Composite of all measures +/-  PQI 90 - Composite of all measures +/-  PQI 90 - Composite of all measures +/-  Fail 0		Enter Reviewer Comment		
PDI 90- Composite of all measures +/-  Enter Reviewer Comment  PQI 90 - Composite of all measures +/-  Fail 0		Potentially Avoidable Readmissions	Fail	0
PQI 90 – Composite of all measures +/-  Fail 0		Enter Reviewer Comment		
PQI 90 – Composite of all measures +/-		PDI 90– Composite of all measures +/-	Fail	0
		Enter Reviewer Comment		
Enter Reviewer Comment		PQI 90 – Composite of all measures +/-	Fail	0
		Enter Reviewer Comment		



Save & Return

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Primary Care - Length of Relationship - Q3	Fail	0				
Enter Reviewer Comment						
Primary Care - Usual Source of Care - Q2	Fail	0				
Enter Reviewer Comment						
Total						



Print

Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 2.b.ii

	Project Snapshot							
<b>Project Domain</b>	System Transformation Projects (Domain 2)							
Project ID	2.b.ii							
Project Title	Development of Co-Located Primary Care Services in the Emergency Department							

Payment Snapshot	
DY5, Q4 Payment Available	\$ 1,674,193
DY5, Q4 Payment Earned	\$ 402,643

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q4)	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%	117,194	117,194
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	1.83	18%	93%	93%	1,557,000	285,450
	Domain 2 Subtotal		15.00	6.83	46%	100%	100%	1,674,193	402,643
Total Complete		20.00	11.83	59%	100%	100%	1,674,193	402,643	

Total Project 2.b.ii AVs Awarded: 11.83 out of 20

### **Hide Reviewer Comments**

Domain 1 Project Milestones - Project 2.b.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 Nassau Queens Performing Provider System, LLC - Project 2.b.ii								
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								

	Domain 1 Project Prescribed Milestones - Project 2.b.ii								
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded			
•	1. Ensure appropriate location of the co-located primary care services in the ED to be located on the same campus of the hospital. All relocated PCMH practices will meet NCQA 2014 Level 3 PCMH standards and/or APCM within 2 years after relocation.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment								
•	2. Ensure that new participating PCPs will meet NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. At start up, the participating PCPs must have open access scheduling extended hours, and have EHR capability that is interoperable with the ED.	3/31/2018	3/31/2018	Completed	Fail	N/A			
	Enter Reviewer Comment								
	3. Develop care management protocols for medical screening and PCP referral in compliance with EMTALA standards.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			



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Enter Reviewer Comment								
4. Ensure utilization of EHR that supports secure notification/messaging and sharing of medical records between participating local health providers, and meets Meaningful Use Stage 2 CMS requirements.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
Enter Revie	wer Commer	nt						
5. Establish protocols and training for care coordinators to assist patients in understanding use of the health system, and to promote self-management and knowledge on appropriate care.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Revie	wer Commer	nt						
6. Implement a comprehensive payment and billing strategy. (The PCP may only bill usual primary care billing codes and not emergency billing codes.)	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
7. Develop protocols for connectivity to the assigned health plan PCP and real-time notification to the Health Home care manager as applicable.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
8. Utilize culturally competent community based organizations to raise community awareness of alternatives to the emergency room.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Revie	wer Commer	nt						
9. Implement open access scheduling in all primary care practices.	3/31/2018	3/31/2018	Completed	Fail	N/A			
Enter Reviewer Comment								
10. 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			

0.00



Save & Return

Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 2.b.ii

Print

Enter Reviewer Comment

Total

	Domain 2 Pay for Reporting - Project 2.b.ii		
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, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 2.b.ii

### Print

	Domain 2 Pay for Performance - Project 2.b.ii		
<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	Pass & Ongoing	0.3333333
	Enter Reviewer Comment		
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	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	Pass & Ongoing	0.25
	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 +/-	Fail	0
	Enter Reviewer Comment		
	PQI 90 – Composite of all measures +/-	Fail	0
	Enter Reviewer Comment		



Save & Return	

Primary Care - Length of Relationship - Q3	Fail	0			
Enter Reviewer Comment					
Primary Care - Usual Source of Care - Q2	Fail	0			
Enter Reviewer Comment					
Total		1.83			



Print

Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 2.b.iv

Project Snapshot					
Project Domain   System Transformation Projects (Domain 2)					
Project ID	2.b.iv				
Project Title	Care transitions intervention patients with a care transition plan developed prior to discharge.				

Payment Snapshot	
DY5, Q4 Payment Available	\$ 1,799,758
DY5, Q4 Payment Earned	\$ 432,842

	2.b.iv Scoresheet											
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q4)	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 2	Domain 2 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	7%	7%	125,983	125,983			
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	1.83	18%	93%	93%	1,673,775	306,859			
Domain 2 Subtotal		15.00	6.83	46%	100%	100%	1,799,758	432,842				
Total Complete		20.00	11.83	59%	100%	100%	1,799,758	432,842				

Total Project 2.b.iv AVs Awarded: 11.83 out of 20

### **Hide Reviewer Comments**

Domain 1 Project Milestones - Project 2.b.iv								
AV Driving	g 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		



Print Vassau Queens Performing Provider System, LLC - 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	ilestones - 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	Fail	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	Fail	N/A	
	Enter Revie	wer Commen	rt				
	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							

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					



	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	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	Pass & Ongoing	0.3333333			
	Enter Reviewer Comment					
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1			
	Enter Reviewer Comment					
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25			
	Enter Reviewer Comment					
	Children's Access to Primary Care- 25 months to 6 years	Fail	0			
	Enter Reviewer Comment					

#### Save & Return

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	Pass & Ongoing	0.25
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 +/-	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	Fail	0
Enter Reviewer Comment		
Total		1.83



Print

Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

lassau Queens Performing Provider System, LLC - Project 2.b.vii

	Project Snapshot				
Project Domain   System Transformation Projects (Domain 2)					
Project ID	2.b.vii				
Project Title	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)				

Payment Snapshot	
DY5, Q4 Payment Available	\$ 1,716,048
DY5, Q4 Payment Earned	\$ 412,710

	2.b.vii Scoresheet								
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q4)	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%	120,123	120,123
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	1.83	18%	93%	93%	1,595,925	292,586
	Domain 2 Subtotal		15.00	6.83	46%	100%	100%	1,716,048	412,710
	Total	Complete	20.00	11.83	59%	100%	100%	1,716,048	412,710

Total Project 2.b.vii AVs Awarded: 11.83 out of 20

#### **Hide Reviewer Comments**

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



	Print					
	Enter Reviewer Comment					
	Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	0.00
Enter Reviewer Comment						
	Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	0
Enter Reviewer Comment						
Total					0.00	

	Domain 1 Project Prescribed Milestones - Project 2.b.vii							
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	<ol> <li>Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.</li> </ol>	3/31/2018	3/31/2018	Completed	Pass & Ongoing	N/A		
	Enter Reviewer Comment							
	2. Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
	Enter Reviewer Comment							
	3. Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
	Enter Reviewer Comment							
	4. Educate all staff on care pathways and INTERACT principles.	3/31/2018	3/31/2018	Completed	Pass & Ongoing	N/A		



Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

lassau Queens Performing Provider System, LLC - Project 2.b.vii

Print		lassau Queei	ns Performing	g Provider System, LLC - Pr	oject 2.b.vii	
Enter Revie	wer Commer	nt				
5. Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
Enter Revie	wer Commer	nt				
6. Create coaching program to facilitate and support implementation.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
Enter Revie	wer Commer	nt				
7. Educate patient and family/caretakers, to facilitate participation in planning of care.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
Enter Reviewer Comment						
8. Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	3/31/2018	3/31/2018	Completed	Fail	N/A	
Enter Reviewer Comment						
9. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	3/31/2018	3/31/2018	Completed	Pass & Ongoing	N/A	
Enter Reviewer Comment						
10. 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.vii



Print

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			

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



Print Print	ing Provider System, LLC -	Project 2.b.vii
Enter Reviewer Comment		
Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333
Enter Reviewer Comment		
CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
Enter Reviewer Comment		
Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
Enter Reviewer Comment		
Children's Access to Primary Care- 25 months to 6 years	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	Pass & Ongoing	0.25
Enter Reviewer Comment	<u>'</u>	
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	<u> </u>	
Potentially Avoidable Emergency Room Visits	Fail	0
Enter Reviewer Comment	<u> </u>	
Potentially Avoidable Readmissions	Fail	0
Enter Reviewer Comment	<u>'</u>	
PDI 90– Composite of all measures +/-	Fail	0
Enter Reviewer Comment		
PQI 90 – Composite of all measures +/-	Fail	0
Enter Reviewer Comment	<u> </u>	
Primary Care - Length of Relationship - Q3	Fail	0
Enter Reviewer Comment		
Primary Care - Usual Source of Care - Q2	Fail	0
Enter Reviewer Comment		
Total		1.83



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Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 2.d.i

	Project Snapshot				
Project Domain   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, Q4 Payment Available	\$ 1,796,084
DY5, Q4 Payment Earned	\$ 1,115,413

	2.d.i Scoresheet												
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q4)	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%	-	-			
	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%	125,726	125,726				
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	4.00	2.37	59%	93%	93%	1,670,358	989,687				
Domain 2 Subtotal			8.00	6.37	80%	100%	100%	1,796,084	1,115,413				
	Total	Complete	13.00	11.37	87%	100%	100%	1,796,084	1,115,413				

Total Project 2.d.i AVs Awarded: 11.37 out of 13

#### **Hide Reviewer Comments**

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



Print Nassau Queens Performing Provider System, LLC - Project 2.d.1						
	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					

	Domain 1 Project Prescribed Milestones - Project 2.d.i						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded	
	1. Contract or partner with community-based organizations (CBOs) to engage target populations using PAM® and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	2. Establish a PPS-wide training team, comprised of members with training in PAM® and expertise in patient activation and engagement.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	3. Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						



Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 2.d.i

#### Print 4. Survey the targeted population about healthcare needs in the PPS' 3/31/2017 3/31/2017 | Completed Pass & Complete N/A region. Enter Reviewer Comment 5. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health Pass & Complete 3/31/2018 | 3/31/2018 | Completed N/A literacy, and cultural competency. Enter Reviewer Comment 6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to Pass & Complete N/A 3/31/2017 | 3/31/2017 | Completed his/her designated PCP (see outcome measurements in #10). 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 | 3/31/2018 | 3/31/2018 | Completed Pass & Complete N/A improvement, must be set for each cohort at the beginning of each performance period. Enter Reviewer Comment 8. Include beneficiaries in development team to promote preventive Pass & Complete 3/31/2017 3/31/2017 Completed N/A care. Enter Reviewer Comment 9. Measure PAM® components 3/31/2018 | 3/31/2018 | Completed Fail N/A Enter Reviewer Comment 10. Increase the volume of non-emergent (primary, behavioral, dental) 3/31/2018 | 3/31/2018 | Completed Fail N/A care provided to UI, NU, and LU persons.



Print		Nassau Que	ens Performi	ng Provider System, LLC - I	Project 2.d.i	
Enter Reviewer Comment						
11. Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A	
Enter Revie	wer Commer	t				
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	t				
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)	Pass & Ongoing	0.25
	Enter Reviewer Comment		
	C&G CAHPS by PPS for uninsured- How well providers (or doctors) communicate with patients	Fail	0
	Enter Reviewer Comment		
	C&G CAHPS by PPS for uninsured- Helpful, courteous, and respectful office staff	Pass & Ongoing	0.25
	Enter Reviewer Comment		
	ED use by uninsured	Fail	0
	Enter Reviewer Comment		
	PAM Level	Pass & Ongoing	0.62
	Enter Reviewer Comment		
	Use of primary and preventive care services Percent of attributed Medicaid members with no claims history for	Pass & Ongoing	1
	Enter Reviewer Comment		
	Total		2.37



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Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 3.a.i

Project Snapshot					
<b>Project Domain</b>	Clinical Improvement Projects (Domain 3)				
Project ID	3.a.i				
Project Title	Integration of primary care and behavioral health services				

Payment Snapshot	
DY5, Q4 Payment Available	\$ 1,617,833
DY5, Q4 Payment Earned	\$ 671,401

	3.a.i Scoresheet								
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q4)	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%	161,783	161,783
Domain 5	Domain 3 Pay for Performance	Complete	10.00	3.50	35%	90%	90%	1,456,050	509,618
	Domain 3 Subtotal				68%	100%	100%	1,617,833	671,401
	Total	Complete	25.00	18.50	74%	100%	100%	1,617,833	671,401

Total Project 3.a.i AVs Awarded: 18.5 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	

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SAVE	K RATIII	4 6
Jave	a netai	

Print Nassau Queens Performing Provider System, LLC - Project								
	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.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	Fail	N/A	
		Ent	er 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		Enter Reviewer Comment						



Print Print							
		3. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	3/31/2018	3/31/2018	Completed	Fail	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	Fail	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



Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - 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				
	Follow-up after hospitalization for Mental Illness - within 7 days	Pass & Ongoing	0.5				
	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5				
	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5				
	Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Pass & Ongoing	0.5				
	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Pass & Ongoing	0.5				
	Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Pass & Ongoing	1				

10.00



Save & Return

Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 3.a.i

Print	Nussuu Queens renjonni	ing Frovider System, LLC - I	r roject 3.u.i
Screening for Clinical Depres	sion and follow-up	Pass & Ongoing	1

Total

	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	Pass & Ongoing	0.5				
	Antidepressant Medication Management - Effective Continuation Phase Treatment	Fail	0				
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Fail	0				
		- 11	_				
	Diabetes Monitoring for People with Diabetes and Schizophrenia	Fail	0				
	Dish star Consultant for Donale with Cobinsulation Birelan Birelan Bireland and Italian Antion what is Madisation	F-11					
	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	Pass & Ongoing	0.5				
	Tollow-up after hospitalization for Mental liness - within 50 days	1 ass & Oligonia	0.5				
	Follow-up after hospitalization for Mental Illness - within 7 days	Pass & Ongoing	0.5				
	Total aparter respitation for montal minors and		0.5				
	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Fail	0				
	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Fail	0				
	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				



Save & Return

Print Print	ng Provider System, LLC -	rroject 3.u.i
Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Fail	0
Screening for Clinical Depression and follow-up	Pass & Ongoing	1
Total		3.50



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Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - 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, Q4 Payment Available	\$	1,548,629		
DY5, Q4 Payment Earned	\$	642,681		

	3.a.ii Scoresheet												
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q4)	Payment Available (\$)	Net Payment Earned (\$)				
	Domain 1 Organizational	Complete	5.00	5.00	100%	0% 0%	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%	154,863	154,863				
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	10.00	3.50	35%	90%	90%	1,393,766	487,818				
Domain 2 Subtotal			20.00	13.50	68%	100%	100%	1,548,629	642,681				
Total Complete		25.00	18.50	74%	100%	100%	1,548,629	642,681					

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

#### **Hide Reviewer Comments**

	Domain 1 Project Milestones - Project 3.a.ii						
AV [	Oriving	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		Nassau Que	ens Performir	ng Provider System, LLC - I	∘roject 3.a.ii		
Enter Revie	ewer Commen	t					
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.a.ii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded	
	1. Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	2. Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	4. Develop written treatment protocols with consensus from participating providers and facilities.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	



	Print							
	Enter Revie	wer Commen	t					
	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	Fail	N/A		
	Enter Reviewer Comment							
	9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A		
	Enter Reviewer Comment							
	10. Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		



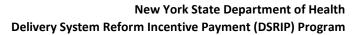
Print		Nassau Que	ens Performii	ng Provider System, LLC - I	roject 3.a.ii
Enter Reviewer Comment					
11. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
Enter Reviewer Comment					
Total					0.00

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



Print

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





Save & Return

Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 3.a.ii

Screening for Clinical Depression and follow-up

Pass & Ongoing 1

Total

10.00

	Domain 3 Pay for Performance		
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	Fail	0
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Fail	0



Print		
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	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	Fail	0
Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Fail	0
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
Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Fail	0
	Diabetes Monitoring for People with Diabetes and Schizophrenia  Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication  Follow-up after hospitalization for Mental Illness - within 30 days  Follow-up after hospitalization for Mental Illness - within 7 days  Follow-up care for Children Prescribed ADHD Medications - Continuation Phase  Follow-up care for Children Prescribed ADHD Medications - Initiation Phase  Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)  Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Diabetes Monitoring for People with Diabetes and Schizophrenia  Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication  Fail  Follow-up after hospitalization for Mental Illness - within 30 days  Pass & Ongoing  Follow-up after hospitalization for Mental Illness - within 7 days  Pass & Ongoing  Follow-up care for Children Prescribed ADHD Medications - Continuation Phase  Fail  Follow-up care for Children Prescribed ADHD Medications - Initiation Phase  Fail  Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)  Fail  Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)  Fail



Save & Return  Print		Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment C Nassau Queens Performing Provider System, LLC - Proje				
	Screening for Clinical Depression and follow-up		Pass & Ongoing	1		
		Total		3 50		



Print

Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 3.b.i

	Project Snapshot					
<b>Project Domain</b>	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, Q4 Payment Available	\$ 1,221,117
DY5, Q4 Payment Earned	\$ 331,446

	3.b.i Scoresheet										
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q4)	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%	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%	122,112	122,112		
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	7.00	1.33	19%	90%	90%	1,099,006	209,334		
Domain 2 Subtotal			14.00	8.33	60%	100%	100%	1,221,117	331,446		
Total Complete		19.00	13.33	70%	100%	100%	1,221,117	331,446			

Total Project 3.b.i AVs Awarded: 13.33 out of 19

#### **Hide Reviewer Comments**

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



Print Nassau Queens Performing Provider System, LLC - Project 3.b.i							
Enter Reviewer Comment							
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A		
Enter Revie	ewer Commen	t					
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A		
Enter Reviewer Comment							
Total 0.0							

	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 & Ongoing	N/A			
	Enter Revie	wer Commen	nt						
	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	Fail	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	Fail	N/A			
	Enter Reviewer Comment								



	Print				<b>3 ,</b> ,	.,
	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 & Ongoing	N/A
	Enter Revie	ewer 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 Revie	ewer Commer	nt			
•	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 Revie	ewer Commer	nt			
	8. Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	3/31/2018	3/31/2018	Completed	Pass & Ongoing	N/A
	Enter Revie	ewer Commer	nt			
	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 Revie	ewer Commer	nt			
	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 & Ongoing	N/A
	Enter Revie	ewer Commer	nt			



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



Print			wassau Que	ens Perjormi	ng Provider System, LLC -	Project 3.b.i	
Enter Reviewer Comment							
	he Medicaid Managed Care organizations on to coordinate services under this project.	3/31/2018	3/31/2018	Completed	Pass & Ongoing	N/A	
Enter Reviewer Comment							
20. Engage a majority (at leaproject.	st 80%) of primary care providers in this	3/31/2017	3/31/2017	Completed	Fail	N/A	
Enter Reviewer Comment							
	Total					0.00	

	Domain 3 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			
	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			



Print Nassau Queens Performi	ng Provider System, LLC - I	Project 3.b.i
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
Total		7.00

	Domain 3 Pay for Performance					
<b>AV Driving</b>	Measure	Reviewer Status	AVS			
	Controlling High Blood Pressure	Pass & Ongoing	1			
	Flu Shots for Adults Ages 18 – 64	Fail	0			
	Health Literacy - Instructions Easy to Understand	Fail	0			
	Health Literacy - Describing How to Follow Instructions	Fail	0			
	Health Literacy - Explained What to do if Illness Got Worse	Fail	0			
	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	Fail	0			
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Fail	0			
	Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy	Fail	0			



Save & Return	Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)
Drint	Nassau Queens Performing Provider System, LLC - Project 3.b.i

Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%	Fail	0
Prevention Quality Indicator # 8 (Heart Failure) ±	Fail	0
rievention Quality mulcator # 6 (neart randle) ±	FdII	U
Prevention Quality Indicator # 7 (HTN) ±	Fail	0
Total		1.33



Print

Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 3.c.i

Project Snapshot				
<b>Project Domain</b>	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, Q4 Payment Available	\$ 1,255,645
DY5, Q4 Payment Earned	\$ 753,387

3.c.i Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q4)	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	6.00	6.00	100%	10%	10%	125,564	125,564
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	6.00	3.33	56%	90%	90%	1,130,080	627,822
	Domain 2 Subtotal			9.33	78%	100%	100%	1,255,645	753,387
	Total	Complete	17.00	14.33	84%	100%	100%	1,255,645	753,387

Total Project 3.c.i AVs Awarded: 14.33 out of 17

#### **Hide Reviewer Comments**

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



Print Nassau Queens Performing Provider System, LLC - Project 3.c.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					0.00		

Domain 1 Project Prescribed Milestones - Project 3.c.i							
AV Driving	Project Requirement and Metric/Deliverable	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	1. Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	3/31/2018	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	Fail	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		_	-			
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 Comment						
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	Fail	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	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
	Health Literacy - Explained What to do if Illness Got Worse	Pass & Ongoing	0.3333333



Print Nassau Queens Performi	ng Provider System, LLC	- Project 3.c.i
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
<u>Total</u>		6.00

	Domain 3 Pay for Performance		
<b>AV Driving</b>	Measure	Reviewer Status	AV5
	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) ±	Pass & Ongoing	1
	Comprehensive Diabetes screening – All Three Tests	Pass & Ongoing	1
	Flu Shots for Adults Ages 18 – 64	Fail	0
	Health Literacy - Instructions Easy to Understand	Fail	0
	Health Literacy - Describing How to Follow Instructions	Fail	0
	Health Literacy - Explained What to do if Illness Got Worse	Fail	0
	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	Fail	0



Save & Return	Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020	- March 31, 2020 (Payme	nt Quarter)
Print	Nassau Queens Performi	ng Provider System, LLC -	Project 3.c.i
Medical Assistance with Smo	oking and Tohacco Use Cessation - Discussed Cessation Strategies	Fail	n

Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Fail	0
Prevention Quality Indicator # 1 (DM Short term complication) ±	Pass & Ongoing	1
Total		3.33



Print

Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Vassau Queens Performing Provider System, LLC - 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, Q4 Payment Available	\$ 837,097
DY5, Q4 Payment Earned	\$ 837,097

			4.a.iii Scores	heet					
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q4)	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%	837,097	837,097
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%	837,097	837,097	
	Total	Complete	16.00	16.00	100%	100%	100%	837,097	837,097

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



Save & Return

Print Vassau Queens Performin	g Provider System, LLC - P	roject 4.a.iii
Enter Reviewer Comment		
Age-adjusted suicide death rate per 100,000	rate per 100,000  Enter Reviewer Comment  eath (before age 65 years)  Enter Reviewer Comment  Eath (before age 65 years) — Ratio of Black non-Hispanics to White non-Hispanics  Enter Reviewer Comment  Enter Reviewer Comment  Enter Reviewer Comment  Enter Reviewer Comment  Fass & Ongoing 1  Enter Reviewer Comment  Enter Reviewer Comment  Fadult binge drinking during the past month  Pass & Ongoing 1  Enter Reviewer Comment	
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		



Save & Return

Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Vassau Queens Performing Provider System, LLC - 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	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		11.00



Print

Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)

Nassau Queens Performing Provider System, LLC - Project 4.b.i

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

Payment Snapshot	
DY5, Q4 Payment Available	\$ 962,661
DY5, Q4 Payment Earned	\$ 962,661

			4.b.i Scores	heet																			
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY5)	Domain Funding % (DY5, Q4)	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	17.00	17.00	100%	100%	100%	962,661	962,661														
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-														
Domain 4 Subtotal		17.00	17.00	100%	100%	100%	962,661	962,661															
	Total	Complete	22.00	22.00	100%	100%	100%	962,661	962,661														

Total Project 4.b.i AVs Awarded: 22 out of 22

#### **Hide Reviewer Comments**

	Domain 4 Pay for Performance and Pay for Reporting - Project 4.b.i (all Milestones are P4R	in DY2)	
AV Driving	Measure	Reviewer Status	AVs Awarded
	Percentage of premature death (before age 65 years)	Pass & Ongoing	1



Print

Pass & Ongoing	1
Pass & Ongoing	1
	-
Pass & Ongoing	1
Pass & Ongoing	1
Pass & Ongoing	1
Pass & Ongoing	1
Pass & Ongoing	1
	Pass & Ongoing  Pass & Ongoing  Pass & Ongoing  Pass & Ongoing  Pass & Ongoing



Print

•	Percentage of adults who are obese	Pass & Ongoing	1
	Enter Reviewer Comment		
	Percentage of children and adolescents who are obese	Pass & Ongoing	1
	Enter Reviewer Comment		
	Percentage of cigarette smoking among adults	Pass & Ongoing	1
	Enter Reviewer Comment		
	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years	Pass & Ongoing	1
	Enter Reviewer Comment		
	Asthma emergency department visit rate per 10,000	Pass & Ongoing	1
	Enter Reviewer Comment		
	Asthma emergency department visit rate per 10,000 - Aged 0-4 years	Pass & Ongoing	1
	Enter Reviewer Comment		
	Age-adjusted heart attack hospitalization rate per 10,000	Pass & Ongoing	1
	Enter Reviewer Comment		
	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6- 17 years	Pass & Ongoing	1



Save & Return  Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Que					
	Print Nassau Queens Performing Provider System, LLC - Project 4.b				
	Enter Reviewer Comment				
	Rate of hospitalizations for short-term complications of diabetes per 10,000 – Aged 18+ years	Pass & Ongoing	1		
	Enter Reviewer Comment				
Total					