

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

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

Functionality									
Step	Description/Link	Image							
1. Print	All tabs include a print button in the upper left hand corner. The AV Scorecard Overview tab also includes a "Print All" button which will print all relevany reports.	Print All							
	The AV Scorecard Overview tab is the landing page from which detailed project reports can be viewed. From the AV Scorecard Overview" click the relevant project button to access the project tab. From the project tab click "Save and Return" to access the AV Scorecard Overview	Project Link (click on the purple fink below to access each individual project report) Domain I: Organizational (All Projectal) AV Adjustments (Column F) 2 as 2 ass 2 ass 2 ass 2 ass 2 ass							
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
The New York Presbyterian Hospital of Queens

PPS Information					
Quarter	DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter)				
PPS	The New York Presbyterian Hospital of Queens				
PPS Number	40				

Achievement Value (AV) Scorecard Summary										
Project Link (click on the purple link below to access		AV [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.ii	20.00	14.33	0.00	14.33	\$ 51,985	\$ 24,589				
2.b.v	20.00	14.33	0.00	14.33	\$ 64,762	\$ 30,632				
2.b.vii	20.00	14.33	0.00	14.33	\$ 58,228	\$ 27,542				
2.b.viii	20.00	14.33	0.00	14.33	\$ 60,685	\$ 28,704				
3.a.i	22.50	17.00	0.00	17.00	\$ 52,402	\$ 17,817				
3.b.i	19.00	14.83	0.00	14.83	\$ 39,172	\$ 18,187				
3.d.ii	13.00	12.00	0.00	12.00	\$ 42,318	\$ 32,796				
3.g.ii	14.00	14.00	0.00	14.00	\$ 37,192	\$ 37,192				
4.c.ii	16.00	16.00	0.00	16.00	\$ 28,399	\$ 28,399				



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

AV Adjustments (Column F)						
Total	164.50	131.17	0.00	131.17 \$	435,142 \$	245,858





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Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment The New York Presbyterian Hospital of Queens - Domain 1 Organizational AVs

Domain I Organizational Scoresheet											
Domain I Organizational	Review Status	AVs Available	AVs Awarded	Adjustments	Net AVs	AV					
Workforce Strategy	Complete	1.00	1.00	0.00	1.00	100%					
Section 01 - Budget	Complete	1.00	1.00	0.00	1.00	100%					
Section 02 - Governance	Complete	1.00	1.00	0.00	1.00	100%					
Section 03 - Financial Sustainability	Complete	1.00	1.00	0.00	1.00	100%					
Section 04 - Cultural Competency & Health Literacy	Complete	1.00	1.00	0.00	1.00	100%					
Section 05 - IT Systems and Processes	Complete	N/A	N/A	N/A	N/A	N/A					
Section 06 - Performance Reporting	Complete	N/A	N/A	N/A	N/A	N/A					
Section 07 - Practitioner Engagement	Complete	N/A	N/A	N/A	N/A	N/A					
Section 08 - Population Health Management	Complete	N/A	N/A	N/A	N/A	N/A					
Section 09 - Clinical Integration	Complete	N/A	N/A	N/A	N/A	N/A					
Section 10 - General Project Reporting	Complete	N/A	N/A	N/A	N/A	N/A					
Total	Complete	5.00	5.00	0.00	5.00	100%					

Net Organizational AVs Awarded: 5 out of 5

Hide Reviewer Comments

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



Save & Return Print

_						
		Define target workforce state (in line with DSRIP program's goals)	N/A	N/A	In Process	Pass & Ongoing
		Create a workforce transition roadmap for achieving defined target workforce	12/31/2016	N/A	Completed	Pass & Complete
Additional	•	Perform detailed gap analysis between current state assessment of workforce	3/31/2017	N/A	Completed	Pass & Complete
Workforce Strategy		and projected future state				
Budget Updates						
(non AV-		4. Produce a compensation and benefit analysis, covering impacts on both				
driving)		retrained and redeployed staff, as well as new hires, particularly focusing on full and	6/30/2016	N/A	Completed	Pass & Complete
		partial placements				
		5. Develop training strategy	9/30/2016	N/A	Completed	Pass & Complete
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing



	Prin	t	1	he New York Pi	resbyterian Hosp	oital of Queens - Domain 1 Orgo	nization
	•	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
Additional Workforce	•	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Strategy Fopic 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				1

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



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

	Section 02 - 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		4. Establish governance structure reporting and monitoring processes	12/31/2015	N/A	Completed	Pass & Complete	
Update							
	•	5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,	3/31/2016	N/A	Completed	Pass & Complete	
		6. Finalize partnership agreements or contracts with CBOs	N/A	N/A	In Process	Pass & Ongoing	
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	6/30/2016	N/A	Completed	Pass & Complete	N/
arrying)							
		8. Finalize workforce communication and engagement plan	N/A	N/A	In Process	Pass & Ongoing	



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	9. Inclusion of CBOs in PPS	12/31/2015	N/A	Completed	Pass & Complete	
	Implementation					
	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
-	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
-	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	N/A
Additional						
Governance - Fopic Areas	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
		Total				1



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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	9/30/2015	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	
		4. Develop a Value Based Needs Assessment "VNA"	3/31/2017	N/A	Completed	Pass & Complete	1
	•	5. Develop an implementation plan geared towards addressing the needs identified within your VNA	12/31/2016	12/31/2016	Not Started	Pass & Ongoing	
Additional		6. Develop partner engagement schedule for partners for VBP education and training	TBD	N/A	N/A	N/A	



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Transition					
to Value	7. MLTC VBP Education Series	9/30/2018	9/30/2018	Completed	Pass & Complete
Based Payment	8. Engage an MCO for a VBP Quality Based Contract	9/30/2018	9/30/2018	Completed	Fail
System		not submit evide	nce of an execu	ted agreement.	
	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 Financial					
Stability Topic Areas	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing



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Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment The New York Presbyterian Hospital of Queens - Domain 1 Organizational AVs

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Total 1

		Section 04	- Cultural Compe	tency & Health I	iteracy		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Finalize cultural competency / health literacy strategy.	12/31/2015	N/A	Completed	Pass & Complete	
Cultural							
Competency /Health Literacy		2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	6/30/2016	N/A	Completed	Pass & Complete	1
		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	
Additional		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Cultural Competency							N/A
/Health Literacy		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	IN/A
Topic Areas							



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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			

		Sect	tion 05 - IT Systen	ns and Processe	S		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
	•	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.	N/A	N/A	In Process	Pass & Ongoing	
IT Customes							
IT Systems and Processes		3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	N/A	N/A	In Process	Pass & Ongoing	N/A
		4. Develop a specific plan for engaging attributed members in Qualifying Entities	6/30/2016	N/A	Complete	Pass & Complete	



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	5. Develop a data security and confidentiality plan.	6/30/2016	N/A	Complete	Pass & Complete	
	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
Additional -						
T Systems	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
rocesses opic Areas						
opic Areas	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
		Total				

	Section 06 - Performance Reporting								
Process	AV	Milestone	Required Due	Committed Due	Milestone	Reviewer Status	AV Awarded		
Measure	Driving	ivillestone	Date	Date	Status	Reviewer Status	Av Awarded		



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1. Establish reporting structure for PPS-wide performance reporting and communication.								
e Reporting 2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. Major Risks to Implementation & Risk Mitigation Strategies Major Dependencies on Organizational Workstreams Major Dependencies on Organizational N/A N/A In Process Pass & Ongoing Major Dependencies on Organizational 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			wide performance reporting and	6/30/2016	N/A	Completed	Pass & Complete	N/A
2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. Major Risks to Implementation & Risk Mitigation Strategies Major Dependencies on Organizational N/A N/A In Process Pass & Ongoing Workstreams Roles and Responsibilities 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	_							
Mitigation Strategies Major Dependencies on Organizational N/A N/A In Process Major Dependencies on Organizational N/A N/A In Process Pass & Ongoing Roles and Responsibilities N/A N/A In Process Pass & Ongoing		•	organizations and individuals throughout the network, focused on clinical quality	6/30/2016	N/A	Completed	Pass & Complete	N/A
Mitigation Strategies Major Dependencies on Organizational Workstreams N/A N/A In Process Pass & Ongoing Major Dependencies on Organizational N/A N/A In Process Pass & Ongoing Roles and Responsibilities 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								
Workstreams Roles and Responsibilities N/A N/A In Process Pass & Ongoing N/A N/A N/A N/A N/A N/A N/A N/				N/A	N/A	In Process	Pass & Ongoing	
Workstreams Roles and Responsibilities N/A N/A In Process Pass & Ongoing N/A N/A N/A N/A N/A N/A N/A N/								
Additional Performanc e Reporting Topic Areas Key Stakeholders N/A N/A In Process Pass & Ongoing	•			N/A	N/A	In Process	Pass & Ongoing	
Additional Performanc e Reporting Topic Areas Key Stakeholders N/A N/A In Process Pass & Ongoing								
Performanc e Reporting Topic Areas Key Stakeholders N/A N/A In Process Pass & Ongoing	in the state of th		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Topic Areas Key Stakeholders N/A N/A In Process Pass & Ongoing								N1/A
IT Expectations N/A N/A In Process Pass & Ongoing	1		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
IT Expectations N/A N/A In Process Pass & Ongoing								
			IT Expectations	N/A	N/A	In Process	Pass & Ongoing	



Progress Reporting	N/Δ	N/A	In Process	Pass & Ongoing
	Progress Reporting	Progress Reporting N/A	Progress Reporting N/A N/A	Progress Reporting N/A N/A In Process

		Sec	tion 07 - Practitio	ner Engagemen	t		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Develop Practitioners communication and engagement plan.	3/31/2017	N/A	Completed	Pass & Complete	
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.	12/31/2016	N/A	Completed	Pass & Complete	N/A
		Major Risks to Implementation & Risk	N/A	N/A	In Process	Pass & Ongoing	
		Mitigation Strategies	1971	14/1	mi roccis		
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	



100	Print The New York Presbyterian Hospital of Queens - Domain 1 Organiza						
Additional Practitioner							N/A
Engagement Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	NA
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				0

		Section	08 - Population I	Health Managen	nent			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded	
		Develop population health management roadmap.	9/30/2016	N/A	Complete	Pass & Complete	N/A	
Population							IN/A	
Health		2. Finalize PPS-wide bed reduction plan.	12/31/2016	N/A	Complete	Pass & Complete	N/A	
		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	
	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	N/A
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
		Total				0

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



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							,
		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
dditional linical							
ntegration 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



Save & Return

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AV Adjustment Scoresheet									
	AVs Per	Total	Total AVs	Total AV	Awarded	Adjusted Net AVs Av		AVs Awarded	
Adjustment	Project	Projects	Available	Net	Percentage		Net	Dorcontago AV	
	Project	Selected	Available	Awarded	AV	AVS	Awarded	Percentage AV	
Organizational Adjustments (applied to all projects)	5.00	9.00	45.00	45.00	100%	0.00	45.00	100%	
Project Adjustments (applied to one project only)	Various	9.00	119.50	86.17	72%	0.00	86.17	72%	
Total				131.17	80%	0.00	131.17	80%	

Hic	de Reviewer Comments	Organizational	Project Adjustments					
	No AV Adjustments							
	Please note that there are no AV adjustments for The New York Presbyterian Hospital of Queens in DY2, Q1							



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

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

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

Payment Snapshot	
DY5, Q4 Payment Available	\$ 51,985
DY5, Q4 Payment Earned	\$ 24,589

	2.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%					
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%	3,639	3,639	
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	4.33	43%	93%	93%	48,346	20,950	
	Domain 2 Subtotal			9.33	62%	100%	100%	51,985	24,589	
	Total Complete			14.33	72%	100%	100%	51,985	24,589	

Total Project 2.a.ii AVs Awarded: 14.33 out of 20

Hide Reviewer Comments

	Domain 1 Project Milestones - Project 2.a.ii								
AV Drivin	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			



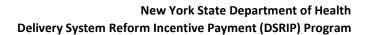
Print Print									
Enter Reviewer Comment									
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A				
Enter Revie	wer Commen	t							
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A				
Enter Revie	wer Commen	t							
Total									

	Domain 1 Project Prescribed Milestones - Project 2.a.ii							
AV Driving	Project Requirement and Metric/Deliverable		Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	1. Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A		
	Enter Reviewer Comment							
	2. Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
	Enter Reviewer Comment							
	3. Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
	Enter Reviewer Comment							



Print

Print							
4. Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A		
Enter Revie	wer Commer	t					
5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A		
Enter Reviewer Comment							
6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A		
Enter Reviewer Comment							
7. Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A		
Enter Reviewer Comment							
8. Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
Enter Reviewer Comment							
9. Implement open access scheduling in all primary care practices.	3/31/2018	3/31/2018	Completed	Fail	N/A		





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

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

Print

Enter Reviewer Comment

Total 0.00

3

Domain 2 Pay for Reporting						
AV Driving	Measure	Reviewer Status	AVs Awarded			
	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1			
	Enter Reviewer Comment					
	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1			
	Enter Reviewer Comment					
	Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange	Pass & Ongoing	1			
	Enter Reviewer Comment					
	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1			
	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					
AV Driving	Measure	Reviewer Status	AVS		



Print The New York Presbyter	ian Hospital of Queens -	Project 2.a.ii
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 19 years	Fail	0
Enter Reviewer Comment		
Children's Access to Primary Care- 12 to 24 months	Fail	0
Enter Reviewer Comment		
Children's Access to Primary Care- 25 months to 6 years	Fail	0
Enter Reviewer Comment		
Children's Access to Primary Care- 7 to 11 years	Fail	0
Enter Reviewer Comment		
Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
Enter Reviewer Comment		_
H-CAHPS – Care Transition Metrics	Fail	0
Enter Reviewer Comment		_
Potentially Avoidable Emergency Room Visits	Fail	0
Enter Reviewer Comment		
Potentially Avoidable Readmissions	Pass & Ongoing	1
Enter Reviewer Comment		
PDI 90– Composite of all measures +/-	Fail	0
Enter Reviewer Comment		
PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
Enter Reviewer Comment		
Primary Care - Length of Relationship - Q3	Fail	0
Enter Reviewer Comment		



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Primary Care - Usual Source of Care - Q2	Fail	0
Enter Reviewer Comment		
Total		4.33



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

The New York Presbyterian Hospital of Queens - Project 2.b.v

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

Payment Snapshot	
DY5, Q4 Payment Available	\$ 64,762
DY5, Q4 Payment Earned	\$ 30,632

	2.b.v 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%	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%	4,533	4,533
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	4.33	43%	93%	93%	60,228	26,099
	Domain 2 Subtotal		15.00	9.33	62%	100%	100%	64,762	30,632
Total Complete		20.00	14.33	72%	100%	100%	64,762	30,632	

Total Project 2.b.v AVs Awarded: 14.33 out of 20

Hide Reviewer Comments

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



Print The New York Presbyterian Hospital of Queens - Project 2.b.v								
	Enter Reviewer Comment							
	Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	Completed	Please Select	N/A		
	Enter Reviewer Comment							
	Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A		
	Enter Reviewer Comment							
	Total							

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



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Enter Reviewer Comment							
4. Establish protocols for standardized care record transitions to the SNF staff and medical personnel.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
Enter Reviewer Comment							
5. Ensure all participating hospitals and SNFs have shared EHR system capability and HIE/RHIO/SHIN-NY access for electronic transition of medical records by the end of DSRIP Year 3.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
Enter Reviewer Comment							
6. 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					
AV Driving	Measure	Reviewer Status	AVS			
	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1			
	Enter Reviewer Comment					
	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1			
	Enter Reviewer Comment					
	Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and	Pass & Ongoing	1			
	Enter Reviewer Comment					
	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1			
	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS	Pass & Ongoing	1			
	Enter Reviewer Comment					
	Total					



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	Domain 2 Pay for Performance		
AV Driving	Measure	Reviewer Status	AVS Awardad
	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 19 years	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 7 to 11 years	Fail	0
	Enter Reviewer Comment		
	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
	H-CAHPS – Care Transition Metrics	Fail	0
	Enter Reviewer Comment		
	Potentially Avoidable Emergency Room Visits	Fail	0
	Enter Reviewer Comment		
	Potentially Avoidable Readmissions	Pass & Ongoing	1
	Enter Reviewer Comment		
	PDI 90– Composite of all measures +/-	Fail	0
	Enter Reviewer Comment		
	PQI 90 – Composite of all measures +/-	Pass & Ongoing	1



F		Achievement Value (AV) Scorecard DY5, Q4 January 1, 2020 - March 31, 2020 (Payment Quarter					
	Print The New York Presbytes	The New York Presbyterian Hospital of Queens - Project 2					
	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						



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

The New York Presbyterian Hospital of Queens - Project 2.b.vii

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

Payment Snapshot	
DY5, Q4 Payment Available	\$ 58,228
DY5, Q4 Payment Earned	\$ 27,542

	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%	0% 0%								
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%		5 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%	4,076	4,076					
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	4.33	43%	93%	93%	54,152	23,466					
Domain 2 Subtotal			15.00	9.33	62%	100%	100%	58,228	27,542					
	Total	Complete	20.00	14.33	72%	100%	100%	58,228	27,542					

Total Project 2.b.vii AVs Awarded: 14.33 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	



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Enter Reviewer Comment							
Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	Completed	Please Select	N/A		
Enter Reviewer Comment							
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A		
Enter Reviewer Comment							
Total					0.00		

	Domain 1 Project Prescribed M	ilestones - Pr	oject 2.b.vii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded			
	1. Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	3/31/2017	3/31/2017	Completed	Fail	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.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			



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Enter Reviewer Comment								
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	ewer Commer	nt						
6. Create coaching program to facilitate and support implementation.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Revie	ewer 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.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Revie	wer Commer	nt						
9. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	3/31/2017	3/31/2017	Completed	Pass & Complete	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	
AV Driving	Measure	Reviewer Status



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	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
	Enter Reviewer Comment		
	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
	Enter Reviewer Comment		
	Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and	Pass & Ongoing	1
	Enter Reviewer Comment		
	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1
	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS	Pass & Ongoing	1
	Enter Reviewer Comment		
Total		5.00	

	Domain 2 Pay for Performance				
AV Driving	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 19 years	Fail	0		
	Enter Reviewer Comment				
	Children's Access to Primary Care- 12 to 24 months	Fail	0		
	Enter Reviewer Comment				
	Children's Access to Primary Care- 25 months to 6 years	Fail	0		
	Enter Reviewer Comment				
	Children's Access to Primary Care- 7 to 11 years	Fail	0		
	Enter Reviewer Comment				

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	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
l l	H-CAHPS – Care Transition Metrics	Fail	0
	Enter Reviewer Comment		
Pr	Potentially Avoidable Emergency Room Visits	Fail	0
	Enter Reviewer Comment		
	Potentially Avoidable Readmissions	Pass & Ongoing	1
	Enter Reviewer Comment		
	PDI 90– Composite of all measures +/-	Fail	0
	Enter Reviewer Comment		
	PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
	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			4.33



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

The New York Presbyterian Hospital of Queens - Project 2.b.viii

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

Payment Snapshot	
DY5, Q4 Payment Available	\$ 60,685
DY5, Q4 Payment Earned	\$ 28,704

	2.b.viii 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%		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%	4,248	4,248		
Domain 2	Domain 2 Pay for Performance (P4P)	Complete	10.00	4.33	43%	93%	93%	56,437	24,456		
	Domain 2 Subtotal		15.00	9.33	62%	100%	100%	60,685	28,704		
	Total	Complete	20.00	14.33	72%	100%	100%	60,685	28,704		

Total Project 2.b.viii AVs Awarded: 14.33 out of 20

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



Print The New York Presbyterian Hospital of Queens - Project 2.b.viii						
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					0.00	

	Domain 1 Project Prescribed Milestones - Project 2.b.viii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded	
	1. Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	2. Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A	
	Enter Reviewer Comment						
	3. Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A	



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Enter Revie	wer Commen	t			
4. Educate all staff on care pathways and INTERACT-like principles.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
Enter Revie	wer Commen	t			
5. Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
Enter Revie	wer Commen	t			
6. Create coaching program to facilitate and support implementation.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
Enter Reviewer Comment					
7. Educate patient and family/caretakers, to facilitate participation in planning of care.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
Enter Reviewer Comment					
8. Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	3/31/2018	3/31/2018	Completed	Fail	N/A
Enter Reviewer Comment					
9. Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
Enter Reviewer Comment					



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

The New York Presbyterian Hospital of Queens - Project 2.b.viii

Print		ine New Yor	k Presbyterii	an Hospital of Queens - Pr	oject 2.b.vIII	
10. Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A	
Enter Reviewer Comment						
11. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A	
Enter Reviewer Comment						
12. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A	
Enter Reviewer Comment						
Total				0.00		

	Domain 2 Pay for Reporting				
AV Driving	Measure Reviewer Status				
	Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1		
	Enter Reviewer Comment				
	Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1		
	Enter Reviewer Comment				
	Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and	Pass & Ongoing	1		
	Enter Reviewer Comment				
	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1		
	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS	Pass & Ongoing	1		
	Enter Reviewer Comment				
Total 5.0					

Domain 2 Pay for Performance



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AV Driving	Measure	Reviewer Status	Avorded
	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 19 years	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 7 to 11 years	Fail	0
	Enter Reviewer Comment		
	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
	H-CAHPS – Care Transition Metrics	Fail	0
	Enter Reviewer Comment		
	Potentially Avoidable Emergency Room Visits	Fail	0
	Enter Reviewer Comment		
	Potentially Avoidable Readmissions	Pass & Ongoing	1
	Enter Reviewer Comment		
	PDI 90– Composite of all measures +/-	Fail	0
	Enter Reviewer Comment		
	PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
	Enter Reviewer Comment		
	Primary Care - Length of Relationship - Q3	Fail	0



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

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rint		
Enter Reviewer Comment		
Primary Care - Usual Source of Care - Q2	Fail	0
Enter Reviewer Comment		
Total		4.33



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

The New York Presbyterian Hospital of Queens - Project 3.a.i

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

Payment Snapshot	
DY5, Q4 Payment Available	\$ 52,402
DY5, Q4 Payment Earned	\$ 17,817

	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%							
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%		0%	-	-				
	Patient Engagement Speed	N/A	N/A	N/A	0%								
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-				
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	10.00	10.00	100%	10%	10%	5,240	5,240				
Domain 5	Domain 3 Pay for Performance	Complete	7.50	2.00	27%	90%	90%	47,162	12,577				
	Domain 3 Subtotal			12.00	69%	100%	100%	52,402	17,817				
	Total	Complete	22.50	17.00	76%	100%	100%	52,402	17,817				

Total Project 3.a.i AVs Awarded: 17 out of 22.5

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



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

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Enter Revie	wer Commen	t				
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Please Select	N/A	
Enter Revie	wer Commen	t				
Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A	
Enter Reviewer Comment						
Total					0	

	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		
		Enter Reviewer Comment							
		Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
3.a.i Model 1		Ent	ter Reviewer	Comment					



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		3. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	3/31/2019	3/31/2019	In Process	Fail	0		
		En	ter Reviewer	Comment					
		4. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
		En	Enter Reviewer Comment						
		5. Co-locate primary care services at behavioral health sites.	3/31/2019	3/31/2019	In Process	Fail	0		
		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.	3/31/2019	3/31/2019	In Process	Fail	0		
		En	ter Reviewer	Comment	'				
		8. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
		Enter Reviewer Comment							
		Total					0.00		



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

The New York Presbyterian Hospital of Queens - Project 3.a.i

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	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
			1
	Antidepressant Medication Management - Effective Continuation Phase Treatment	Pass & Ongoing	0.5
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Pass & Ongoing	1
	Dish stor Maniteding for Decode with Dish store and Sakingaharain	Dani () Ovanska s	
	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
	Diabetes serecting for recipie with semizophrenia of Dipolar Disease who are osing rintipsychotic incareation	Tuss & Ongoing	
	Follow-up after hospitalization for Mental Illness - within 30 days	Pass & Ongoing	0.5
		3 0	



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Follow-up after hospitalization for Mental Illness - within 7 days	Pass & Ongoing	0.5
Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5
Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5
Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Pass & Ongoing	0.5
Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Pass & Ongoing	0.5
Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Pass & Ongoing	1
Screening for Clinical Depression and follow-up	Pass & Ongoing	1
Total		10.00



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AV Driving	Measure	Reviewer Status	AVS
	Adherence to Antipsychotic Medications for People with Schizophrenia	Fail	0
	Antidepressant Medication Management - Effective Acute Phase Treatment	Fail	0
	Antidepressant Medication Management - Effective Continuation Phase Treatment	Fail	0
		21/2	21/2
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	N/A	N/A
	Diabetes Monitoring for People with Diabetes and Schizophrenia	Fail	0
	Diabetes Worldoning for Feople with Diabetes and Schizophilema	ı alı	U
	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	N/A	N/A
	Follow-up after hospitalization for Mental Illness - within 7 days	N/A	N/A
	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	N/A	N/A
		D 00 :	
	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)	Fail	0
	Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	i dii	U
	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Pass & Ongoing	0.5
		0 0	
	Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Pass & Ongoing	1
	Screening for Clinical Depression and follow-up	Fail	0
	Total		2.00



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

The New York Presbyterian Hospital of Queens - Project 3.b.i

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

Payment Snapshot	
DY5, Q4 Payment Available	\$ 39,172
DY5, Q4 Payment Earned	\$ 18,187

		3.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%	0%				
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%		0%	-	-	
	Patient Engagement Speed	N/A	N/A	N/A	0%					
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-	
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	7.00	7.00	100%	10%	10%	3,917	3,917	
Domain 3	Domain 3 Pay for Performance (P4P)	Complete	7.00	2.83	40%	90%	90%	35,254	14,270	
Domain 3 Subtotal		14.00	9.83	70%	100%	100%	39,172	18,187		
Total Complete			19.00	14.83	78%	100%	100%	39,172	18,187	

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

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



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

	Domain 1 Project Prescribed Milestones - Project 3.b.i								
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded			
	Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment								
	2. Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	3/31/2018	3/31/2018	Completed	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								



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4. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
5. Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
Enter Revie	ewer Commer	t						
6. Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
7. Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
8. Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
9. Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
10. Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	3/31/2018	3/31/2018	Completed	Fail	N/A			
Enter Reviewer Comment								



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11. 'Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Revi	ewer Commer	nt						
12. Document patient driven self-management goals in the medical record and review with patients at each visit.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
Enter Revi	ewer Commer	nt						
13. Follow up with referrals to community based programs to document participation and behavioral and health status changes.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
14. Develop and implement protocols for home blood pressure monitoring with follow up support.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
15. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
16. Facilitate referrals to NYS Smoker's Quitline.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
17. Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
18. Adopt strategies from the Million Hearts Campaign.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A			



Print		ine New Y	ork Presbyte	rian Hospital of Queens -	Project 3.b.i		
Enter Reviewer Comment							
19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	3/31/2018	3/31/2018	Completed	Fail	N/A		
Enter Reviewer Comment							
20. Engage a majority (at least 80%) of primary care providers in this project.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A		
Enter Reviewer Comment							
Total					0.00		

	Domain 3 Pay for 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 The New York Presbyte	rian Hospital of Queens - 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							
AV Driving	Measure	Reviewer Status	AVS Awardad					
	Controlling High Blood Pressure	Fail	0					
	Flu Shots for Adults Ages 18 – 64	Fail	0					
	Health Literacy - Instructions Easy to Understand	Fail	0					
	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	Fail	0					
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333					
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333					
	Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy	Fail	0					



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

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Print	THE NEW TOLK FIES	byterian Hospital of Queens - I	Project 3.b.
Statin Therapy for Patients v	with Cardiovascular Disease - Statin Adherence 80%	Pass & Ongoing	0.5
Prevention Quality Indicator	r # 8 (Heart Failure) ±	Fail	0
Prevention Quality Indicator	r # 7 (HTN) ±	Pass & Ongoing	1
	Total		2.83



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

The New York Presbyterian Hospital of Queens - Project 3.d.ii

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

Payment Snapshot	
DY5, Q4 Payment Available	\$ 42,318
DY5, Q4 Payment Earned	\$ 32,796

	3.d.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%	-	
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	4.00	4.00	100%	10%	10%	4,232	4,232
Domain 5	Domain 3 Pay for Performance (P4P)		4.00	3.00	75%	90%	90%	38,086	28,564
	Domain 3 Subtotal			7.00	88%	100%	100%	42,318	32,796
	Total	Complete	13.00	12.00	92%	100%	100%	42,318	32,796

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

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



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	Enter Reviewer Comment					
	Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	Completed	Please Select	N/A
	Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Please Select	N/A
Enter Reviewer Comment						
	Total					0.00

	Domain 1 Project Prescribed M	lilestones - Pi	oject 3.d.ii				
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded	
	 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up. 	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	2. Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	3. Develop and implement evidence-based asthma management guidelines.	3/31/2017	3/31/2017	Completed	Fail	N/A	
	Enter Reviewer Comment						



	Print		The New Y	ork Presbyter	ian Hospital of Queens - F	roject 3.a.
	4. Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
Enter Reviewer Comment						
	5. Ensure coordinated care for asthma patients includes social services and support.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Revie	wer Commer	t			
	6. Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Revie	wer Commen	t			
	7. Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	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					0.00

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



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

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



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

The New York Presbyterian Hospital of Queens - Project 3.g.ii

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

Payment Snapshot	
DY5, Q4 Payment Available	\$ 37,192
DY5, Q4 Payment Earned	\$ 37,192

	3.g.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%		-		
Domain 1	Project Implementation Speed	N/A	N/A	N/A	0%		0%		-	
	Patient Engagement Speed	N/A	N/A	N/A	0%					
	Domain 1 Subtotal		5.00	5.00	100%	0%	0%	-	-	
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	10%	10%	3,719	3,719	
Domain 3	Domain 3 Pay for Performance (P4P)	Complete	4.00	4.00	100%	90%	90%	33,473	33,473	
	Domain 3 Subtotal			9.00	100%	100%	100%	37,192	37,192	
Total Complete		14.00	14.00	100%	100%	100%	37,192	37,192		

Total Project 3.g.ii AVs Awarded: 14 out of 14

Domain 1 Project Milestones - Project 3.g.ii								
AV Driving	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		The New Y	ork Presbytei	rian Hospital of Queens - I	Project 3.g.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					0.00				

	Domain 1 Project Prescribed Milestones - Project 3.g.ii								
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded			
	Integrate Palliative Care into practice model of participating Nursing Homes.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment								
	including Hospice, to bring the palliative care supports and services into the	3/31/2018	3/31/2018	Completed	Fail	N/A			
	Enter Reviewer Comment								
	3. Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment								
	4. Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment								



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	5. Engage with Medicaid Managed Care to address coverage of services	3/31/2018	3/31/2018	Completed	Fail	N/A			
	Enter Reviewer Comment								
	6. Use EHRs or other IT platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment								
Total									

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



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

The New York Presbyterian Hospital of Queens - Project 3.g.ii

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Total 5.00

	Domain 3 Pay for Performance and Pay for Reporting - Project					
AV Driving	Measure	Reviewer Status	Avs			
	Percentage of patients who were offered or provided an intervention for pain symptoms experienced during the	Pass & Ongoing	1			
	Percentage of patients who were offered or provided an intervention for physical symptoms (other than pain)	Pass & Ongoing	1			
	Percentage of patients who were offered or provided an intervention for depressive feelings experienced during	Pass & Ongoing	1			
	Percentage of patients who were offered or provided an intervention for not feeling at peace during the past	Pass & Ongoing	1			
	Percentage of patients who were offered or provided an intervention when there was no advance directive in	N/A	N/A			
Total						



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

The New York Presbyterian Hospital of Queens - Project 4.c.ii

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

Payment Snapshot	
DY5, Q4 Payment Available	\$ 28,399
DY5, Q4 Payment Earned	\$ 28,399

	4.c.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%	-		
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 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	100%	100%	28,399	28,399	
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-	
	Domain 4 Subtotal			11.00	100%	100%	100%	28,399	28,399	
Total Complete		16.00	16.00	100%	100%	100%	28,399	28,399		

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

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



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Enter Reviewer Comment		
Newly diagnosed HIV case rate per 100,000	Pass & Ongoing	1
Enter Reviewer Comment		
Newly diagnosed HIV case rate per 100,000—Difference in rates (Black and White) of new HIV diagnoses	Pass & Ongoing	1
Enter Reviewer Comment		
Newly diagnosed HIV case rate per 100,000—Difference in rates (Hispanic and White) of new HIV diagnoses	Pass & Ongoing	1
Enter Reviewer Comment		
Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
Enter Reviewer Comment		
Percentage of premature death (before age 65 years)	Pass & Ongoing	1
Enter Reviewer Comment		
Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
Enter Reviewer Comment		
Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
Enter Reviewer Comment		



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