

#### 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<br>corner. The AV Scorecard Overview tab also includes a<br>"Print All" button which will print all relevany reports.  | Print All  |
|                                   | The AV Scorecard Overview tab is the landing page<br>from which detailed project reports can be viewed.<br>From the AV Scorecard Overview" click the relevant<br>project button to access the project tab. From the<br>project tab click "Save and Return" to access the AV<br>Scorecard Overview | Project Unit (Edit Conto purple final beliow to access conto<br>biological project report)<br>Structure (All Projects)<br>2 a 1<br>2 a 1 |
| 3. Show or Hide reviewer comments | Each project tab includes a Show/Hide Reviewer<br>Comments button on the left hand side of the screen.<br>Click "Show Reviewer Comments" to show comments<br>and "Hide Reviewer Comments" to hide comments.   | Hide Reviewer Comments   |



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

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

|  | PPS Information                              |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Quarter DY1, Q4 January 1, 2016 - March 31, 2016 |  |  |  |  |  |  |
| PPS  | The New York Presbyterian Hospital of Queens |  |  |  |  |  |
| PPS Number                                       | 40   |  |  |  |  |  |

|   | Achiev        | ement Value ( | AV) Scorecard    | Summary            |                      |                   |                              |                            |  |
|---|---------------|---------------|------------------|--------------------|----------------------|-------------------|------------------------------|----------------------------|--|
|   |               | AV [          | Data             |                    | Payment Data         |                   |                              |                            |  |
| Project Link (click on the purple link below to access<br>each individual project report) | AVs Available | AVs Awarded   | AV<br>Adjustment | Net AVs<br>Awarded | Payment<br>Available | Payment<br>Earned | High<br>Performance<br>Funds | Total<br>Payment<br>Earned |  |
| Domain I - Organizational (All Projects)  | 5.00          | 5.00          | 0.00             | 5.00               | Organizati           | -                 | e embedded w<br>payment      | ithin each                 |  |
| 2.a.ii  | 20.00         | 20.00         | 0.00             | 20.00              | \$43,903.72          | \$43,903.72       | \$-                          | \$43,903.72                |  |
| 2.b.v   | 20.00         | 20.00         | 0.00             | 20.00              | \$54,694.11          | \$54,694.11       | \$-                          | \$54,694.11                |  |
| 2.b.vii   | 20.00         | 20.00         | 0.00             | 20.00              | \$49,176.14          | \$49,176.14       | \$ -                         | \$49,176.14                |  |
| 2.b.viii  | 20.00         | 20.00         | 0.00             | 20.00              | \$51,250.88          | \$51,250.88       | \$-                          | \$51,250.88                |  |
| 3.a.i   | 16.00         | 16.00         | 0.00             | 16.00              | \$44,256.16          | \$44,256.16       | \$-                          | \$44,256.16                |  |
| 3.b.i   | 13.00         | 13.00         | 0.00             | 13.00              | \$33,082.18          | \$33,082.18       | \$-                          | \$33,082.18                |  |
| 3.d.ii  | 10.00         | 10.00         | 0.00             | 10.00              | \$35,739.23          | \$35,739.23       | \$-                          | \$35,739.23                |  |
| 3.g.ii  | 7.00          | 7.00          | 0.00             | 7.00               | \$31,410.35          | \$31,410.35       | \$-                          | \$31,410.35                |  |
| 4.c.ii  | 16.00         | 16.00         | 0.00             | 16.00              | \$23,984.33          | \$23,984.33       | \$-                          | \$23,984.33                |  |

| YORK<br>STATE Department of Health Medicaid<br>Redesign Team |        |        |      | New York State Department of Health<br>Delivery System Reform Incentive Payment (DSRIP) Program |
|--|--------|--------|------|---|
| Print Summary Print All                                      |        |        |      | Achievement Value (AV) Scorecard<br>The New York Presbyterian Hospital of Queens                |
| AV Adjustments (Column F)                                    |        |        |      |   |
| Total  | 142.00 | 142.00 | 0.00 | 142.00 \$ 367,497 \$ 367,497 \$ - \$ 367,497  |



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

Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Domain 1 Organizational AVs

| De   | 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<br>Measure    | AV<br>Driving      | Milestone                             | Required Due<br>Date | Committed Due<br>Date | Milestone<br>Status | Reviewer Status | AV Awarded |  |  |  |
|                       |                    | Workforce Strategy Budget Updates     | 3/30/2016            | 9/30/2016             | In Process          | Pass & Ongoing  |            |  |  |  |
| Workforce<br>Strategy |                    | Workforce Impact Analysis and Updates | 6/30/2016            | 9/30/2016             | In Process          | Pass & Ongoing  |            |  |  |  |
| Budget<br>Updates     |                    |                                       | -                    |                       |                     |                 |            |  |  |  |



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|                         | New Hire Employment Analysis and<br>Updates   | 6/30/2016  | 9/30/2016 | In Process | Pass & Ongoing |
|-------------------------|---|------------|-----------|------------|----------------|
|                         | 1. Define target workforce state (in line   |            |           |            |                |
|                         | with DSRIP program's goals)   | 6/30/2016  | 3/31/2016 | In Process | Pass & Ongoing |
|                         |   |            |           |            |                |
|                         | 2. Create a workforce transition roadmap for achieving defined target workforce         | 12/31/2016 | 6/30/2016 | In Process | Pass & Ongoing |
|                         |   |            |           |            |                |
| Additional<br>Workforce | 3. Perform detailed gap analysis between current state assessment of workforce          | 3/31/2017  | 3/31/2016 | In Process | Pass & Ongoing |
| Strategy                | and projected future state  |            |           |            |                |
| Budget<br>Jpdates       |   |            |           |            |                |
| (non AV-                | 4. Produce a compensation and benefit analysis, covering impacts on both                |            |           |            |                |
| driving)                | retrained and redeployed staff, as well as new hires, particularly focusing on full and | N/A        | N/A       | In Process | Pass & Ongoing |
|                         | partial placements  |            |           |            |                |
|                         |   |            |           |            |                |
|                         | 5. Develop training strategy  | 12/31/2016 | 9/30/2016 | In Process | Pass & Ongoing |
|                         |   |            |           |            |                |
|                         | Major Risks to Implementation & Risk<br>Mitigation Strategies                           | N/A        | N/A       | In Process | Pass & Ongoing |



Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Domain 1 Organizational AVs

|                         | Major Dependencies on Organizational<br>Workstreams | N/A   | N/A | In Process | Pass & Ongoing |     |
|-------------------------|---|-------|-----|------------|----------------|-----|
|                         |   |       |     |            |                |     |
|                         | Roles and Responsibilities                          | N/A   | N/A | In Process | Pass & Ongoing |     |
| Additional<br>Workforce |   |       |     |            |                | N/A |
| Strategy<br>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   |

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



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Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Domain 1 Organizational AVs

|                       | Module 1.2 - PPS Budget Report (Quarterly  | Ongoing | N/A | In Process | Pass & Ongoing  |   |
|-----------------------|--|---------|-----|------------|-----------------|---|
| Quarterly<br>Project  |  |         |     |            |                 |   |
| Reports,<br>Project   | Module 1.3 - PPS Flow of Funds (Baseline)  | Ongoing | N/A | Completed  | Pass & Complete | 1 |
| Budget and<br>Flow of |  |         |     |            |                 |   |
| Funds                 | Module 1.4 - PPS Flow of Funds (Quarterly) | Ongoing | N/A | In Process | Pass & Ongoing  |   |
|                       |  |         |     |            |                 |   |
|                       | Quarterly Progress Reports                 | N/A     | N/A | In Process | Pass & Ongoing  |   |
|                       |  |         |     |            |                 |   |
|                       |  | Total   |     |            |                 | 1 |

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

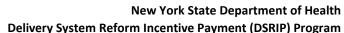
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| Updates  |   |   |            |            |                  |                                 | 1   |
|--|---|---|------------|------------|------------------|---------------------------------|-----|
| -  |   | 3. Finalize bylaws and policies or<br>Committee Guidelines where applicable   | 9/30/2015  | 9/30/2015  | Completed        | Pass & Complete                 |     |
|  |   |   |            |            |                  |                                 |     |
| Governance                                       |   | 4. Establish governance structure reporting and monitoring processes  | 12/31/2015 | 12/31/2015 | Completed        | Pass & Complete                 |     |
| Process<br>Jpdate                                |   |   |            | -          | ^                |                                 |     |
|  | • | 5. Finalize community engagement plan,<br>including communications with the public<br>and non-provider organizations (e.g.<br>schools, churches, homeless services,                                   | N/A        | 3/31/2016  | Completed        | Pass & Complete                 |     |
|  |   |   |            |            |                  |                                 |     |
|  |   | 6. Finalize partnership agreements or contracts with CBOs   | N/A        | 6/30/2016  | In Process       | Pass & Ongoing                  |     |
|  |   |   |            |            |                  |                                 |     |
| dditional<br>Governance<br>Ailestones<br>non AV- | • | <ul> <li>Finalize agency coordination plan</li> <li>aimed at engaging appropriate public</li> <li>sector agencies at state and local levels</li> <li>(e.g. local departments of health and</li> </ul> | N/A        | 9/30/2016  | In Process       | Pass & Ongoing                  | N/A |
| riving)  |   |   |            |            |                  |                                 |     |
|  |   | 8. Finalize workforce communication and engagement plan   | N/A        | 6/30/2016  | Completed        | Pass (with Exception) & Ongoing |     |
|  | • | The IA does not consider this milestone com sheets to substantiate the completion of Go   | •          | •          | training materia | Is and /or training sign in     |     |



**Delivery System Reform Incentive Payment (DSRIP) Program** 

Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Domain 1 Organizational AVs

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

Section 03 - Financial Sustainability

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Medicaid



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| Process<br>Measure         | AV<br>Driving | Milestone   | Required Due<br>Date | Committed Due<br>Date | Milestone<br>Status | Reviewer Status | AV Awarded |
|----------------------------|---------------|---|----------------------|-----------------------|---------------------|-----------------|------------|
|                            |               | 1. Finalize PPS finance structure, including reporting structure  | 12/31/2015           | 9/30/2015             | Completed           | Pass & Complete |            |
|                            |               |   |                      |                       |                     |                 |            |
| Financial<br>Stability     |               | 2. Perform network financial health<br>current state assessment and develop<br>financial sustainability strategy to address<br>key issues.                | 3/31/2016            | 3/31/2016             | Completed           | Pass & Complete |            |
| Update                     |               |   |                      |                       |                     |                 |            |
|                            |               | <ol> <li>Finalize Compliance Plan consistent<br/>with New York State Social Services Law<br/>363-d</li> </ol>   | 12/31/2015           | 12/31/2015            | Completed           | Pass & Complete | 1          |
|                            |               |   |                      |                       |                     |                 | 1          |
| PPS<br>Transition          |               | 4. Develop detailed baseline assessment<br>of revenue linked to value-based<br>payment, preferred compensation<br>modalities for different provider-types | 9/30/2016            | 3/31/2016             | In Process          | Pass & Ongoing  |            |
| to Value                   |               |   |                      |                       |                     |                 |            |
| Based<br>Payment<br>System |               | 5. Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest  | 12/31/2016           | 12/31/2016            | In Process          | Pass & Ongoing  |            |
|                            |               |   |                      |                       |                     |                 |            |
|                            |               | 6. Put in place Level 1 VBP arrangement<br>for PCMH/APC care and one other care<br>bundle or subpopulation  | TBD                  | N/A                   | N/A                 | N/A             |            |



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| Additional                    |  |     |     |            |                |     |
|-------------------------------|--|-----|-----|------------|----------------|-----|
| PPS<br>Transition<br>to Value | <ol> <li>Contract 50% of care-costs through<br/>Level 1 VBPs, and ≥ 30% of these costs<br/>through Level 2 VBPs or higher</li> </ol>               | TBD | N/A | N/A        | N/A            | N/A |
| Based<br>Payment              |  |     |     |            |                |     |
| System                        | <ol> <li>≥90% of total MCO-PPS payments (in<br/>terms of total dollars) captured in at least<br/>Level 1 VBPs, and ≥ 70% of total costs</li> </ol> | TBD | N/A | N/A        | N/A            |     |
|                               |  |     |     |            |                |     |
|                               | Major Risks to Implementation & Risk<br>Mitigation Strategies  | N/A | N/A | In Process | Pass & Ongoing |     |
|                               |  |     |     |            |                |     |
|                               | Major Dependencies on Organizational<br>Workstreams  | N/A | N/A | In Process | Pass & Ongoing |     |
|                               |  |     |     |            |                |     |
|                               | Roles and Responsibilities   | N/A | N/A | In Process | Pass & Ongoing |     |
| Additional<br>Financial       |  |     |     |            |                |     |
| Stability<br>Topic Areas      | Key Stakeholders   | N/A | N/A | In Process | Pass & Ongoing | N/A |
|                               |  |     |     |            |                |     |
|                               | IT Expectations  | N/A | N/A | In Process | Pass & Ongoing |     |



| S | Save & Return |                    |       | Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 20<br>The New York Presbyterian Hospital of Queens - Domain 1 Organizational A |            |                |   |  |
|---|---------------|--------------------|-------|---|------------|----------------|---|--|
| 2 | Print         |                    |       |   |            |                |   |  |
|   |               | Progress Reporting | N/A   | N/A   | In Process | Pass & Ongoing |   |  |
|   |               |                    |       |   | ,,         |                |   |  |
|   |               |                    | Total |   |            |                | 1 |  |

|                                   |               | Section 04   | - Cultural Compe     | tency & Health        | Literacy            |                 |            |
|-----------------------------------|---------------|--|----------------------|-----------------------|---------------------|-----------------|------------|
| Process<br>Measure                | AV<br>Driving | Milestone  | Required Due<br>Date | Committed Due<br>Date | Milestone<br>Status | Reviewer Status | AV Awarded |
|                                   |               | <ol> <li>Finalize cultural competency / health<br/>literacy strategy.</li> </ol>   | 12/31/2015           | 12/31/2015            | Completed           | Pass & Complete |            |
| Cultural                          | ral           |  |                      |                       |                     |                 |            |
| Competency<br>/Health<br>Literacy |               | 2. Develop a training strategy focused on<br>addressing the drivers of health disparities<br>(beyond the availability of language-<br>appropriate material). | 6/30/2016            | 6/30/2016             | In Process          | Pass & Ongoing  | 1          |
|                                   |               |  |                      |                       |                     |                 |            |
|                                   |               | Major Risks to Implementation & Risk<br>Mitigation Strategies  | N/A                  | N/A                   | In Process          | Pass & Ongoing  |            |
|                                   |               |  |                      |                       |                     |                 |            |
|                                   |               | Major Dependencies on Organizational<br>Workstreams  | N/A                  | N/A                   | In Process          | Pass & Ongoing  |            |
|                                   |               |  |                      |                       |                     |                 |            |
| Additional                        |               | Roles and Responsibilities   | N/A                  | N/A                   | In Process          | Pass & Ongoing  |            |



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| Cultural<br>Competency | - |                    |       |     |            |                | N/A |
|------------------------|---|--------------------|-------|-----|------------|----------------|-----|
| /Health<br>Literacy    |   | Key Stakeholders   | N/A   | N/A | In Process | Pass & Ongoing | NA  |
| Topic Areas            |   |                    |       |     |            |                |     |
|                        |   | 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<br>Measure | AV<br>Driving                         | Milestone  | Required Due<br>Date | Committed Due<br>Date | Milestone<br>Status | Reviewer Status  | AV Awa |  |  |
|                    | •                                     | 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). | N/A                  | 3/31/2016             | Completed           | Pass & Complete  |        |  |  |
| ۲ Systems          | •                                     | <ol> <li>Develop an IT Change Management<br/>Strategy.</li> <li>The IA does not consider this milestone cor<br/>sheets to substantiate the completion of IT</li> </ol>                             | •                    | •                     | •                   | Pass (with Exception) &<br>Ongoing<br>Ils and /or training sign in |        |  |  |



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

| and<br>Processes  | 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network  | N/A | 3/31/2016 | Completed  | Pass (with Exception) & Ongoing | N/A |
|-------------------|---|-----|-----------|------------|---------------------------------|-----|
|                   | The IA does not consider this milestone con   | •   |           | -          | Is and /or training sign in     |     |
|                   | <ul><li>sheets to substantiate the completion of IT</li><li>4. Develop a specific plan for engaging<br/>attributed members in Qualifying Entities</li></ul> | N/A | 6/30/2016 | In Process | Pass & Ongoing                  |     |
|                   |   |     |           | -          |                                 |     |
|                   | 5. Develop a data security and confidentiality plan.  | N/A | 3/31/2016 | In Process | Pass & Ongoing                  |     |
|                   |   |     |           |            |                                 |     |
|                   | Major Risks to Implementation & Risk<br>Mitigation Strategies   | N/A | N/A       | In Process | Pass & Ongoing                  |     |
|                   |   |     |           |            |                                 |     |
|                   | Major Dependencies on Organizational<br>Workstreams   | N/A | N/A       | In Process | Pass & Ongoing                  |     |
| Additional        |   |     |           |            |                                 |     |
| IT Systems<br>and | Roles and Responsibilities  | N/A | N/A       | In Process | Pass & Ongoing                  | N/A |
| Processes         |   |     |           |            |                                 |     |
| Topic Areas       | Key Stakeholders  | N/A | N/A       | In Process | Pass & Ongoing                  |     |
|                   |   |     | -         |            |                                 |     |
|                   | Progress Reporting  | N/A | N/A       | In Process | Pass & Ongoing                  |     |



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|  | Total | 0 |
|--|-------|---|

|                           |               | Sei  | ction 06 - Perform   | nance Reporting       |                     |                 |            |
|---------------------------|---------------|--|----------------------|-----------------------|---------------------|-----------------|------------|
| Process<br>Measure        | AV<br>Driving | Milestone  | Required Due<br>Date | Committed Due<br>Date | Milestone<br>Status | Reviewer Status | AV Awarded |
|                           |               | <ol> <li>Establish reporting structure for PPS-<br/>wide performance reporting and<br/>communication.</li> </ol>                             | 6/30/2016            | 3/31/2016             | In Process          | Pass & Ongoing  | N/A        |
| Doufoursons               |               |  |                      |                       |                     |                 |            |
| Performanc<br>e Reporting |               | 2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | 6/30/2016            | 3/31/2016             | In Process          | Pass & Ongoing  | N/A        |
|                           |               |  |                      |                       |                     |                 |            |
|                           |               | Major Risks to Implementation & Risk<br>Mitigation Strategies  | N/A                  | N/A                   | In Process          | Pass & Ongoing  |            |
|                           |               |  |                      |                       |                     |                 |            |
|                           |               | Major Dependencies on Organizational<br>Workstreams  | N/A                  | N/A                   | In Process          | Pass & Ongoing  |            |
|                           |               |  |                      |                       |                     |                 |            |
|                           |               | Roles and Responsibilities   | N/A                  | N/A                   | In Process          | Pass & Ongoing  |            |
| Additional<br>Performanc  |               |  |                      |                       |                     |                 | N/A        |



Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Domain 1 Organizational AVs

| e Reporting<br>Topic Areas | Key Stakeholders   | N/A   | N/A | In Process | Pass & Ongoing | 11/74 |
|----------------------------|--------------------|-------|-----|------------|----------------|-------|
|                            |                    |       |     |            |                |       |
|                            | 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<br>Measure         | AV<br>Driving                        | Milestone   | Required Due<br>Date | Committed Due<br>Date | Milestone<br>Status | Reviewer Status | AV Awarded |  |
|                            |                                      | 1. Develop Practitioners communication and engagement plan.   | N/A                  | 3/31/2016             | Completed           | Pass & Complete |            |  |
|                            |                                      |   |                      |                       |                     |                 |            |  |
| Practitioner<br>Engagement | •                                    | <ol> <li>Develop training / education plan<br/>targeting practioners and other<br/>professional groups, designed to educate<br/>them about the DSRIP program and your<br/>PPS-specific quality improvement agenda.</li> </ol> | 12/31/2016           | 3/31/2016             | In Process          | Pass & Ongoing  | N/A        |  |
|                            |                                      |   |                      |                       |                     |                 |            |  |
|                            |                                      | Major Risks to Implementation & Risk<br>Mitigation Strategies   | N/A                  | N/A                   | In Process          | Pass & Ongoing  |            |  |

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Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Domain 1 Organizational AVs

|                            | Major Dependencies on Organizational<br>Workstreams | N/A   | N/A | In Process | Pass & Ongoing |     |  |  |  |  |  |
|----------------------------|---|-------|-----|------------|----------------|-----|--|--|--|--|--|
|                            |   |       |     |            |                |     |  |  |  |  |  |
|                            | Roles and Responsibilities                          | N/A   | N/A | In Process | Pass & Ongoing |     |  |  |  |  |  |
| Additional<br>Practitioner |   |       |     |            |                | N/A |  |  |  |  |  |
| Engagement<br>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 |     |            |                | 0   |  |  |  |  |  |

|                    | Section 08 - Population Health Management |   |                      |                       |                     |                 |            |  |  |
|--------------------|---|---|----------------------|-----------------------|---------------------|-----------------|------------|--|--|
| Process<br>Measure | AV<br>Driving                             | Milestone   | Required Due<br>Date | Committed Due<br>Date | Milestone<br>Status | Reviewer Status | AV Awarded |  |  |
|                    |   | <ol> <li>Develop population health<br/>management roadmap.</li> </ol> | N/A                  | 6/30/2016             | In Process          | Pass & Ongoing  | N/A        |  |  |
| Population         |   |   |                      |                       |                     |                 | N/A        |  |  |

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

## Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Domain 1 Organizational AVs

|                          |   | Total |           |            |                | 0   |  |  |  |
|--------------------------|---|-------|-----------|------------|----------------|-----|--|--|--|
|                          |   |       |           |            |                |     |  |  |  |
|                          | Progress Reporting  | N/A   | N/A       | In Process | Pass & Ongoing |     |  |  |  |
|                          |   |       |           |            |                |     |  |  |  |
|                          | IT Expectations   | N/A   | N/A       | In Process | Pass & Ongoing |     |  |  |  |
|                          |   |       |           |            |                |     |  |  |  |
| Health Topic<br>Areas    | Key Stakeholders  | N/A   | N/A       | In Process | Pass & Ongoing | N/A |  |  |  |
| Additional<br>Population |   |       |           |            |                | N/A |  |  |  |
|                          | Roles and Responsibilities                                    | N/A   | N/A       | In Process | Pass & Ongoing |     |  |  |  |
|                          |   |       |           |            |                |     |  |  |  |
|                          | Major Dependencies on Organizational<br>Workstreams           | N/A   | N/A       | In Process | Pass & Ongoing |     |  |  |  |
|                          |   |       |           |            |                |     |  |  |  |
|                          | Major Risks to Implementation & Risk<br>Mitigation Strategies | N/A   | N/A       | In Process | Pass & Ongoing |     |  |  |  |
|                          |   |       |           |            |                |     |  |  |  |
| Health                   | 2. Finalize PPS-wide bed reduction plan.                      | N/A   | 3/31/2017 | In Process | Pass & Ongoing | N/A |  |  |  |
|                          |   |       | 1         |            |                |     |  |  |  |

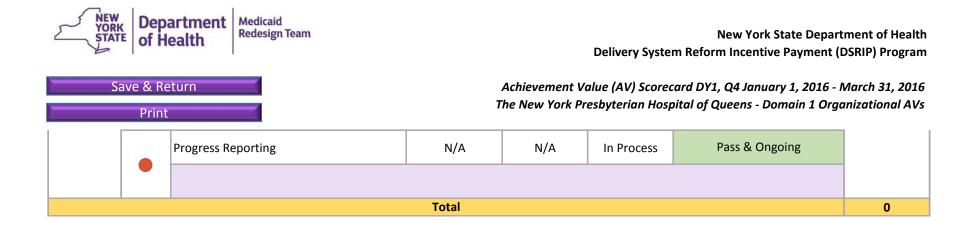
Section 09 - Clinical Integration



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| Process<br>Measure         | AV<br>Driving | Milestone   | Required Due<br>Date | Committed Due<br>Date | Milestone<br>Status | Reviewer Status | AV Awarded |
|----------------------------|---------------|---|----------------------|-----------------------|---------------------|-----------------|------------|
|                            |               | 1. Perform a clinical integration 'needs assessment'.         | N/A                  | 3/31/2016             | Completed           | Pass & Complete | N/A        |
| Clinical<br>Integration    |               |   |                      |                       |                     |                 |            |
|                            |               | 2. Develop a Clinical Integration strategy.                   | N/A                  | 9/30/2016             | In Process          | Pass & Ongoing  | N/A        |
|                            |               |   |                      |                       |                     |                 |            |
|                            |               | Major Risks to Implementation & Risk<br>Mitigation Strategies | N/A                  | N/A                   | In Process          | Pass & Ongoing  |            |
|                            |               |   |                      |                       |                     |                 |            |
|                            |               | Major Dependencies on Organizational<br>Workstreams           | N/A                  | N/A                   | In Process          | Pass & Ongoing  |            |
|                            |               |   |                      |                       |                     |                 |            |
|                            |               | Roles and Responsibilities                                    | N/A                  | N/A                   | In Process          | Pass & Ongoing  |            |
| Additional<br>Clinical     |               |   |                      |                       |                     |                 | N/A        |
| Integration<br>Topic Areas |               | Key Stakeholders  | N/A                  | N/A                   | In Process          | Pass & Ongoing  | N/A        |
|                            |               |   |                      |                       |                     |                 |            |
|                            |               | IT Expectations   | N/A                  | N/A                   | In Process          | Pass & Ongoing  |            |
|                            |               |   |                      |                       |                     |                 |            |





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

Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens AV Adjust

| AV Adjustment Scoresheet                             |         |          |                        |                   |            |                 |                 |               |
|--|---------|----------|------------------------|-------------------|------------|-----------------|-----------------|---------------|
|  | AVs Per | Total    | Total AVs<br>Available | Total AVs Awarded |            | Adjusted        | Net AVs Awarded |               |
| Adjustment   | Project | Projects |                        | Net               | Percentage | Aujusteu<br>AVs | Net             | Percentage AV |
|  | Project | Selected |                        | Awarded           | AV         | AVS             | Awarded         | rententage 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     | 97.00                  | 97.00             | 100%       | 0.00            | 97.00           | 100%          |
| Total  |         |          | 142.00                 | 142.00            | 100%       | 0.00            | 142.00          | 100%          |

| Hid | 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 DY1, Q4 |                |                     |  |  |  |  |
|     | ·  |                |                     |  |  |  |  |



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

Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 2.a.ii

|                       | Project Snapshot  |   | Payment Snapshot                         |                  |
|-----------------------|---|---|--|------------------|
| <b>Project Domain</b> | System Transformation Projects (Domain 2)   | F | Payment Available (DY1)                  | \$<br>219,518.59 |
| Project ID            | 2.a.ii  |   | DY1 Initial Payment                      | \$<br>131,711.16 |
|                       | Increase Certification of Primary Care Practitioners<br>with PCMH Certification and/or Advanced Primary<br>Care Models (as developed under the New York<br>State Health Innovation Plan (SHIP)) |   | DY1 Q2 Payment Earned                    | \$<br>43,903.72  |
|                       |   |   | DY1 Payment Not Earned to Date           | \$<br>(0.00)     |
| Project Title         |   |   | DY1 Funding Remaining                    | \$<br>43,903.72  |
|                       |   |   | Funding Available for Distribution DY1Q4 | \$<br>43,903.72  |

|          | 2.a.ii Scoresheet                  |               |                  |                    |                  |                              |                                  |                              |                               |
|----------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain   | Component                          | Review Status | AVs<br>Available | Net AVs<br>Awarded | Percentage<br>AV | Domain<br>Funding %<br>(DY1) | Domain<br>Funding %<br>(DY1, Q4) | Payment<br>Available<br>(\$) | Net<br>Payment<br>Earned (\$) |
|          | Domain 1 Organizational            | Complete      | 5.00             | 5.00               | 100%             | 80%                          | 10%                              | 21,952                       | 21,952                        |
| Domain 1 | Project Implementation Speed       | N/A           | 0.00             | 0.00               | 0%               |                              |                                  |                              |                               |
|          | Patient Engagement Speed           | Complete      | 1.00             | 1.00               | 100%             |                              |                                  |                              |                               |
|          | Domain 1 Subtotal                  |               | 6.00             | 6.00               | 100%             | 80%                          | 10%                              | 21,952                       | 21,952                        |
| Domain 2 | Domain 2 Pay for Reporting (P4R)   | Complete      | 14.00            | 14.00              | 100%             | 20%                          | 10%                              | 21,952                       | 21,952                        |
| Domain 2 | Domain 2 Pay for Performance (P4P) | N/A           | N/A              | N/A                | N/A              | 0%                           | 0%                               | -                            | -                             |
|          | Domain 2 Subtotal                  |               | 14.00            | 14.00              | 100%             | 20%                          | 10%                              | 21,952                       | 21,952                        |
|          | Total                              | Complete      | 20.00            | 20.00              | 100%             | 100%                         | 20%                              | 43,904                       | 43,904                        |

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

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|                    | Domain 1 Project Milest                    | ones - Projec        | t 2.a.ii              |                     |                 |             |
|--------------------|--|----------------------|-----------------------|---------------------|-----------------|-------------|
| AV <b>Dri</b> ving | Project Requirement and Metric/Deliverable | Required<br>Due Date | Committed<br>Due Date | Milestone<br>Status | Reviewer Status | AVs Awarded |





Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 2.a.ii

| Module 1 - Major risks to implementation and mitigation strategies | Ongoing | N/A | In Process | Pass & Ongoing | N/A  |
|--|---------|-----|------------|----------------|------|
|  |         |     |            |                |      |
|  |         |     |            |                |      |
|  |         |     |            |                |      |
| Module 3 - Patient Engagement Speed                                | Ongoing | N/A | In Process | Pass & Ongoing | 1    |
|  |         |     |            |                |      |
| Total  |         |     |            |                | 1.00 |

|            | Domain 1 Project Prescribed   | Milestones - I       | Project 2.a.ii        |                     |                 |             |
|------------|---|----------------------|-----------------------|---------------------|-----------------|-------------|
| AV Driving | Project Requirement and Metric/Deliverable  | Required<br>Due Date | Committed<br>Due Date | Milestone<br>Status | Reviewer Status | AVs Awarded |
|            | 1. Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3<br>PCMH accreditation and/or meet state-determined criteria for<br>Advanced Primary Care Models by the end of DSRIP Year 3. | 3/31/2018            | 3/31/2018             | In Process          | Pass & Ongoing  | N/A         |
|            | <ol> <li>Identify a physician champion with knowledge of PCMH/APCM<br/>implementation for each primary care practice included in the project.</li> </ol>  | 3/31/2017            | 3/31/2017             | In Process          | Pass & Ongoing  | N/A         |
|            |   |                      |                       |                     |                 |             |
|            | 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             | In Process          | Pass & Ongoing  | N/A         |
|            |   |                      |                       |                     |                 |             |



|   | Save & Return Print  | Achievement |           |            | l, Q4 January 1, 2016 - Ma<br>rian Hospital of Queens - I | -   |
|---|--|-------------|-----------|------------|---|-----|
| • | 4. Ensure all PPS safety net providers are actively sharing EHR systems<br>with local health information exchange/RHIO/SHIN-NY and sharing<br>health information among clinical partners, including direct exchange<br>(secure messaging), alerts and patient record look up by the end of<br>Demonstration Year (DY) 3. | 3/31/2018   | 3/31/2018 | In Process | Pass & Ongoing  | N/A |
| • | 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 | In Process | Pass & Ongoing  | N/A |
| • | 6. Perform population health management by actively using EHRs and<br>other IT platforms, including use of targeted patient registries, for all<br>participating safety net providers.   | 3/31/2017   | 3/31/2017 | In Process | Pass & Ongoing  | N/A |
| • | 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 | In Process | Pass & Ongoing  | N/A |
|   | 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<br>referral to appropriate care in a timely manner.  | 3/31/2017   | 3/31/2017 | In Process | Pass & Ongoing  | N/A |
|   | 9. Implement open access scheduling in all primary care practices.   | 3/31/2017   | 3/31/2017 | In Process | Pass & Ongoing  | N/A |

| NEW<br>YORK<br>STATEDepartment<br>of HealthMedicaid<br>Redesign Team |  | York State Department of Health<br>centive Payment (DSRIP) Program |
|--|--|--|
| Save & Return  | Achievement Value (AV) Scorecard DY1, Q4 |  |
| Print  | The New York Presbyterian I              | Hospital of Queens - Project 2.a.ii                                |
|  |  |  |
|  | Total                                    | 0.00   |

|            | Domain 2 Pay for Performance and Pay for Reporting - Project 2.a.ii (all Milestones are P4R in DY1)  |                 |             |  |  |  |  |  |  |
|------------|--|-----------------|-------------|--|--|--|--|--|--|
| AV Driving | Measure  | Reviewer Status | AVs Awarded |  |  |  |  |  |  |
|            | Adult Access to Preventive or Ambulatory Care - 20 to 44 years                                       | Pass & Ongoing  | 0.3333333   |  |  |  |  |  |  |
|            |  |                 |             |  |  |  |  |  |  |
|            | Adult Access to Preventive or Ambulatory Care - 45 to 64 years                                       | Pass & Ongoing  | 0.3333333   |  |  |  |  |  |  |
|            |  |                 |             |  |  |  |  |  |  |
|            | Adult Access to Preventive or Ambulatory Care - 65 and older   | Pass & Ongoing  | 0.3333333   |  |  |  |  |  |  |
|            |  |                 |             |  |  |  |  |  |  |
|            | CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers | Pass & Ongoing  | 1           |  |  |  |  |  |  |
|            |  |                 |             |  |  |  |  |  |  |
|            | Children's Access to Primary Care- 12 to 19 years  | Pass & Ongoing  | 0.25        |  |  |  |  |  |  |
|            |  |                 |             |  |  |  |  |  |  |
|            | Children's Access to Primary Care- 12 to 24 months   | Pass & Ongoing  | 0.25        |  |  |  |  |  |  |
|            |  |                 |             |  |  |  |  |  |  |



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Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 2.a.ii

|   | Children's Access to Primary Care- 25 months to 6 years                      | Pass & Ongoing | 0.25 |
|---|--|----------------|------|
|   |  |                |      |
|   | Children's Access to Primary Care- 7 to 11 years                             | Pass & Ongoing | 0.25 |
|   |  |                |      |
|   | Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)        | Pass & Ongoing | 0.5  |
|   |  |                |      |
|   | Helpful, Courteous, and Respectful Office Staff (Q24 and 25)                 | Pass & Ongoing | 0.5  |
|   |  |                |      |
|   | H-CAHPS – Care Transition Metrics  | Pass & Ongoing | 1    |
|   |  |                |      |
|   | Medicaid Spending on ER and Inpatient Services ±                             | Pass & Ongoing | 1    |
|   |  |                |      |
|   | Medicaid spending on Primary Care and community based behavioral health care | Pass & Ongoing | 1    |
|   |  |                |      |
|   | PDI 90– Composite of all measures +/-  | Pass & Ongoing | 1    |
| - |  |                |      |



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|------|---|--------|
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Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 2.a.ii

| Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange | Pass & Ongoing | 1   |
|---|----------------|-----|
|   |                |     |
| 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 | NA  |
|   |                |     |
| Potentially Avoidable Emergency Room Visits   | Pass & Ongoing | 1   |
|   |                |     |
| Potentially Avoidable Readmissions  | Pass & Ongoing | 1   |
|   |                |     |
| PQI 90 – Composite of all measures +/-  | Pass & Ongoing | 1   |
|   |                |     |
| Primary Care - Length of Relationship - Q3  | Pass & Ongoing | 0.5 |
|   |                |     |
|   |                |     |

| STATE OF Health Medicaid Redesign Team |  | Delivery System Refor   | New York State Departme<br>rm Incentive Payment (DSF       |       |
|--|--|---|--|-------|
|  | Save & Return Print                      | Achievement Value (AV) Scorecard DY.<br>The New York Presbyte | 1, Q4 January 1, 2016 - Ma<br>erian Hospital of Queens - I |       |
|  | Primary Care - Usual Source of Care - Q2 |   | Pass & Ongoing   | 0.5   |
|  |  |   |  |       |
|  |  | Total   |  | 14.00 |



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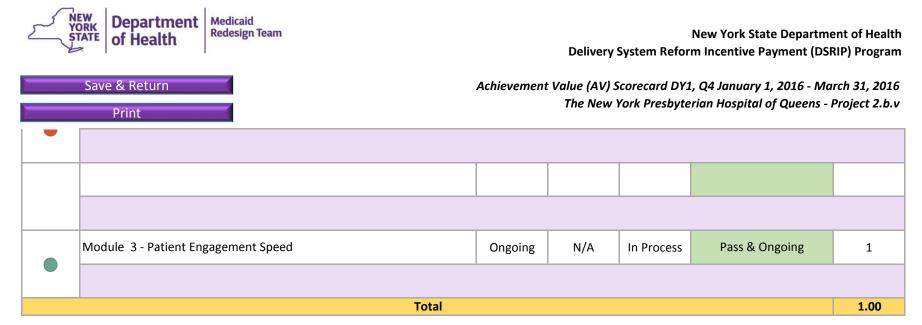
| Project Snapshot      |  |  | Payment Snapshot               |           |            |  |  |
|-----------------------|--|--|--------------------------------|-----------|------------|--|--|
| <b>Project Domain</b> | System Transformation Projects (Domain 2)                                  |  | Payment Available (DY1)        | \$        | 273,470.54 |  |  |
| Project ID            | 2.b.v  |  | DY1 Initial Payment            | \$        | 164,082.32 |  |  |
|                       |  |  | DY1 Q2 Payment Earned          | \$        | 54,694.11  |  |  |
| Project Title         | Care transitions intervention for skilled nursing facility (SNF) residents |  | DY1 Payment Not Earned to Date | \$        | -          |  |  |
| Project fille         |  |  | DY1 Funding Remaining          | \$        | 54,694.11  |  |  |
|                       |  | Funding Available for Distribution DY1Q4 | \$                             | 54,694.11 |            |  |  |

|          | 2.b.v Scoresheet                  |               |                  |                    |                  |                              |                                  |                              |                               |         |     |        |        |  |  |  |
|----------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|---------|-----|--------|--------|--|--|--|
| Domain   | Component                         | Review Status | AVs<br>Available | Net AVs<br>Awarded | Percentage<br>AV | Domain<br>Funding %<br>(DY1) | Domain<br>Funding %<br>(DY1, Q4) | Payment<br>Available<br>(\$) | Net<br>Payment<br>Earned (\$) |         |     |        |        |  |  |  |
|          | Domain 1 Organizational           | Complete      | 5.00             | 5.00               | 100%             | 80%                          | 80%                              | 80%                          | 80%                           | 80% 109 |     |        |        |  |  |  |
| Domain 1 | Project Implementation Speed      | N/A           | 0.00             | 0.00               | 0%               |                              |                                  |                              |                               |         | 10% | 27,347 | 27,347 |  |  |  |
|          | Patient Engagement Speed          | Complete      | 1.00             | 1.00               | 100%             |                              |                                  |                              |                               |         |     |        |        |  |  |  |
|          | Domain 1 Subtotal                 |               |                  | 6.00               | 100%             | 80%                          | 10%                              | 27,347                       | 27,347                        |         |     |        |        |  |  |  |
| Domain 2 | Domain 2 Pay for Reporting (P4R)  | Complete      | 14.00            | 14.00              | 100%             | 20%                          | 10%                              | 27,347                       | 27,347                        |         |     |        |        |  |  |  |
| Domain 2 | Domain 2 Pay for Performance (P4P | N/A           | N/A              | N/A                | N/A              | 0%                           | 0%                               | -                            | -                             |         |     |        |        |  |  |  |
|          | Domain 2 Subtotal                 |               |                  | 14.00              | 100%             | 20%                          | 10%                              | 27,347                       | 27,347                        |         |     |        |        |  |  |  |
|          | Total Complete                    |               |                  | 20.00              | 100%             | 100%                         | 20%                              | 54,694                       | 54,694                        |         |     |        |        |  |  |  |

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

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



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



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Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 2.b.v

| 4. Establish protocols for standardized care record transitions to the SNF staff and medical personnel.   | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |  |
|---|-----------|-----------|------------|----------------|-----|--|
|   |           |           |            |                |     |  |
| 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 | In Process | Pass & Ongoing | N/A |  |
|   |           |           |            |                |     |  |
| 6. Use EHRs and other technical platforms to track all patients engaged in the project.   | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |  |
|   |           |           |            |                |     |  |
| Total   |           |           |            |                |     |  |

|            | Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.v (all Milestones are P4R in DY1) |                        |             |  |  |  |  |  |  |
|------------|--|------------------------|-------------|--|--|--|--|--|--|
| AV Driving | Measure  | <b>Reviewer Status</b> | AVs Awarded |  |  |  |  |  |  |
|            | Adult Access to Preventive or Ambulatory Care - 20 to 44 years                                     | Pass & Ongoing         | 0.3333333   |  |  |  |  |  |  |
|            |  |                        |             |  |  |  |  |  |  |
|            | Adult Access to Preventive or Ambulatory Care - 45 to 64 years                                     | Pass & Ongoing         | 0.3333333   |  |  |  |  |  |  |
|            |  |                        |             |  |  |  |  |  |  |
|            | Adult Access to Preventive or Ambulatory Care - 65 and older                                       | Pass & Ongoing         | 0.3333333   |  |  |  |  |  |  |



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Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 2.b.v

| CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers | Pass & Ongoing | 1    |
|--|----------------|------|
|  |                |      |
| Children's Access to Primary Care- 12 to 19 years  | Pass & Ongoing | 0.25 |
|  |                |      |
| Children's Access to Primary Care- 12 to 24 months   | Pass & Ongoing | 0.25 |
|  |                |      |
| Children's Access to Primary Care- 25 months to 6 years  | Pass & Ongoing | 0.25 |
|  |                |      |
| Children's Access to Primary Care- 7 to 11 years   | Pass & Ongoing | 0.25 |
|  |                |      |
| Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)                                | Pass & Ongoing | 0.5  |
|  |                |      |
| Helpful, Courteous, and Respectful Office Staff (Q24 and 25)   | Pass & Ongoing | 0.5  |
|  |                |      |



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|---|---|----|
| H-CAHPS – Care Transition Metrics   | Pass & Ongoing  | 1  |
|   |   |    |
| Medicaid Spending on ER and Inpatient Services ±  | Pass & Ongoing  | 1  |
|   |   |    |
| Medicaid spending on Primary Care and community based behavioral health care  | Pass & Ongoing  | 1  |
|   |   |    |
| PDI 90– Composite of all measures +/-   | Pass & Ongoing  | 1  |
|   |   |    |
| Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange | Pass & Ongoing  | 1  |
|   |   |    |
| 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  | NA |
|   |   |    |
| Potentially Avoidable Emergency Room Visits   | Pass & Ongoing  | 1  |



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|--|-------------------------------|---------------|
| Print The New York Press   | byterian Hospital of Queens - | Project 2.b.v |
|  |                               |               |
| Potentially Avoidable Readmissions                               | Pass & Ongoing                | 1             |
|  |                               |               |
| PQI 90 – Composite of all measures +/-                           | Pass & Ongoing                | 1             |
|  |                               |               |
| Primary Care - Length of Relationship - Q3                       | Pass & Ongoing                | 0.5           |
|  |                               |               |
| Primary Care - Usual Source of Care - Q2                         | Pass & Ongoing                | 0.5           |
|  |                               |               |
| Total  |                               | 14.00         |



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

Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 2.b.vii

|                | Project Snapshot                             | Payment Snapshot                         |                  |
|----------------|--|--|------------------|
| Project Domain | System Transformation Projects (Domain 2)    | Payment Available (DY1)                  | \$<br>245,880.70 |
| Project ID     | 2.b.vii                                      | DY1 Initial Payment                      | \$<br>147,528.42 |
|                |  | DY1 Q2 Payment Earned                    | \$<br>49,176.14  |
| Project Title  | Implementing the INTERACT project (inpatient | DY1 Payment Not Earned to Date           | \$<br>(0.00)     |
| Project fille  | transfer avoidance program for SNF)          | DY1 Funding Remaining                    | \$<br>49,176.14  |
|                |  | Funding Available for Distribution DY1Q4 | \$<br>49,176.14  |

|                   | 2.b.vii Scoresheet                |               |                  |                    |                  |                              |                                  |                              |                               |  |  |  |  |  |  |
|-------------------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|--|--|--|--|--|
| Domain            | Component                         | Review Status | AVs<br>Available | Net AVs<br>Awarded | Percentage<br>AV | Domain<br>Funding %<br>(DY1) | Domain<br>Funding %<br>(DY1, Q4) | Payment<br>Available<br>(\$) | Net<br>Payment<br>Earned (\$) |  |  |  |  |  |  |
|                   | Domain 1 Organizational           | Complete      | 5.00             | 5.00               | 100%             | 80%                          |                                  |                              |                               |  |  |  |  |  |  |
| Domain 1          | Project Implementation Speed      | N/A           | 0.00             | 0.00               | 0%               |                              | 10%                              | 24,588                       | 24,588                        |  |  |  |  |  |  |
|                   | Patient Engagement Speed          | Complete      | 1.00             | 1.00               | 100%             |                              |                                  |                              |                               |  |  |  |  |  |  |
|                   | Domain 1 Subtotal                 |               | 6.00             | 6.00               | 100%             | 80%                          | 10%                              | 24,588                       | 24,588                        |  |  |  |  |  |  |
| Domain 2          | Domain 2 Pay for Reporting (P4R)  | Complete      | 14.00            | 14.00              | 100%             | 20%                          | 10%                              | 24,588                       | 24,588                        |  |  |  |  |  |  |
| Domain 2          | Domain 2 Pay for Performance (P4P | N/A           | N/A              | N/A                | N/A              | 0%                           | 0%                               | -                            | -                             |  |  |  |  |  |  |
| Domain 2 Subtotal |                                   | 14.00         | 14.00            | 100%               | 20%              | 10%                          | 24,588                           | 24,588                       |                               |  |  |  |  |  |  |
|                   | Total                             | Complete      | 20.00            | 20.00              | 100%             | 100%                         | 20%                              | 49,176                       | 49,176                        |  |  |  |  |  |  |

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

## Hide Reviewer Comments

| Domain 1 Project Milestones - Project 2.b.vii |  |                      |                       |                     |                 |             |
|---|--|----------------------|-----------------------|---------------------|-----------------|-------------|
| AV Driving                                    | Project Requirement and Metric/Deliverable                         | Required<br>Due Date | Committed<br>Due Date | Milestone<br>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 He<br>STATEMedicaid<br>Redesign TeamNew York State Department of He<br>Delivery System Reform Incentive Payment (DSRIP) Program |   |         |            |               |                             |               |
|--|---|---------|------------|---------------|-----------------------------|---------------|
|  | Save & Return Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March The New York Presbyterian Hospital of Queens - Proje |         |            |               |                             |               |
|  | Print   |         | The New To | ork Presbylen | ian Hospital of Queens - Pi | oject 2.0.vii |
|  |   |         |            |               |                             |               |
|  |   |         |            |               |                             |               |
|  |   |         |            |               |                             |               |
|  | Module 3 - Patient Engagement Speed   | Ongoing | N/A        | In Process    | Pass & Ongoing              | 1             |
|  |   |         |            |               |                             |               |
|  | Total   |         |            |               |                             | 1.00          |

|            | Domain 1 Project Prescribed Milestones - Project 2.b.vii   |                      |                       |                     |                 |             |  |
|------------|--|----------------------|-----------------------|---------------------|-----------------|-------------|--|
| AV Driving | Project Requirement and Metric/Deliverable   | Required<br>Due Date | Committed<br>Due Date | Milestone<br>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             | In Process          | Pass & Ongoing  | N/A         |  |
|            | 2. Identify a facility champion who will angage other staff and sorve as   |                      |                       |                     |                 |             |  |
|            | 2. Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.   | 3/31/2017            | 3/31/2016             | In Process          | Pass & Ongoing  | N/A         |  |
|            |  |                      |                       |                     |                 |             |  |
|            | 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             | In Process          | Pass & Ongoing  | N/A         |  |
|            |  |                      |                       |                     |                 |             |  |
|            | 4. Educate all staff on care pathways and INTERACT principles.   | 3/31/2017            | 3/31/2016             | In Process          | Pass & Ongoing  | N/A         |  |



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Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 2.b.vii

| 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 | In Process | Pass & Ongoing | N/A  |
|---|-----------|-----------|------------|----------------|------|
|   |           |           |            |                |      |
| 6. Create coaching program to facilitate and support implementation.  | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A  |
| 7. Educate patient and family/caretakers, to facilitate participation in  | 2/24/2047 |           |            |                |      |
| planning of care.   | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A  |
| 8. Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.  | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A  |
| 9. Measure outcomes (including quality assessment/root cause analysis   |           |           |            |                |      |
| of transfer) in order to identify additional interventions.   | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A  |
| <br>10. Use EHRs and other technical platforms to track all patients  |           |           |            |                |      |
| engaged in the project.   | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A  |
| Total   |           |           |            |                | 0.00 |

Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.vii (all Milestones are P4R in DY1)



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| AV Driving | Measure  | Reviewer Status | AVs Awarded |
|------------|--|-----------------|-------------|
|            | Adult Access to Preventive or Ambulatory Care - 20 to 44 years                                       | Pass & Ongoing  | 0.3333333   |
|            |  |                 |             |
|            | Adult Access to Preventive or Ambulatory Care - 45 to 64 years                                       | Pass & Ongoing  | 0.3333333   |
|            |  |                 |             |
|            | Adult Access to Preventive or Ambulatory Care - 65 and older   | Pass & Ongoing  | 0.3333333   |
|            |  |                 |             |
|            | CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers | Pass & Ongoing  | 1           |
|            |  |                 |             |
|            | Children's Access to Primary Care- 12 to 19 years  | Pass & Ongoing  | 0.25        |
|            |  |                 |             |
|            | Children's Access to Primary Care- 12 to 24 months   | Pass & Ongoing  | 0.25        |
|            |  |                 |             |
|            | Children's Access to Primary Care- 25 months to 6 years  | Pass & Ongoing  | 0.25        |
|            |  |                 |             |



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| Children's Access to Primary Care- 7 to 11 years  | Pass & Ongoing | 0.25 |
|---|----------------|------|
|   |                |      |
| Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)   | Pass & Ongoing | 0.5  |
|   |                |      |
| Helpful, Courteous, and Respectful Office Staff (Q24 and 25)  | Pass & Ongoing | 0.5  |
|   |                |      |
| H-CAHPS – Care Transition Metrics   | Pass & Ongoing | 1    |
|   |                |      |
| Medicaid Spending on ER and Inpatient Services ±  | Pass & Ongoing | 1    |
|   |                |      |
| Medicaid spending on Primary Care and community based behavioral health care  | Pass & Ongoing | 1    |
|   |                |      |
| PDI 90– Composite of all measures +/-   | Pass & Ongoing | 1    |
|   |                |      |
| Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange | Pass & Ongoing | 1    |



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| 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 | NA    |
|  |                |       |
| Potentially Avoidable Emergency Room Visits  | Pass & Ongoing | 1     |
|  |                |       |
| Potentially Avoidable Readmissions   | Pass & Ongoing | 1     |
|  |                | -     |
| PQI 90 – Composite of all measures +/-   | Pass & Ongoing | 1     |
|  |                |       |
| Primary Care - Length of Relationship - Q3   | Pass & Ongoing | 0.5   |
|  |                |       |
| Primary Care - Usual Source of Care - Q2   | Pass & Ongoing | 0.5   |
|  |                |       |
| Total  |                | 14.00 |



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

Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 2.b.viii

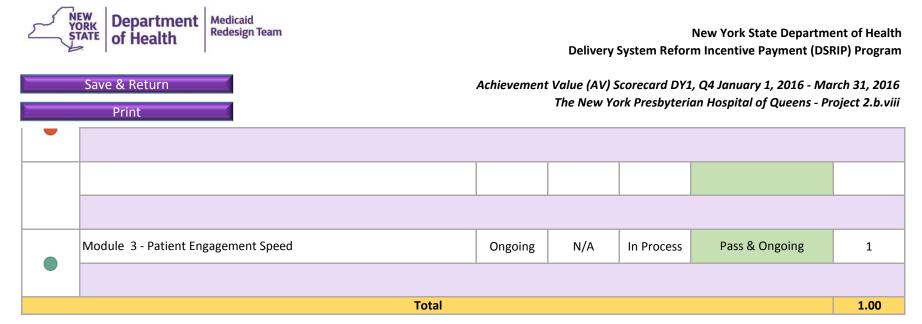
|                | Project Snapshot                           | Pa                                 | ayment Snapshot |                  |
|----------------|--|------------------------------------|-----------------|------------------|
| Project Domain | System Transformation Projects (Domain 2)  | Payment Available (DY1)            |                 | \$<br>256,254.38 |
| Project ID     | 2.b.viii                                   | DY1 Initial Payment                |                 | \$<br>153,752.63 |
|                |  | DY1 Q2 Payment Earned              |                 | \$<br>51,250.88  |
|                | Hospital-Home Care Collaboration Solutions | DY1 Payment Not Earned to Date     |                 | \$<br>0.00       |
| Project Title  |  | DY1 Funding Remaining              |                 | \$<br>51,250.88  |
|                |  | Funding Available for Distribution | DY1Q4           | \$<br>51,250.88  |

|          |                                   |               | 2.b.viii Scor    | esheet             |                  |                              |                                  |                              |                               |        |  |  |
|----------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--------|--|--|
| Domain   | Component                         | Review Status | AVs<br>Available | Net AVs<br>Awarded | Percentage<br>AV | Domain<br>Funding %<br>(DY1) | Domain<br>Funding %<br>(DY1, Q4) | Payment<br>Available<br>(\$) | Net<br>Payment<br>Earned (\$) |        |  |  |
|          | Domain 1 Organizational           | Complete      | 5.00             | 5.00               | 100%             | 80%                          | 80%                              |                              |                               |        |  |  |
| Domain 1 | Project Implementation Speed      | N/A           | 0.00             | 0.00               | 0%               |                              |                                  | 80% 10%                      | 25,625                        | 25,625 |  |  |
|          | Patient Engagement Speed          | Complete      | 1.00             | 1.00               | 100%             |                              |                                  |                              |                               |        |  |  |
|          | Domain 1 Subtotal                 |               | 6.00             | 6.00               | 100%             | 80%                          | 10%                              | 25,625                       | 25,625                        |        |  |  |
| Domain 2 | Domain 2 Pay for Reporting (P4R)  | Complete      | 14.00            | 14.00              | 100%             | 20%                          | 10%                              | 25,625                       | 25,625                        |        |  |  |
| Domain 2 | Domain 2 Pay for Performance (P4P | N/A           | N/A              | N/A                | N/A              | 0%                           | 0%                               | -                            | -                             |        |  |  |
|          | Domain 2 Subtotal                 |               |                  | 14.00              | 100%             | 20%                          | 10%                              | 25,625                       | 25,625                        |        |  |  |
|          | Total                             | Complete      | 20.00            | 20.00              | 100%             | 100%                         | 20%                              | 51,251                       | 51,251                        |        |  |  |

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

### Hide Reviewer Comments

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



|            | Domain 1 Project Prescribed N  | 1ilestones - P       | roject 2.b.viii       |                     |                 |             |
|------------|--|----------------------|-----------------------|---------------------|-----------------|-------------|
| AV Driving | Project Requirement and Metric/Deliverable   | Required<br>Due Date | Committed<br>Due Date | Milestone<br>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.                   | 3/31/2019            | 3/31/2019             | In Process          | Pass & Ongoing  | N/A         |
|            | 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             | In Process          | Pass & Ongoing  | N/A         |
|            |  |                      |                       |                     |                 |             |
|            | 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             | In Process          | Pass & Ongoing  | N/A         |



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| 4. Educate all staff on care pathways and INTERACT-like principles.   | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|---|-----------|-----------|------------|----------------|-----|
|   |           |           |            |                |     |
| <ol> <li>Develop Advance Care Planning tools to assist residents and families<br/>in expressing and documenting their wishes for near end of life and end<br/>of life care</li> </ol> | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|   |           |           |            |                |     |
| 6. Create coaching program to facilitate and support implementation.  | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|   |           |           |            |                |     |
| 7. Educate patient and family/caretakers, to facilitate participation in planning of care.  | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|   |           |           |            |                |     |
| 8. Integrate primary care, benavioral nealth, pharmacy, and other services into the model in order to enhance coordination of care and medication management                          | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|   |           |           |            |                |     |
| 9. Utilize telehealth/telemedicine to enhance hospital-home care collaborations.  | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|   |           |           |            |                |     |
| 10. Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.   | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |



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|       | 11. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A  |
|-------|--|-----------|-----------|------------|----------------|------|
|       |  |           |           |            |                |      |
|       | 12. Use EHRs and other technical platforms to track all patients engaged in the project.   | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A  |
|       |  |           |           |            |                |      |
| Total |  |           |           |            |                | 0.00 |

|            | Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.viii (all Milestones are P4R in DY1) |                 |             |  |  |  |  |  |  |
|------------|---|-----------------|-------------|--|--|--|--|--|--|
| AV Driving | Measure   | Reviewer Status | AVs Awarded |  |  |  |  |  |  |
|            | Adult Access to Preventive or Ambulatory Care - 20 to 44 years  | Pass & Ongoing  | 0.3333333   |  |  |  |  |  |  |
|            |   |                 |             |  |  |  |  |  |  |
|            | Adult Access to Preventive or Ambulatory Care - 45 to 64 years  | Pass & Ongoing  | 0.3333333   |  |  |  |  |  |  |
|            |   |                 |             |  |  |  |  |  |  |
|            | Adult Access to Preventive or Ambulatory Care - 65 and older  | Pass & Ongoing  | 0.3333333   |  |  |  |  |  |  |
|            |   |                 |             |  |  |  |  |  |  |
|            | CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers  | Pass & Ongoing  | 1           |  |  |  |  |  |  |



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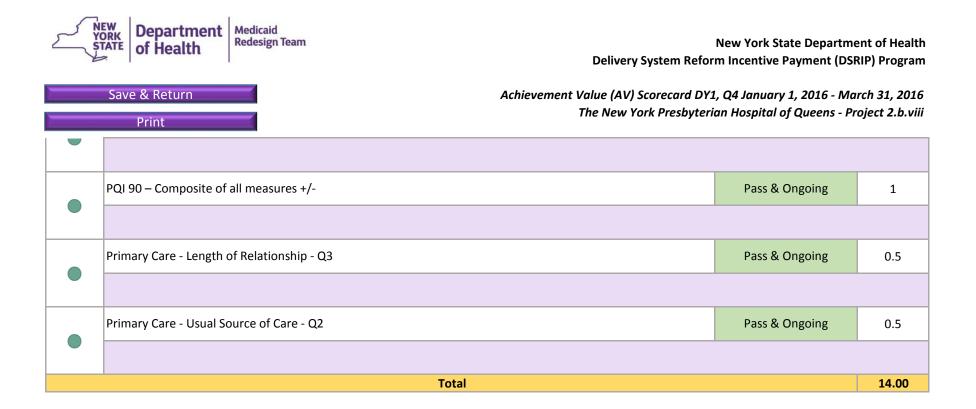
| Children's Access to Primary Care- 12 to 19 years                     | Pass & Ongoing | 0.25 |
|---|----------------|------|
|   |                |      |
| Children's Access to Primary Care- 12 to 24 months                    | Pass & Ongoing | 0.25 |
|   |                |      |
| Children's Access to Primary Care- 25 months to 6 years               | Pass & Ongoing | 0.25 |
|   |                |      |
| Children's Access to Primary Care- 7 to 11 years                      | Pass & Ongoing | 0.25 |
|   |                |      |
| Getting Timely Appointments, Care and information (Q6, 8, 10, and 12) | Pass & Ongoing | 0.5  |
|   |                |      |
| Helpful, Courteous, and Respectful Office Staff (Q24 and 25)          | Pass & Ongoing | 0.5  |
|   |                |      |
| H-CAHPS – Care Transition Metrics                                     | Pass & Ongoing | 1    |
|   |                |      |



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| Medicaid Spending on ER and Inpatient Services ±  | Pass & Ongoing | 1  |
|---|----------------|----|
|   |                |    |
| Medicaid spending on Primary Care and community based behavioral health care  | Pass & Ongoing | 1  |
|   |                |    |
| PDI 90– Composite of all measures +/-   | Pass & Ongoing | 1  |
|   |                |    |
| Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange | Pass & Ongoing | 1  |
|   |                |    |
| 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 | NA |
|   |                |    |
| Potentially Avoidable Emergency Room Visits   | Pass & Ongoing | 1  |
|   |                |    |
| Potentially Avoidable Readmissions  | Pass & Ongoing | 1  |
|   |                |    |





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Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 3.a.i

| Project Snapshot      |   | Payment Snapshot                         |    |            |  |  |
|-----------------------|---|--|----|------------|--|--|
| <b>Project Domain</b> | Clinical Improvement Projects (Domain 3)          | Payment Available (DY1)                  | \$ | 221,280.78 |  |  |
| Project ID            | 3.a.i   | DY1 Initial Payment                      | \$ | 132,768.47 |  |  |
|                       |   | DY1 Q2 Payment Earned                    | \$ | 44,256.16  |  |  |
| Project Title         | Integration of primary care and behavioral health | DY1 Payment Not Earned to Date           | \$ | (0.00)     |  |  |
| Project fille         | services  | DY1 Funding Remaining                    | \$ | 44,256.16  |  |  |
|                       |   | Funding Available for Distribution DY1Q4 | \$ | 44,256.16  |  |  |

|                   |                                  |               | 3.a.i Score      | sheet              |                  |                              |                                  |                              |                               |
|-------------------|----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain            | Component                        | Review Status | AVs<br>Available | Net AVs<br>Awarded | Percentage<br>AV | Domain<br>Funding %<br>(DY1) | Domain<br>Funding %<br>(DY1, Q4) | Payment<br>Available<br>(\$) | Net<br>Payment<br>Earned (\$) |
|                   | Domain 1 Organizational          | Complete      | 5.00 5.00 100%   | 100%               |                  |                              |                                  |                              |                               |
| Domain 1          | Project Implementation Speed     | N/A           | 0.00             | 0.00               | 0%               | 80%                          | 10%                              | 22,128                       | 22,128                        |
|                   | Patient Engagement Speed         | Complete      | 1.00             | 1.00               | 100%             |                              |                                  |                              |                               |
|                   | Domain 1 Subtotal                |               | 6.00             | 6.00               | 100%             | 80%                          | 10%                              | 22,128                       | 22,128                        |
| Domain 3          | Domain 3 Pay for Reporting (P4R) | Complete      | 10.00            | 10.00              | 100%             | 20%                          | 10%                              | 22,128                       | 22,128                        |
| Domain 3          | Domain 3 Pay for Performance N/A |               | N/A              | N/A                | N/A              | 0%                           | 0%                               | -                            | -                             |
| Domain 3 Subtotal |                                  |               | 10.00            | 10.00              | 100%             | 20%                          | 10%                              | 22,128                       | 22,128                        |
|                   | Total Complete                   |               |                  | 16.00              | 100%             | 100%                         | 20%                              | 44,256                       | 44,256                        |
| Hide Revie        | ewer Comments                    | Total P       | roiect 3.a.i A   | Vs Awarded         | : 16 out of 16   |                              |                                  |                              |                               |

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

|    | Domain 1 Project Milestones - Project 3.a.i |  |                      |                       |                     |                 |             |
|----|---|--|----------------------|-----------------------|---------------------|-----------------|-------------|
| A۱ | / Driving                                   | Project Requirement and Metric/Deliverable                         | Required<br>Due Date | Committed<br>Due Date | Milestone<br>Status | Reviewer Status | AVs Awarded |
|    |   | Module 1 - Major risks to implementation and mitigation strategies | Ongoing              | N/A                   | In Process          | Pass & Ongoing  | N/A         |

| NY S | EW<br>ORK<br>TATE     Department     Medicaid       of Health     Redesign Team |             | Delivery |            | New York State Departme<br>m Incentive Payment (DSF      |   |
|------|---|-------------|----------|------------|--|---|
|      | Save & Return Print   | Achievement |          |            | l, Q4 January 1, 2016 - Ma<br>erian Hospital of Queens - |   |
|      |   |             |          |            |  |   |
|      |   |             |          |            |  |   |
|      |   |             |          |            |  |   |
|      | Module 3 - Patient Engagement Speed   | Ongoing     | N/A      | In Process | Pass & Ongoing   | 1 |
|      |   |             |          |            |  |   |
|      | Total   |             |          |            |  | 1 |

|               | 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<br>Driving  | Project Requirement and Metric/Deliverable   | Required<br>Due Date | Committed<br>Due Date | Milestone<br>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             | In Process          | Pass & Ongoing  | N/A         |  |  |  |
|               |  |  |                      |                       |                     |                 |             |  |  |  |
|               |  | 2. Develop collaborative evidence-based standards of care including medication management and care engagement process.   | 3/31/2017            | 3/31/2017             | In Process          | Pass & Ongoing  | N/A         |  |  |  |
| 3.a.i Model 1 |  |  | •                    |                       | ·*                  |                 |             |  |  |  |



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

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

Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016

Print 3. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, Pass & Ongoing 9/30/2016 9/30/2016 In Process N/A SBIRT) implemented for all patients to identify unmet needs. 4. Use EHRs or other technical platforms to track all patients 3/31/2017 Pass & Ongoing 3/31/2017 In Process N/A engaged in this project. Pass & Ongoing 5. Co-locate primary care services at behavioral health sites. 3/31/2018 3/31/2018 In Process N/A 6. Develop collaborative evidence-based standards of care including medication management and care engagement 12/31/2016 12/31/2016 Pass & Ongoing N/A In Process process. 3.a.i Model 2 7. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, 9/30/2016 9/30/2016 In Process Pass & Ongoing N/A SBIRT) implemented for all patients to identify unmet needs. 8. Use EHRs or other technical platforms to track all patients 3/31/2017 Pass & Ongoing 3/31/2017 In Process N/A engaged in this project. 9. Implement IMPACT Model at Primary Care Sites. Pass & Ongoing 3/31/2020 3/31/2020 In Process N/A 



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

Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 3.a.i

|               | 10. Utilize IMPACT Model collaborative care standards,<br>including developing coordinated evidence-based care<br>standards and policies and procedures for care engagement. | 3/31/2020 | 3/31/2020 | In Process | Pass & Ongoing | N/A |
|---------------|--|-----------|-----------|------------|----------------|-----|
|               |  |           |           |            |                |     |
|               | 11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.   | 3/31/2020 | 3/31/2020 | In Process | Pass & Ongoing | N/A |
|               |  |           |           |            |                |     |
| 3.a.i Model 3 | 12. Designate a Psychiatrist meeting requirements of the IMPACT Model.   | 3/31/2020 | 3/31/2020 | In Process | Pass & Ongoing | N/A |
|               |  |           |           |            |                |     |
|               | 13. Measure outcomes as required in the IMPACT Model.  | 3/31/2020 | 3/31/2020 | In Process | Pass & Ongoing | N/A |
|               |  |           |           |            |                |     |
|               | 14. Provide "stepped care" as required by the IMPACT Model.  | 3/31/2020 | 3/31/2020 | In Process | Pass & Ongoing | N/A |
|               |  |           |           |            |                |     |
|               | <br>15. Use EHRs or other technical platforms to track all patients engaged in this project.   | 3/31/2020 | 3/31/2020 | In Process | Pass & Ongoing | N/A |
|               |  |           |           |            |                |     |
|               | Total  |           |           |            |                | 0   |

Domain 3 Pay for Performance and Pay for Reporting - Project 3.a.i (all Milestones are P4R in DY1)



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



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



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Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 3.b.i

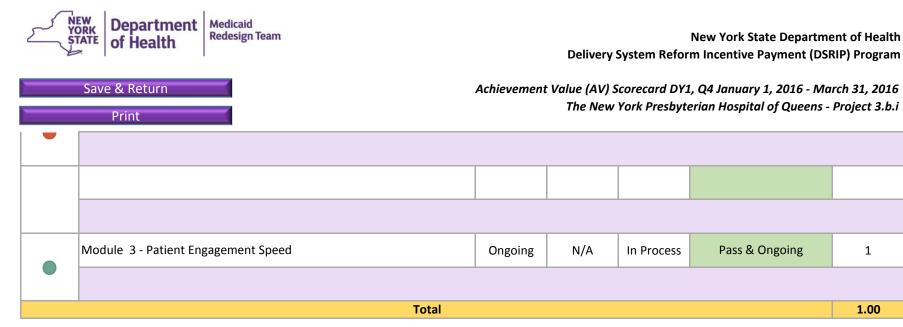
| Project Snapshot      |  |  | Payment Snapshot                         |    |            |  |  |  |  |
|-----------------------|--|--|--|----|------------|--|--|--|--|
| <b>Project Domain</b> | Clinical Improvement Projects (Domain 3)   |  | Payment Available (DY1)                  | \$ | 165,410.88 |  |  |  |  |
| Project ID            | 3.b.i  |  | DY1 Initial Payment                      | \$ | 99,246.53  |  |  |  |  |
|                       | Evidence based strategies for disease  |  | DY1 Q2 Payment Earned                    | \$ | 33,082.18  |  |  |  |  |
| Project Title         | Evidence-based strategies for disease<br>management in high risk/affected populations. |  | DY1 Payment Not Earned to Date           | \$ | (0.00)     |  |  |  |  |
| Project fille         |  |  | DY1 Funding Remaining                    | \$ | 33,082.18  |  |  |  |  |
|                       | (adult only)   |  | Funding Available for Distribution DY1Q4 | \$ | 33,082.18  |  |  |  |  |

|                   |                                   |               | 3.b.i Score      | sheet              |                  |                              |                                  |                              |                               |
|-------------------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain            | Component                         | Review Status | AVs<br>Available | Net AVs<br>Awarded | Percentage<br>AV | Domain<br>Funding %<br>(DY1) | Domain<br>Funding %<br>(DY1, Q4) | Payment<br>Available<br>(\$) | Net<br>Payment<br>Earned (\$) |
|                   | Domain 1 Organizational           | Complete      | 5.00             | 5.00               | 100%             |                              |                                  |                              |                               |
| Domain 1          | Project Implementation Speed      | N/A           | 0.00             | 0.00               | 0%               | 80%                          | 10%                              | 16,541                       | 16,541                        |
|                   | Patient Engagement Speed          | Complete      | 1.00             | 1.00               | 100%             |                              |                                  |                              |                               |
|                   | Domain 1 Subtotal                 |               | 6.00             | 6.00               | 100%             | 80%                          | 10%                              | 16,541                       | 16,541                        |
| Domain 3          | Domain 3 Pay for Reporting (P4R)  | Complete      | 7.00             | 7.00               | 100%             | 20%                          | 10%                              | 16,541                       | 16,541                        |
| Domain 5          | Domain 3 Pay for Performance (P4P | N/A           | N/A              | N/A                | N/A              | 0%                           | 0%                               | -                            | -                             |
| Domain 2 Subtotal |                                   | 7.00          | 7.00             | 100%               | 20%              | 10%                          | 16,541                           | 16,541                       |                               |
| Total Complete    |                                   |               | 13.00            | 13.00              | 100%             | 100%                         | 20%                              | 33,082                       | 33,082                        |

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

### Hide Reviewer Comments

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



|            | Domain 1 Project Prescribed   | Milestones -         | Project 3.b.i         |                     |                 |             |
|------------|---|----------------------|-----------------------|---------------------|-----------------|-------------|
| AV Driving | Project Requirement and Metric/Deliverable  | Required<br>Due Date | Committed<br>Due Date | Milestone<br>Status | Reviewer Status | AVs Awarded |
|            | <ol> <li>Implement program to improve management of cardiovascular<br/>disease using evidence-based strategies in the ambulatory and<br/>community care setting.</li> </ol>   | 3/31/2018            | 3/31/2018             | In Process          | Pass & Ongoing  | N/A         |
|            |   |                      |                       |                     |                 |             |
|            | 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 | 3/31/2018            | 3/31/2018             | In Process          | Pass & Ongoing  | N/A         |
|            |   | -                    |                       |                     |                 |             |
|            | 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             | In Process          | Pass & Ongoing  | N/A         |
| -          |   | -                    |                       |                     |                 |             |



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|---|------------|-----------|--------------|----------------------------|---------------|
| Print   |            | The New   | York Presbyt | erian Hospital of Queens - | Project 3.b.i |
| 4. Use EHRs or other technical platforms to track all patients engaged in this project.   | 3/31/2017  | 3/31/2017 | In Process   | Pass & Ongoing             | N/A           |
|   |            |           |              |                            |               |
| 5. Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).   | 3/31/2017  | 3/31/2017 | In Process   | Pass & Ongoing             | N/A           |
|   |            |           |              |                            |               |
| 6. Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.   | 3/31/2017  | 3/31/2017 | In Process   | Pass & Ongoing             | N/A           |
|   |            |           |              |                            |               |
| <ul> <li>7. Develop care coordination teams including use of nursing staff,<br/>pharmacists, dieticians and community health workers to address</li> <li>lifestyle changes, medication adherence, health literacy issues, and<br/>patient self-efficacy and confidence in self-management.</li> </ul> | 3/31/2017  | 3/31/2017 | In Process   | Pass & Ongoing             | N/A           |
|   |            |           |              |                            |               |
| 8. Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.   | 3/31/2018  | 3/31/2018 | In Process   | Pass & Ongoing             | N/A           |
|   |            |           |              |                            |               |
| 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 | In Process   | Pass & Ongoing             | N/A           |
|   |            |           |              |                            |               |
| 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 | In Process   | Pass & Ongoing             | N/A           |



| Save & Return  | Achievement |           |               | l, Q4 January 1, 2016 - Mai | -             |
|--|-------------|-----------|---------------|-----------------------------|---------------|
| Print  |             | ine New   | YORK Presbyte | erian Hospital of Queens -  | Project 3.b.i |
| 11. 'Prescribe once-daily regimens or fixed-dose combination pills when appropriate.   | 3/31/2017   | 3/31/2017 | In Process    | Pass & Ongoing              | N/A           |
|  |             |           |               |                             |               |
| 12. Document patient driven self-management goals in the medical record and review with patients at each visit.                              | 3/31/2018   | 3/31/2018 | In Process    | Pass & Ongoing              | N/A           |
|  |             |           |               |                             |               |
| 13. Follow up with referrals to community based programs to document participation and behavioral and health status changes.                 | 3/31/2018   | 3/31/2018 | In Process    | Pass & Ongoing              | N/A           |
|  |             |           |               |                             |               |
| 14. Develop and implement protocols for home blood pressure monitoring with follow up support.   | 3/31/2017   | 3/31/2017 | In Process    | Pass & Ongoing              | N/A           |
|  |             |           |               |                             |               |
| 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 | In Process    | Pass & Ongoing              | N/A           |
|  |             |           |               |                             |               |
| 16. Facilitate referrals to NYS Smoker's Quitline.   | 3/31/2017   | 3/31/2017 | In Process    | Pass & Ongoing              | N/A           |
|  |             |           |               |                             |               |
| 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 | In Process    | Pass & Ongoing              | N/A           |
|  |             |           |               |                             |               |
| 18. Adopt strategies from the Million Hearts Campaign.   | 3/31/2017   | 3/31/2017 | In Process    | Pass & Ongoing              | N/A           |



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|         | 19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |  |
|---------|--|-----------|-----------|------------|----------------|-----|--|
|         |  |           |           |            |                |     |  |
|         | 20. Engage a majority (at least 80%) of primary care providers in this project.  | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |  |
|         |  |           |           |            |                |     |  |
| Total 0 |  |           |           |            |                |     |  |

|            | Domain 3 Pay for Performance and Pay for Reporting - Project 3.b.i (all Milestones are P4R | in DY1)         |             |
|------------|--|-----------------|-------------|
| AV Driving | Measure  | Reviewer Status | AVs Awarded |
|            | Aspirin Use  | Pass & Ongoing  | 0.5         |
|            |  |                 |             |
|            | Discussion of Risks and Benefits of Aspirin Use  | Pass & Ongoing  | 0.5         |
|            |  |                 |             |
|            | Controlling High Blood Pressure  | Pass & Ongoing  | 1           |
|            |  |                 |             |
|            | Flu Shots for Adults Ages 18 – 64  | Pass & Ongoing  | 1           |
|            |  |                 |             |



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

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| Save & Return                 | Achievement Value (AV) Scorecard                                |                                |
|-------------------------------|---|--------------------------------|
| Print                         | The New York Pre  | sbyterian Hospital of Queens - |
| Health Literacy (QHL13, 14, a | nd 16)  | Pass & Ongoing                 |
|                               |   |                                |
| Medical Assistance with Smol  | king and Tobacco Use Cessation - Advised to Quit                | Pass & Ongoing                 |
|                               |   |                                |
| Medical Assistance with Smol  | king and Tobacco Use Cessation - Discussed Cessation Medication | Pass & Ongoing                 |
|                               |   |                                |
| Medical Assistance with Smol  | king and Tobacco Use Cessation - Discussed Cessation Strategies | Pass & Ongoing                 |
|                               |   |                                |
| Prevention Quality Indicator  | # 13 (Angina without procedure) ±                               | Pass & Ongoing                 |
|                               |   |                                |
| Prevention Quality Indicator  | ¥7(HTN) ±   | Pass & Ongoing                 |

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Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 3.d.ii

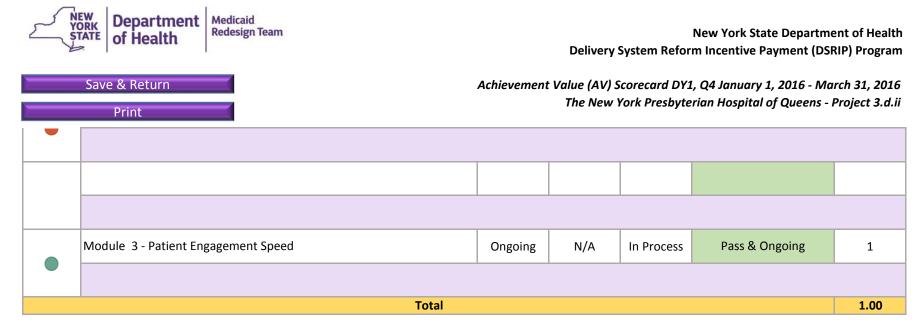
| Project Snapshot      |  |  | Payment Snapshot                         |                  |
|-----------------------|--|--|--|------------------|
| <b>Project Domain</b> | Clinical Improvement Projects (Domain 3) |  | Payment Available (DY1)                  | \$<br>178,696.13 |
| Project ID            | 3.d.ii                                   |  | DY1 Initial Payment                      | \$<br>107,217.68 |
|                       |  |  | DY1 Q2 Payment Earned                    | \$<br>35,739.23  |
| Project Title         | Expansion of asthma home-based self-     |  | DY1 Payment Not Earned to Date           | \$<br>(0.00)     |
| Project fille         | management program                       |  | DY1 Funding Remaining                    | \$<br>35,739.23  |
|                       |  |  | Funding Available for Distribution DY1Q4 | \$<br>35,739.23  |

|                   |                                   |               | 3.d.ii Score     | sheet              |                  |                              |                                  |                              |                               |
|-------------------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain            | Component                         | Review Status | AVs<br>Available | Net AVs<br>Awarded | Percentage<br>AV | Domain<br>Funding %<br>(DY1) | Domain<br>Funding %<br>(DY1, Q4) | Payment<br>Available<br>(\$) | Net<br>Payment<br>Earned (\$) |
|                   | Domain 1 Organizational           | Complete      | 5.00             | 5.00               | 100%             |                              |                                  |                              |                               |
| Domain 1          | Project Implementation Speed      | N/A           | 0.00             | 0.00               | 0%               | 80%                          | 10%                              | 17,870                       | 17,870                        |
|                   | Patient Engagement Speed          | Complete      | 1.00             | 1.00               | 100%             |                              |                                  |                              |                               |
|                   | Domain 1 Subtotal                 |               | 6.00             | 6.00               | 100%             | 80%                          | 10%                              | 17,870                       | 17,870                        |
| Domain 3          | Domain 3 Pay for Reporting (P4R)  | Complete      | 4.00             | 4.00               | 100%             | 20%                          | 10%                              | 17,870                       | 17,870                        |
| Domain 5          | Domain 3 Pay for Performance (P4P | N/A           | N/A              | N/A                | N/A              | 0%                           | 0%                               | -                            | -                             |
| Domain 2 Subtotal |                                   | 4.00          | 4.00             | 100%               | 20%              | 10%                          | 17,870                           | 17,870                       |                               |
| Total Complete    |                                   |               | 10.00            | 10.00              | 100%             | 100%                         | 20%                              | 35,739                       | 35,739                        |

Total Project 3.d.ii AVs Awarded: 10 out of 10

### Hide Reviewer Comments

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



|            | Domain 1 Project Prescribed I   | Milestones - I       | Project 3.d.ii        |                     |                 |             |
|------------|---|----------------------|-----------------------|---------------------|-----------------|-------------|
| AV Driving | Project Requirement and Metric/Deliverable  | Required<br>Due Date | Committed<br>Due Date | Milestone<br>Status | Reviewer Status | AVs Awarded |
|            | 1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.  | 9/30/2016            | 9/30/2016             | In Process          | Pass & Ongoing  | N/A         |
|            | <ol> <li>Establish procedures to provide, coordinate, or link the client to<br/>resources for evidence-based trigger reduction interventions.</li> <li>Specifically, change the patient's indoor environment to reduce</li> </ol> | 9/30/2016            | 9/30/2016             | In Process          | Pass & Ongoing  | N/A         |
|            |   |                      |                       |                     |                 |             |
|            | 3. Develop and implement evidence-based asthma management guidelines.   | 3/31/2017            | 3/31/2017             | In Process          | Pass & Ongoing  | N/A         |
|            |   |                      |                       |                     |                 |             |



|   | Save & Return Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31,  |            |            |              |                             | -              |
|---|---|------------|------------|--------------|-----------------------------|----------------|
|   | Print   |            | The New Y  | ork Presbyte | rian Hospital of Queens - I | Project 3.d.ii |
| • | 4. Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans. | 3/31/2017  | 3/31/2017  | In Process   | Pass & Ongoing              | N/A            |
| • | 5. Ensure coordinated care for asthma patients includes social services and support.  | 12/31/2016 | 12/31/2016 | In Process   | Pass & Ongoing              | N/A            |
|   | 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.   | 9/30/2016  | 9/30/2016  | In Process   | Pass & Ongoing              | N/A            |
| • | 7. Ensure communication, coordination, and continuity of care with<br>Medicaid Managed Care plans, Health Home care managers, primary<br>care providers, and specialty providers.   | 3/31/2018  | 3/31/2018  | In Process   | Pass & Ongoing              | N/A            |
|   | 8. Use EHRs or other technical platforms to track all patients engaged in this project.   | 3/31/2018  | 3/31/2018  | In Process   | Pass & Ongoing              | N/A            |
|   | Total   |            |            |              |                             | 0.00           |

| Domain 3 Pay for Performance and Pay for Reporting - Project 3.d.ii (all Milestones are P4R in DY1) |         |                 |             |  |  |  |  |  |
|---|---------|-----------------|-------------|--|--|--|--|--|
| AV <b>Dri</b> ving  | Measure | Reviewer Status | AVs Awarded |  |  |  |  |  |



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



Save & Return Print Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 3.g.ii

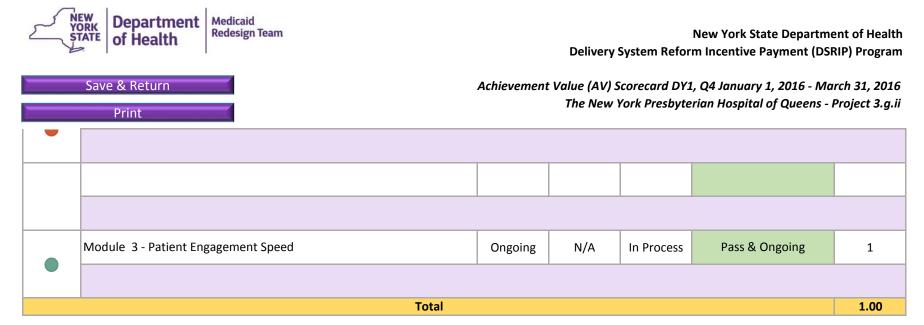
|                       | Project Snapshot                                   |   | Payment Snapshot                         |                  |
|-----------------------|--|---|--|------------------|
| <b>Project Domain</b> | Clinical Improvement Projects (Domain 3)           | 1 | Payment Available (DY1)                  | \$<br>157,051.77 |
| Project ID            | 3.g.ii   | 1 | DY1 Initial Payment                      | \$<br>94,231.06  |
|                       |  | 1 | DY1 Q2 Payment Earned                    | \$<br>31,410.35  |
| Project Title         | Internation of Delliptive Constitute Number Llower |   | DY1 Payment Not Earned to Date           | \$<br>(0.00)     |
| Project fille         | Integration of Palliative Care into Nursing Homes  |   | DY1 Funding Remaining                    | \$<br>31,410.35  |
|                       |  |   | Funding Available for Distribution DY1Q4 | \$<br>31,410.35  |

|          |                                   |               | 3.g.ii Score     | sheet              |                  |                              |                                  |                              |                               |  |
|----------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|
| Domain   | Component                         | Review Status | AVs<br>Available | Net AVs<br>Awarded | Percentage<br>AV | Domain<br>Funding %<br>(DY1) | Domain<br>Funding %<br>(DY1, Q4) | Payment<br>Available<br>(\$) | Net<br>Payment<br>Earned (\$) |  |
|          | Domain 1 Organizational           | Complete      | 5.00             | 5.00               | 100%             |                              |                                  |                              |                               |  |
| Domain 1 | Project Implementation Speed      | N/A           | 0.00             | 0.00               | 0%               | 80%                          | 10%                              | 15,705                       | 15,705                        |  |
|          | Patient Engagement Speed          | Complete      | 1.00             | 1.00               | 100%             |                              |                                  |                              |                               |  |
|          | Domain 1 Subtotal                 |               | 6.00             | 6.00               | 100%             | 80%                          | 10%                              | 15,705                       | 15,705                        |  |
| Domain 3 | Domain 3 Pay for Reporting (P4R)  | Complete      | 1.00             | 1.00               | 100%             | 20%                          | 10%                              | 15,705                       | 15,705                        |  |
| Domain 5 | Domain 3 Pay for Performance (P4P | N/A           | N/A              | N/A                | N/A              | 0%                           | 0%                               | -                            | -                             |  |
|          | Domain 2 Subtotal                 |               | 1.00             | 1.00               | 100%             | 20%                          | 10%                              | 15,705                       | 15,705                        |  |
|          | Total                             | Complete      | 7.00             | 7.00               | 100%             | 100%                         | 20%                              | 31,410                       | 31,410                        |  |

Total Project 3.g.ii AVs Awarded: 7 out of 7

### Hide Reviewer Comments

|   |            | Domain 1 Project Milest  | ones - Projec        | t 3.g.ii              |                     |                 |             |
|---|------------|--|----------------------|-----------------------|---------------------|-----------------|-------------|
| / | AV Driving | Project Requirement and Metric/Deliverable                         | Required<br>Due Date | Committed<br>Due Date | Milestone<br>Status | Reviewer Status | AVs Awarded |
|   |            | Module 1 - Major risks to implementation and mitigation strategies | Ongoing              | N/A                   | In Process          | Pass & Ongoing  | N/A         |



| Domain 1 Project Prescribed Milestones - Project 3.g.ii |  |           |                       |                     |                 |             |
|---|--|-----------|-----------------------|---------------------|-----------------|-------------|
| AV Driving  | Driving Project Requirement and Metric/Deliverable   |           | Committed<br>Due Date | Milestone<br>Status | Reviewer Status | AVs Awarded |
|   | 1. Integrate Palliative Care into practice model of participating Nursing Homes.   | 3/31/2018 | 3/31/2018             | In Process          | Pass & Ongoing  | N/A         |
|   |  |           |                       |                     |                 |             |
|   | 2. Contract or develop partnerships with community and provider resources,<br>including Hospice, to bring the palliative care supports and services into the<br>pursing home | 3/31/2017 | 3/31/2017             | In Process          | Pass & Ongoing  | N/A         |
|   |  |           |                       |                     |                 |             |
|   | <ol><li>Develop and adopt clinical guidelines agreed to by all partners<br/>including services and eligibility.</li></ol>  | 3/31/2017 | 3/31/2017             | In Process          | Pass & Ongoing  | N/A         |
|   |  |           |                       |                     |                 |             |
|   | 4. Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.   | 3/31/2017 | 3/31/2017             | In Process          | Pass & Ongoing  | N/A         |
|   |  |           |                       |                     |                 |             |



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| 5. Engage with Medicaid Managed Care to address coverage of services.            | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|--|-----------|-----------|------------|----------------|-----|
|  |           |           |            |                |     |
| 6. Use EHRs or other IT platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|  |           |           |            |                |     |
| Total  |           |           |            |                |     |

| Domain 3 Pay for Performance and Pay for Reporting - Project 3.g.ii (all Milestones are P4R in DY1) |                               |                        |             |  |  |  |
|---|-------------------------------|------------------------|-------------|--|--|--|
| AV Driving  | Measure                       | <b>Reviewer Status</b> | AVs Awarded |  |  |  |
|   | Proxy Palliative Care Measure | Pass & Ongoing         | 1           |  |  |  |
|   |                               |                        |             |  |  |  |
|   | Total                         |                        | 1.00        |  |  |  |



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

Achievement Value (AV) Scorecard DY1, Q4 January 1, 2016 - March 31, 2016 The New York Presbyterian Hospital of Queens - Project 4.c.ii

| Project Snapshot |  |  | Payment Snapshot                         |    |            |  |  |
|------------------|--|--|--|----|------------|--|--|
| Project Domain   | Domain 4: Population-wide Projects: New York's       |  | Payment Available (DY1)                  | \$ | 119,921.67 |  |  |
| Project ID       | 4.c.ii   |  | DY1 Initial Payment                      | \$ | 71,953.00  |  |  |
|                  |  |  | DY1 Q2 Payment Earned                    | \$ | 23,984.33  |  |  |
| Project Title    | Increase early access to and retention in HIV care   |  | DY1 Payment Not Earned to Date           | \$ | 0.00       |  |  |
| Project fille    | Increase early access to, and retention in, HIV care |  | DY1 Funding Remaining                    | \$ | 23,984.33  |  |  |
|                  |  |  | Funding Available for Distribution DY1Q4 | \$ | 23,984.33  |  |  |

| 4.c.ii Scoresheet |                                   |               |                  |                    |                  |                              |                                  |                              |                               |
|-------------------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain            | Component                         | Review Status | AVs<br>Available | Net AVs<br>Awarded | Percentage<br>AV | Domain<br>Funding %<br>(DY1) | Domain<br>Funding %<br>(DY1, Q4) | Payment<br>Available<br>(\$) | Net<br>Payment<br>Earned (\$) |
|                   | Domain 1 Organizational           | Complete      | 5.00             | 5.00               | 100%             | 80%                          |                                  | 11,992                       | 11,992                        |
| Domain 1          | Project Implementation Speed      | N/A           | 0.00             | 0.00               | 0%               |                              | 10%                              |                              |                               |
|                   | Patient Engagement Speed          | N/A           | 0.00             | 0.00               | 0%               |                              |                                  |                              |                               |
| Domain 1 Subtotal |                                   |               | 5.00             | 5.00               | 100%             | 80%                          | 10%                              | 11,992                       | 11,992                        |
| Domain 4          | Domain 4 Pay for Reporting (P4R)  | Complete      | 11.00            | 11.00              | 100%             | 20%                          | 10%                              | 11,992                       | 11,992                        |
| Domain 4          | Domain 4 Pay for Performance (P4P | N/A           | N/A              | N/A                | N/A              | 0%                           | 0%                               | -                            | -                             |
|                   | Domain 4 Subtotal                 |               |                  | 11.00              | 100%             | 20%                          | 10%                              | 11,992                       | 11,992                        |
|                   | Total                             | Complete      | 16.00            | 16.00              | 100%             | 100%                         | 20%                              | 23,984                       | 23,984                        |

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

Hide Reviewer Comments

| Domain 4 Pay for Performance and Pay for Reporting - Project 4.c.ii (all Milestones are P4R in DY1) |  |                |             |  |  |  |
|---|--|----------------|-------------|--|--|--|
| AV Driving  | / Driving Measure  |                | AVs Awarded |  |  |  |
|   | Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-<br>Hispanics | Pass & Ongoing | 1           |  |  |  |



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



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