

Achievement Value (AV) Scorecard Adirondack Health Institute, Inc.

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

| Functionality | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| Step | Description/Link | Image | | | | | | | |
| 1. Print | All tabs include a print button in the upper left hand corner. The AV Scorecard Overview tab also includes a "Print All" button which will print all relevany reports. | Print All | | | | | | | |
| 2. Access Detailed Project Reports and return to AV Scorecard Overview | The AV Scorecard Overview tab is the landing page from which detailed project reports can be viewed. From the AV Scorecard Overview" click the relevant project button to access the project tab. From the project tab click "Save and Return" to access the AV Scorecard Overview | Project Like (rick or of the purple fields below to access each initialized project report) Oomsan I - organizational (All Projects) All Adjustments (Column P) 2 A si 2 A si 2 A si 2 A si 2 A si 2 A si | | | | | | | |
| 3. Show or Hide reviewer comments | Each project tab includes a Show/Hide Reviewer Comments button on the left hand side of the screen. Click "Show Reviewer Comments" to show comments and "Hide Reviewer Comments" to hide comments. | Hide Reviewer Comments | | | | | | | |



Print All

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

> Achievement Value (AV) Scorecard Adirondack Health Institute, Inc.

| PPS Information | | | | | |
|-----------------|---|--|--|--|--|
| Quarter | DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) | | | | |
| PPS | Adirondack Health Institute, Inc. | | | | |
| PPS Number | 23 | | | | |

| Achievement Value (AV) Scorecard Summary | | | | | | | | | | |
|---|---------------|-------------|------------------|--------------------|---------------------------------------|------------------------------|--|--|--|--|
| | | AV [| Payment Data | | | | | | | |
| Project Link (click on the purple link below to access each individual project report) | AVs Available | AVs Awarded | AV Adjustment | Net AVs Awarded | DY3, Q2 Payment Available | DY3, Q2 Payment Earned | | | | |
| Domain I Organizational (All Projects) | 5.00 | 5.00 | 0.00 | 5.00 | Organizatior embedded project's | | | | | |
| 2.a.i | 20.00 | 20.00 | 0.00 | 20.00 | \$1,766,670 | \$1,766,670 | | | | |
| 2.a.ii | 21.00 | 20.00 | 0.00 | 20.00 | \$1,190,848 | \$1,032,068 | | | | |
| 2.a.iv | 21.00 | 20.00 | 0.00 | 20.00 | \$1,667,388 | \$1,445,069 | | | | |
| 2.b.viii | 21.00 | 20.00 | 0.00 | 20.00 | \$1,337,419 | \$1,159,096 | | | | |
| 2.d.i | 10.00 | 9.00 | 0.00 | 9.00 | \$1,205,756 | \$1,044,989 | | | | |
| 3.a.i | 15.00 | 12.00 | 0.00 | 12.00 | \$2,306,950 | \$1,812,603 | | | | |
| 3.a.ii | 15.00 | 11.00 | 0.00 | 11.00 | \$2,165,691 | \$1,557,235 | | | | |
| 3.a.iv | 15.00 | 11.00 | 0.00 | 11.00 | \$2,092,039 | \$1,504,276 | | | | |

| YORK | Department | Medicaid | |
|-------|------------|---------------|--|
| STATE | of Health | Redesign Team | |

| Print Summary Print All | Achievement Value (AV) Scorecard Adirondack Health Institute, Inc. | | | | | | | | |
|----------------------------|---|--------|------|--------|--------------|--------------|--|--|--|
| 3.g.i | 11.00 | 11.00 | 0.00 | 11.00 | \$ 643,948 | \$ 643,948 | | | |
| 4.a.iii | 16.00 | 16.00 | 0.00 | 16.00 | \$1,272,021 | \$1,272,021 | | | |
| 4.b.ii | 22.00 | 22.00 | 0.00 | 22.00 | \$1,094,293 | \$1,094,293 | | | |
| AV Adjustments (Column F) | | | | | | | | | |
| Total | 187.00 | 172.00 | 0.00 | 172.00 | \$16,743,022 | \$14,332,268 | | | |



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

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Adirondack Health Institute, Inc. - Domain 1 Organizational AVs

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

Net Organizational AVs Awarded: 5 out of 5

Hide Reviewer Comments

| Workforce Strategy | | | | | | | | | | |
|--|---------------|--|----------------------|-----------------------|---------------------|-----------------|------------|--|--|--|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded | | | |
| | | Workforce Strategy Spending (Baseline) | | | Completed | Pass & Complete | | | | |
| Workforce Strategy Budget Updates | | | | | | | | | | |



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|--|---------|--|--|-----|------------|-----------------|--|--|--|
| | Prin | | Adirondack Health Institute, Inc Domain 1 Organ | | | | | | |
| | | | | | | | | | |
| | • | 1. Define target workforce state (in line with DSRIP program's goals) | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | 2. Create a workforce transition roadma for achieving defined target workforce | ap N/A | N/A | In Process | Pass & Ongoing | | | |
| Additional Workforce Strategy Budget Updates (non AV- driving) | • | Perform detailed gap analysis between current state assessment of workforce and projected future state | en N/A | N/A | In Process | Pass & Ongoing | | | |
| | • | 4. Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well a new hires, particularly focusing on full a partial placements | as N/A | N/A | Completed | Pass & Complete | | | |
| | • | 5. Develop training strategy | N/A | N/A | In Process | Pass & Complete | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | | | |



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|-------------------------|--------|---|-----------|-----|----------------|--|-----|
| | Prin | t | | Ad | пгопааск неант | institute, inc Domain 1 Orgc | 1 |
| - | • | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| Additional Workforce | • | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| Strategy Topic Areas | • | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | N/A |
| | • | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | |
| | • | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | |
| | | | Total | | | | 1 |

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



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

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



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| Updates | | | | | | | 1 |
|--|---|---|------------|------------|------------|-----------------|-----|
| | | 3. Finalize bylaws and policies or Committee Guidelines where applicable | 9/30/2015 | 9/30/2015 | Completed | Pass & Complete | |
| | | | | | | | |
| Governance Process | | 4. Establish governance structure reporting and monitoring processes | 12/31/2015 | 12/31/2015 | Completed | Pass & Complete | |
| Update | | | | | | | |
| | • | 5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, | N/A | 9/30/2015 | Completed | Pass & Complete | |
| | | | | | | | |
| | | 6. Finalize partnership agreements or contracts with CBOs | N/A | 9/30/2016 | In Process | Pass & Complete | |
| Additional | | | | | | | |
| Governance Milestones (non AV- driving) | • | Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and | N/A | 9/30/2016 | In Process | Pass & Ongoing | N/A |
| arring) | | | | | | | |
| | | 8. Finalize workforce communication and engagement plan | N/A | 3/31/2016 | Completed | Pass & Complete | |
| | | | | | | | |



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

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment

Adirondack Health Institute, Inc. - Domain 1 Organizational AVs Print 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 Pass & Ongoing N/A N/A Progress Reporting In Process Total 1

Section 03 Financial Sustainability



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Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Adirondack Health Institute, Inc. - Domain 1 Organizational AVs

| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded | | |
|---------------------|---------------|--|----------------------|-----------------------|---------------------|-----------------|------------|--|--|
| | | 1. Finalize PPS finance structure, including reporting structure | 12/31/2015 | 12/31/2015 | Completed | Pass & Complete | | | |
| | | | | | | | | | |
| | • | 2. Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | 3/31/2016 | 3/31/2016 | Completed | Pass & Complete | | | |
| | | | | | | | | | |
| Financial | | Finalize Compliance Plan consistent with New York State Social Services Law 363-d | 12/31/2015 | 12/31/2015 | Completed | Pass & Complete | | | |
| Stability Update | | | | | | | | | |
| | | 4. Develop a Value Based Needs Assessment ("VNA") | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | | | |
| | | | | | | | | | |
| | | 5. Develop an implementation plan geared towards addressing the needs identified within your VNA | 6/30/2017 | 6/30/2017 | Not Started | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | Develop partner engagement schedule for partners for VBP education and training | 12/31/2017 | 12/31/2017 | In Process | Pass & Ongoing | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | | | |



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| | | | | | | | | | |
| | | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | - N/A | | |
| dditional nancial | | | | | | | | | |
| ability opic Areas | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | | Total | | | | 1 | | |

Section 04 Cultural Competency & Health Literacy **Required Due Committed Due** Process AV Milestone Milestone **Reviewer Status** AV Awarded Measure Driving Date Date Status 1. Finalize cultural competency / health Pass & Complete 12/31/2015 12/31/2015 Completed literacy strategy. Cultural



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| | Print | | | Ad | irondack Health | Institute, Inc Domain 1 Orgo | inizational AVs | | |
| Competency /Health Literacy | | 2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language- appropriate material). | 6/30/2016 | 6/30/2016 | Completed | Pass & Complete | 1 | | |
| | | | | | | | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| Additional | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | | | |
| Cultural Competency | | | | | | | NI / A | | |
| /Health Literacy | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | N/A | | |
| Topic Areas | | | | | | | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | | Total | | | | 1 | | |



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Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Adirondack Health Institute, Inc. - Domain 1 Organizational AVs

| Section 05 IT Systems and Processes | | | | | | | | |
|-------------------------------------|---------------|--|----------------------|-----------------------|---------------------|-----------------|------------|--|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded | |
| | • | 1. Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s). | 9/30/2016 | 9/30/2016 | Completed | Pass & Complete | | |
| | | Develop an IT Change Management Strategy. | 9/30/2016 | 9/30/2016 | Completed | Pass & Complete | | |
| IT Systems | | | | | | | | |
| and Processes | | 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | N/A | 6/30/2016 | In Process | Pass & Ongoing | N/A | |
| | | | | | | | | |
| | | 4. Develop a specific plan for engaging attributed members in Qualifying Entities | N/A | 6/30/2016 | In Process | Pass & Ongoing | | |
| | | | | 1 1 | | | | |
| | | Develop a data security and confidentiality plan. | N/A | 9/30/2016 | Completed | Pass & Ongoing | - | |
| | | | | | | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | | |



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| | Print | | | Au | ποπααεκ πεαιτη | institute, inc Domain 1 Org | |
| | | | | | | | |
| dditional – ∑systems nd | | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| ocesses pic Areas | | | | | | | |
| JIC AI Eas | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | | Total | | | | |

Section 06 Performance Reporting **Required Due Committed Due** Process AV Milestone Milestone **Reviewer Status** AV Awarded Driving Measure Date Date Status 1. Establish reporting structure for PPSwide performance reporting and 6/30/2016 3/31/2016 Pass & Ongoing In Process N/A communication. Dorformanc



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

| Sa | ive & Re | eturn | Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Paymer | | | | | | |
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| | Print | | | Ad | irondack Health | Institute, Inc Domain 1 Orgo | inizational AVs | | |
| 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 Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | | | |
| _ | | | | | | | | | |
| | | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | | | |
| Additional Performanc | | | | | | | N 1/A | | |
| e Reporting Topic Areas | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | N/A | | |
| | | | | | | | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | | Total | | | | 0 | | |



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Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Adirondack Health Institute, Inc. - Domain 1 Organizational AVs

| Section 07 Practitioner Engagement | | | | | | | | |
|------------------------------------|---------------|--|----------------------|-----------------------|---------------------|-----------------|-----------|--|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarde | |
| | | 1. Develop Practitioners communication and engagement plan. | 6/30/2016 | 3/31/2016 | Completed | Pass & Complete | - | |
| Practitioner Engagement | • | 2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda. | N/A | 6/30/2016 | Completed | Pass & Complete | N/A | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | _ | |
| | • | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | - | |
| Additional Practitioner | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | - | |
| Engagement Topic Areas | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | N/A | |



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

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment

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|----|--------------------|---|-------|-----|-----------------|-----------------------------|
| | IT Expectations | | N/A | N/A | In Process | Pass & Ongoing |
| | | | | | | |
| | Progress Reporting | ł | N/A | N/A | In Process | Pass & Ongoing |
| | | | | | | |
| | | | Total | | | |

| Section 08 Population Health Management | | | | | | | | | |
|---|---------------|---|----------------------|-----------------------|---------------------|-----------------|------------|--|--|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded | | |
| | | 1. Develop population health management roadmap. | N/A | 6/30/2016 | In Process | Pass & Ongoing | N/A | | |
| Population | | | | | | | N/A | | |
| Health | | 2. Finalize PPS-wide bed reduction plan. | N/A | 3/31/2017 | In Process | Pass & Ongoing | N/A | | |
| | | | | | | | N/A | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | | | |



| Sav | ve & Re | eturn | Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2 | | | | | |
|---|---------|--------------------|---|-----|-----------------|--------------------------------|--------------|--|
| Anna ann an Anna | Print | | | Ad | irondack Health | n Institute, Inc Domain 1 Orga | nizational A | |
| Additional Population Health Topic Areas | - | | | | | | N/A | |
| | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | NA | |
| _ | | | | | | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | | |
| | | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | | |
| | | | | | | | | |
| | | | Total | | | | 0 | |

| | | | Section 09 Clinic | al Integration | | | | |
|--------------------|---------------|---|----------------------|-----------------------|---------------------|-----------------|------------|--|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded | |
| | • | 1. Perform a clinical integration 'needs assessment'. | 9/30/2016 | 3/31/2016 | Completed | Pass & Complete | N/A | |
| Clinical | | | | | | | | |
| Integration | | 2. Develop a Clinical Integration strategy. | 12/31/2016 | 3/31/2016 | In Process | Pass & Ongoing | N/A | |
| | | | | | | | N/A | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | | |
| | | | | | | | | |



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Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment

| | Print | | | Ad | irondack Health | Institute, Inc Domain 1 Orga | nizational AV |
|--|-------|--|-------|-----|-----------------|------------------------------|---------------|
| | | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| Additional Clinical Integration Topic Areas | | | | · | | | NI / A |
| | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | N/A |
| | | | 1 | 1 | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | | Total | | | | 0 |





| AV Adjustment Scoresheet | | | | | | | | |
|--|---------|----------|------------------------|-------------------|------------|----------|-----------------|---------------|
| | AVs Per | Projects | Total AVs Available | Total AVs Awarded | | Adjusted | Net AVs Awarded | |
| Adjustment | Project | | | Net | Percentage | AUJUSTEU | Net | Percentage AV |
| | Floject | | | Awarded | AV | Avs | Awarded | Percentage AV |
| Organizational Adjustments (applied to all projects) | 5.00 | 11.00 | 55.00 | 55.00 | 100% | 0.00 | 55.00 | 100% |
| Project Adjustments (applied to one project only) | Various | 11.00 | 132.00 | 117.00 | 89% | 0.00 | 117.00 | 89% |
| Total | | | | 172.00 | 92% | 0.00 | 172.00 | 92% |

| Hid | e Reviewer Comments | Organizational | Project Adjustments | | | | | |
|-----|---|----------------|---------------------|--|--|--|--|--|
| | No AV Adjustments | | | | | | | |
| | Please note that there are no AV adjustments for Adirondack Health Institute, Inc. in DY2, Q1 | | | | | | | |
| | | | | | | | | |



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

Adirondack Health Institute, Inc. - Project 2.a.i

 Project Snapshot

 Project Domain
 System Transformation Projects (Domain 2)

 Project ID
 2.a.i

 Project Title
 Create an Integrated Delivery System focused on Evidence Based Medicine and Population Health Management

| | Payment Snapshot | |
|---|---------------------------|-----------------|
| | DY3, Q2 Payment Available | \$ 1,766,670 |
| 1 | DY3, Q2 Payment Earned | \$ 1,766,670 |

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter)

| | | | 2.a.i Scoresheet | | | | | | |
|----------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY3) | Domain Funding % (DY3, Q2) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 40% | | 1,413,336 | 1,413,336 |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | | 80% | | |
| | Patient Engagement Speed | N/A | 0.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 5.00 | 5.00 | 100% | 40% | 80% | 1,413,336 | 1,413,336 |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 15.00 | 15.00 | 100% | 10% | 20% | 353,334 | 353,334 |
| Domain 2 | Domain 2 Pay for Performance (P4P | N/A | N/A | N/A | N/A | 50% | 0% | - | - |
| | Domain 2 Subtotal | | | 15.00 | 100% | 60% | 20% | 353,334 | 353,334 |
| | Total | Complete | 20.00 | 20.00 | 100% | 100% | 100% | 1,766,670 | 1,766,670 |

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

Hide Reviewer Comments

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



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| | Module 2 - Project Implementation Speed | Ongoing | N/A | In Process | Pass & Ongoing | 0.00 |
|-------|---|------------|-----|------------|----------------|------|
| | Enter Revie | wer Commen | nt | | | |
| Total | | | | | | |

| | Domain 1 Project Prescribed M | lilestones P | roject 2.a.i | | | | | |
|------------|--|----------------------|-----------------------|---------------------|-----------------|----------------|--|--|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | | |
| • | 1. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | | | In Process | Pass & Ongoing | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | 2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | 6/30/2016 | 3/31/2016 | Completed | Pass & Complete | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | 3. Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | 4. Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3. | | | In Process | Pass & Ongoing | N/A | | |



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| Enter Reviewer Comment | | | | | | | | |
|---|------------|------------|------------|----------------|-----|--|--|--|
| 5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | | | In Process | Pass & Ongoing | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | | | In Process | Pass & Ongoing | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 7. Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3. | | | In Process | Pass & Ongoing | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 8. Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | | | In Process | Pass & Ongoing | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | 12/31/2016 | 12/31/2016 | Completed | Fail | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | | | In Process | Pass & Ongoing | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |



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| 11. Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as | | In Process | Pass & Ongoing | N/A | | |
|--|--|------------|----------------|-----|--|--|
| Enter Reviewer Comment | | | | | | |
| Total | | | | | | |

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



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| Children's Access to Primary Care- 25 months to 6 years | Pass & Ongoing | 0.25 |
|--|----------------|------|
| Enter Reviewer Comment | | |
| Children's Access to Primary Care- 7 to 11 years | Pass & Ongoing | 0.25 |
| Enter Reviewer Comment | | |
| Children's Access to Primary Care- 12 to 19 years | Pass & Ongoing | 0.25 |
| Enter Reviewer Comment | | |
| Getting Timely Appointments, Care and information (Q6, 8, 10, and 12) | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | | |
| Helpful, Courteous, and Respectful Office Staff (Q24 and 25) | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | | |
| H-CAHPS – Care Transition Metrics | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Medicaid Spending on ER and Inpatient Services ± | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Medicaid spending on Primary Care and community based behavioral health care | Pass & Ongoing | 1 |



Save & Return Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.a.i Print Enter Reviewer Comment PDI 90- Composite of all measures +/-Pass & Ongoing 1 Enter Reviewer Comment Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and Pass & Ongoing 1 able to participate in bidirectional exchange Enter Reviewer Comment Pass & Ongoing Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards 1 Enter Reviewer Comment Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS Pass & Ongoing 1 reimbursement Enter Reviewer Comment Potentially Avoidable Emergency Room Visits Pass & Ongoing 1 Enter Reviewer Comment Pass & Ongoing Potentially Avoidable Readmissions 1 Enter Reviewer Comment PQI 90 - Composite of all measures +/-Pass & Ongoing 1 Enter Reviewer Comment

| NY S | Department TATE of Health | Medicaid Redesign Team | | New York State Departme m Incentive Payment (DSF | |
|------|------------------------------|---------------------------|--|---|-------|
| | Save & Return Print | | Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - Se Adironda | ptember 30, 2017 (Payme ck Health Institute, Inc | - |
| | Primary Care - Length | of Relationship - Q3 | | Pass & Ongoing | 0.5 |
| | | | Enter Reviewer Comment | | |
| | Primary Care - Usual S | ource of Care - Q2 | | Pass & Ongoing | 0.5 |
| | | | Enter Reviewer Comment | | |
| | | | Total | | 15.00 |



Save & Return Print Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.a.ii

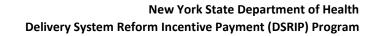
| Project Snapshot | | Payment Snapshot | |
|------------------|--|---------------------------|-----------------|
| Project Domain | System Transformation Projects (Domain 2) | DY3, Q2 Payment Available | \$ 1,190,848 |
| Project ID | 2.a.ii | DY3, Q2 Payment Earned | \$ 1,032,068 |
| | Increase Certification of Primary Care Practitioners | | |
| Project Title | with PCMH Certification and/or Advanced Primary | • | |
| | Care Models (as developed under the New York | | |

| | | | 2.a.ii Scores | heet | | | | | | | | | | | |
|----------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|--|--|--|--|--|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY3) | Domain Funding % (DY3, Q2) | Payment Available (\$) | Net Payment Earned (\$) | | | | | | |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 40% | | | | | | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | | 80% | 952,678 | 793,899 | | | | | | |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | | | | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 40% | 80% | 952,678 | 793,899 | | | | | | |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 15.00 | 15.00 | 100% | 10% | 20% | 238,170 | 238,170 | | | | | | |
| Domain 2 | Domain 2 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 50% | 0% | - | - | | | | | | |
| | Domain 2 Subtotal | | | 15.00 | 100% | 60% | 20% | 238,170 | 238,170 | | | | | | |
| | Total Complete | | 21.00 | 20.00 | 95% | 100% | 100% | 1,190,848 | 1,032,068 | | | | | | |

Total Project 2.a.ii AVs Awarded: 20 out of 21

Hide Reviewer Comments

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



NEW YORK STATE Of Health Medicaid Redesign Team

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.a.ii

| Enter Reviewer Comment | | | | | | | | |
|---|---------|-----|------------|----------------|------|--|--|--|
| Module 2 - Project Implementation Speed | Ongoing | N/A | In Process | Pass & Ongoing | 0.00 | | | |
| Enter Reviewer Comment | | | | | | | | |
| Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Fail | 0 | | | |
| Enter Reviewer Comment | | | | | | | | |
| Total | | | | | 0.00 | | | |

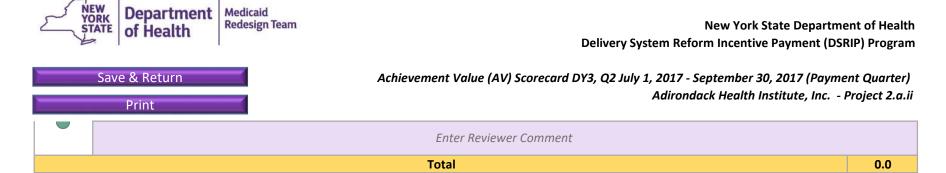
| | Domain 1 Project Prescribed M | lilestones P | roject 2.a.ii | | | | | | |
|------------|---|----------------------|-----------------------|---------------------|-----------------|----------------|--|--|--|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed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

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| Save & Return Achievement Value | AV) Scorecard | l DY3, Q2 July | = | ptember 30, 2017 (Payme | - |
|--|---------------|----------------|------------|---|----------------|
| Print | | | Adirondad | k Health Institute, Inc I | Project 2.a.ii |
| 4. Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | | | In Process | Pass & Ongoing | N/A |
| Enter Revi | ewer Commer | nt | | | |
| 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. | | | In Process | Pass & Ongoing | N/A |
| Enter Revi | ewer Commer | nt | | | |
| 6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | | | In Process | Pass & Ongoing | N/A |
| Enter Revi | ewer Commer | nt | | | |
| 7. Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. | | | In Process | Pass & Ongoing | N/A |
| Enter Revi | ewer Commer | nt | | Pass & Ongoing Pass & Ongoing Pass & Ongoing Pass & Ongoing | |
| 8. Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner. | 3/31/2017 | 3/31/2017 | In Process | Pass & Complete | N/A |
| Enter Revi | ewer Commer | nt | | | |
| 9. Implement open access scheduling in all primary care practices. | | | In Process | Pass & Ongoing | N/A |



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



| Save & Return | |
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| Print | |

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



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| Enter Reviewer Comment | | | | |
|---|----------------|-----|--|--|
| Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange | Pass & Ongoing | 1 | | |
| Enter Reviewer Comment | | | | |
| Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards | Pass & Ongoing | 1 | | |
| | | | | |
| Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement | Pass & Ongoing | 1 | | |
| Enter Reviewer Comment | | | | |
| Potentially Avoidable Emergency Room Visits | Pass & Ongoing | 1 | | |
| Enter Reviewer Comment | | | | |
| Potentially Avoidable Readmissions | Pass & Ongoing | 1 | | |
| Enter Reviewer Comment | | | | |
| PQI 90 – Composite of all measures +/- | Pass & Ongoing | 1 | | |
| Enter Reviewer Comment | | | | |
| Primary Care - Length of Relationship - Q3 | Pass & Ongoing | 0.5 | | |
| Enter Reviewer Comment | | | | |

| NYS | EW DRK TATEDepartment Medicaid Redesign TeamIATE Redof Health | New York State Department of Health Delivery System Reform Incentive Payment (DSRIP) Program | | | | | |
|------------------------|--|---|----------------|-------|--|--|--|
| Save & Return Print | | Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc Project 2.a.ii | | | | | |
| | Primary Care - Usual Source of Care - Q2 | | Pass & Ongoing | 0.5 | | | |
| | | Enter Reviewer Comment | | | | | |
| | | Total | | 15.00 | | | |



Save & Return Print Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.a.iv

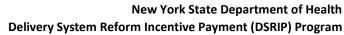
| | Project Snapshot | Payment Sna | apshot |
|-----------------------|--|---------------------------|--------------|
| Project Domain | System Transformation Projects (Domain 2) | DY3, Q2 Payment Available | \$ 1,667,388 |
| Project ID | 2.a.iv | Dy3, Q2 Payment Earned | \$ 1,445,069 |
| | Create a medical village using existing hospital | | |
| Project Title | infrastructure | | |

| | 2.a.iv Scoresheet | | | | | | | | |
|----------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY3) | Domain Funding % (DY3, Q2) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 40% | 80% | 1,333,910 | 1,111,592 |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 40% | 80% | 1,333,910 | 1,111,592 |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 15.00 | 15.00 | 100% | 10% | 20% | 333,478 | 333,478 |
| Domain 2 | Domain 2 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 50% | 0% | - | - |
| | Domain 2 Subtotal | | 15.00 | 15.00 | 100% | 60% | 20% | 333,478 | 333,478 |
| | Total | Complete | 21.00 | 20.00 | 95% | 100% | 100% | 1,667,388 | 1,445,069 |

Total Project 2.a.iv AVs Awarded: 20 out of 21

Hide Reviewer Comments

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



Save & Return Print

| Enter Reviewer Comment | | | | | |
|---|---------|-----|------------|----------------|------|
| Module 2 - Project Implementation Speed | Ongoing | N/A | In Process | Pass & Ongoing | 0.00 |
| Enter Reviewer Comment | | | | | |
| Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Pass & Ongoing | 0 |
| Enter Reviewer Comment | | | | | |
| Total | | | | | |

| | Domain 1 Project Prescribed Milestones Project 2.a.iv | | | | | | | |
|------------|---|----------------------|-----------------|------------|-----------------|----------------|--|--|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Reviewer Status | | Reviewer Status | AVs Awarded | | |
| | 1. Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. | | | In Process | Pass & Ongoing | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | 2. Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | 3. Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | | | In Process | Pass & Ongoing | N/A | | |
| | Enter Reviewer Comment | | | | | | | |





| | Save & Return Achievement Value | e (AV) Scorecar | d DY3, Q2 Jul | - | otember 30, 2017 (Payme | - | | |
|---|---|-----------------|---------------|------------|---------------------------|---------------|--|--|
| | Print | | | Adirondaci | k Health Institute, Inc P | roject 2.a.iv | | |
| • | 4. Ensure that all safety net providers participating in Medical Villages a actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patie record look up. | | | In Process | Pass & Ongoing | N/A | | |
| | Enter Re | viewer Comme | nt | | | | | |
| | 5. Use EHRs and other technical platforms to track all patients engaged the project. | in 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | 6. Ensure that EHR systems used in Medical Villages meet Meaningful U Stage 2 | se | | In Process | Pass & Ongoing | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | 7. Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | Total | | | | | 0.0 | | |

| | Domain 2 Pay for Performance and Pay for Reporting Project 2.a.iv | | | | | | |
|------------|---|-----------------|----------------|--|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | | |
| | Adult Access to Preventive or Ambulatory Care - 20 to 44 years | Pass & Ongoing | 0.3333333 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | Adult Access to Preventive or Ambulatory Care - 45 to 64 years | Pass & Ongoing | 0.3333333 | | | | |



| 1 | Print | k Health Institute, Inc | 10,000 2.0.10 |
|---|--|-------------------------|---------------|
| | Enter Reviewer Comment | | |
| | Adult Access to Preventive or Ambulatory Care - 65 and older | Pass & Ongoing | 0.3333333 |
| | Enter Reviewer Comment | | |
| | CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Children's Access to Primary Care- 12 to 19 years | Pass & Ongoing | 0.25 |
| | Enter Reviewer Comment | | |
| | Children's Access to Primary Care- 12 to 24 months | Pass & Ongoing | 0.25 |
| | Enter Reviewer Comment | | |
| | Children's Access to Primary Care- 25 months to 6 years | Pass & Ongoing | 0.25 |
| | Enter Reviewer Comment | | |
| | Children's Access to Primary Care- 7 to 11 years | Pass & Ongoing | 0.25 |
| | Enter Reviewer Comment | | |
| | Getting Timely Appointments, Care and information (Q6, 8, 10, and 12) | Pass & Ongoing | 0.5 |
| | Enter Reviewer Comment | | |
| | | | |

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| Helpful, Courteous, and Respectful Office Staff (Q24 and 25) | Pass & Ongoing | 0.5 |
|---|--|--|
| Enter Reviewer Comment | | |
| H-CAHPS – Care Transition Metrics | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Medicaid Spending on ER and Inpatient Services ± | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Medicaid spending on Primary Care and community based behavioral health care | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| PDI 90– Composite of all measures +/- | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement | Pass & Ongoing | 1 |
| | Enter Reviewer Comment H-CAHPS – Care Transition Metrics Enter Reviewer Comment Medicaid Spending on ER and Inpatient Services ± Enter Reviewer Comment Medicaid spending on Primary Care and community based behavioral health care Enter Reviewer Comment PDI 90– Composite of all measures +/- PDI 90– Composite of all measures +/- Enter Reviewer Comment Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange Enter Reviewer Comment Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards Enter Reviewer Comment Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFFS | Image: And the analysis of the answer of |



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

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|-------------|---|----------------|-----|--|--|--|
| | Enter Reviewer Comment | | | | | |
| | Potentially Avoidable Emergency Room Visits | Pass & Ongoing | 1 | | | |
| | Enter Reviewer Comment | | | | | |
| | Potentially Avoidable Readmissions | Pass & Ongoing | 1 | | | |
| | Enter Reviewer Comment | | | | | |
| | PQI 90 – Composite of all measures +/- | Pass & Ongoing | 1 | | | |
| | Enter Reviewer Comment | | | | | |
| | Primary Care - Length of Relationship - Q3 | Pass & Ongoing | 0.5 | | | |
| | Enter Reviewer Comment | | | | | |
| | Primary Care - Usual Source of Care - Q2 | Pass & Ongoing | 0.5 | | | |
| | Enter Reviewer Comment | | | | | |
| Total 15.00 | | | | | | |



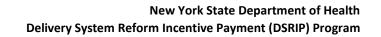
Save & Return Print Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.b.viii

| | Project Snapshot | | Payment Snapshot | | |
|-----------------------|--|---|---------------------------|----|-----------|
| Project Domain | System Transformation Projects (Domain 2) | | DY3, Q2 Payment Available | \$ | 1,337,419 |
| Project ID | 2.b.viii | 1 | DY3, Q2 Payment Earned | \$ | 1,159,096 |
| Project Title | Hospital-Home Care Collaboration Solutions | | | - | |

| | 2.b.viii Scoresheet | | | | | | | | | | | | | | | | | | | |
|----------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY3) | Domain Funding % (DY3, Q2) | Payment Available (\$) | Net Payment Earned (\$) | | | | | | | | | | | |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 40% | | | | | | | | | | | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | | 80% | 1,069,935 | 891,613 | | | | | | | | | | | |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | | | | | | | | | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 40% | 80% | 1,069,935 | 891,613 | | | | | | | | | | | |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 15.00 | 15.00 | 100% | 10% | 20% | 267,484 | 267,484 | | | | | | | | | | | |
| Domain 2 | Domain 2 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 50% | 0% | - | - | | | | | | | | | | | |
| | Domain 2 Subtotal | | 15.00 | 15.00 | 100% | 60% | 20% | 267,484 | 267,484 | | | | | | | | | | | |
| | Total | Complete | 21.00 | 20.00 | 95% | 100% | 100% | 1,337,419 | 1,159,096 | | | | | | | | | | | |

Total Project 2.b.viii AVs Awarded: 20 out of 21

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



| NEW YORK STATE | Department of Health | Medicaid Redesign Team |
|----------------------|-------------------------|---------------------------|
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Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.b.viii

| Enter Reviewer Comment | | | | | | | |
|---|---------|-----|------------|----------------|------|--|--|
| Module 2 - Project Implementation Speed | Ongoing | N/A | In Process | Pass & Ongoing | 0.00 | | |
| Enter Reviewer Comment | | | | | | | |
| Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Fail | 0 | | |
| Enter Reviewer Comment | | | | | | | |
| Total | | | | | | | |

| | Domain 1 Project Prescribed Mi | lestones Pro | oject 2.b.viii | | | | | |
|------------|--|----------------------|-----------------------|---------------------|------------------------|----------------|--|--|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | | |
| | 1. Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice. | | | In Process | Pass & Ongoing | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | 2. Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management. | 9/30/2016 | 9/30/2016 | Completed | Fail | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | 3. Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | 9/30/2016 | 9/30/2016 | Completed | Fail | N/A | | |

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| Enter Reviewer Comment | | | | | | | | |
|---|------------|-----------|------------|-----------------|-----|--|--|--|
| 4. Educate all staff on care pathways and INTERACT-like principles. | 9/30/2016 | 9/30/2016 | Completed | Fail | N/A | | | |
| Enter Revie | wer Commen | nt | | | | | | |
| 5. Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. | 6/30/2016 | 6/30/2016 | Completed | Pass & Complete | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 6. Create coaching program to facilitate and support implementation. | 3/31/2017 | 3/31/2017 | Completed | Fail | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 7. Educate patient and family/caretakers, to facilitate participation in planning of care. | 6/30/2016 | 6/30/2016 | Completed | Pass & Complete | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 8. Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management. | | | In Process | Pass & Ongoing | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 9. Utilize telehealth/telemedicine to enhance hospital-home care collaborations. | | | In Process | Pass & Ongoing | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |



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| | 10. Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services. | | | In Process | Pass & Ongoing | N/A | | | |
|------------------------|--|-----------|-----------|------------|-----------------|-----|--|--|--|
| | Enter Reviewer Comment | | | | | | | | |
| | 11. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | | | In Process | Pass & Ongoing | N/A | | | |
| | Enter Reviewer Comment | | | | | | | | |
| | 12. Use EHRs and other technical platforms to track all patients engaged in the project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |
| Enter Reviewer Comment | | | | | | | | | |
| | Total | | | | | | | | |

| | Domain 2 Pay for Performance and Pay for Reporting Project 2.b.viii | | | | | | |
|------------|---|-----------------|----------------|--|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | | |
| | Adult Access to Preventive or Ambulatory Care - 20 to 44 years | Pass & Ongoing | 0.3333333 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | Adult Access to Preventive or Ambulatory Care - 45 to 64 years | Pass & Ongoing | 0.3333333 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | Adult Access to Preventive or Ambulatory Care - 65 and older | Pass & Ongoing | 0.3333333 | | | | |
| | Enter Reviewer Comment | | - | | | | |



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



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|---|---|----------------|-----|
| | Enter Reviewer Comment | | |
| | Medicaid Spending on ER and Inpatient Services ± | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Medicaid spending on Primary Care and community based behavioral health care | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | PDI 90– Composite of all measures +/- | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement | Pass & Ongoing | N/A |
| | Enter Reviewer Comment | | |
| | Potentially Avoidable Emergency Room Visits | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |

Save & Return

| NEW YORK STATE Department of Health Medicaid Redesign Team New York State Department of Health Save & Return Save & Return Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) | | | | | | | |
|---|--|------------------------|---------------------------|----------------|--|--|--|
| | Print | Adirondack | Health Institute, Inc Pro | oject 2.b.viii | | | |
| | Potentially Avoidable Readmissions | | Pass & Ongoing | 1 | | | |
| | Enter Reviewer Comment | | | | | | |
| | PQI 90 – Composite of all measures +/- | | Pass & Ongoing | 1 | | | |
| | | Enter Reviewer Comment | | | | | |
| | Primary Care - Length of Relationship - Q3 | | Pass & Ongoing | 0.5 | | | |
| | | Enter Reviewer Comment | | | | | |
| | Primary Care - Usual Source of Care - Q2 | | Pass & Ongoing | 0.5 | | | |
| Enter Reviewer Comment | | | | | | | |
| | | Total | | 15.00 | | | |



Save & Return Print Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.d.i

| Project Domain | Project Domain System Transformation Projects (Domain 2) | | | |
|----------------|--|---------|--|--|
| Project ID | | Dy3, Q2 | | |
| | Implementation of Patient Activation Activities to | Ιſ | | |
| Project Title | Engage, Educate and Integrate the uninsured and | | | |
| | low/non-utilizing Medicaid populations into | | | |

| Payment Snapshot | |
|---------------------------|-----------------|
| DY3, Q2 Payment Available | \$ 1,205,756 |
| Dy3, Q2 Payment Earned | \$ 1,044,989 |

| | 2.d.i Scoresheet | | | | | | | | |
|----------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY3) | Domain Funding % (DY3, Q2) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 40% | | 964,605 | 803,838 |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | | 80% | | |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 40% | 80% | 964,605 | 803,838 |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 4.00 | 4.00 | 100% | 10% | 20% | 241,151 | 241,151 |
| Domain 2 | Domain 2 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 50% | 0% | - | - |
| | Domain 2 Subtotal | | | 4.00 | 100% | 60% | 20% | 241,151 | 241,151 |
| | Total Complete | | | 9.00 | 90% | 100% | 100% | 1,205,756 | 1,044,989 |

Total Project 2.d.i AVs Awarded: 9 out of 10

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



Print Enter Reviewer Comment Module 2 - Project Implementation Speed Pass & Complete 3/31/2017 3/31/2017 Completed Enter Reviewer Comment Module 3 - Patient Engagement Speed Fail Ongoing N/A In Process Enter Reviewer Comment Total

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

Save & Return

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.d.i

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| 4. Survey the targeted population about healthcare needs in the PPS' region. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |
|--|------------|-----------|-----------|-----------------|-----|--|--|--|
| Enter Reviewer Comment | | | | | | | | |
| 5. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |
| Enter Revie | wer Commen | nt | | | | | | |
| 6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). | 3/31/2017 | 3/31/2017 | Completed | Fail | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM [®] during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 8. Include beneficiaries in development team to promote preventive care. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 9. Measure PAM [®] components | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |
| Enter Revie | wer Commen | ot | | | | | | |
| 10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |



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| Enter Reviewer Comment | | | | | | |
|--|------------|-----------|-----------|-----------------|-----|--|
| 11. Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | |
| Enter Revie | wer Commen | t | | | | |
| 12. Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. | 6/30/2016 | 6/30/2016 | Completed | Pass & Complete | N/A | |
| Enter Revie | wer Commen | t | | | | |
| 13. Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM [®] . | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | |
| Enter Reviewer Comment | | | | | | |
| 14. Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | |
| Enter Reviewer Comment | | | | | | |
| 15. Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | |
| Enter Reviewer Comment | | | | | | |
| 16. Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | |
| Enter Reviewer Comment | | | | | | |



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

| | Domain 2 Pay for Performance and Pay for Reporting Project 2.d.i | | | | | | |
|------------|---|------------------------|----------------|--|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | | |
| | C&G CAHPS by PPS for uninsured- Getting timely appointments, care, and information | Pass & Ongoing | 0.25 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | C&G CAHPS by PPS for uninsured- Patients' rating of the provider (or doctor) | Pass & Ongoing | 0.25 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | C&G CAHPS by PPS for uninsured- How well providers (or doctors) communicate with patients | Pass & Ongoing | 0.25 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | C&G CAHPS by PPS for uninsured- Helpful, courteous, and respectful office staff | Pass & Ongoing | 0.25 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | ED use by uninsured | Pass & Ongoing | 1 | | | | |
| | Enter Reviewer Comment | | | | | | |

| ST ST | | New York State Departmo n Incentive Payment (DSI | | | |
|---|--|---|---|--|--|
| Save & Return Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Print Adirondack Health Institute, Inc Project 2.d.i | | | | | |
| | PAM Level | Pass & Ongoing | 1 | | |
| | Enter Reviewer Comment | | | | |
| | Use of primary and preventive care services Percent of attributed Medicaid members with no claims history for primary care and preventive services in measurement year compared to same in baseline year | Pass & Ongoing | 1 | | |
| | Enter Reviewer Comment | | | | |
| Total 4.00 | | | | | |



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Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.a.i

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

| Payment Snapshot | |
|------------------------|-----------------|
| DY3, Q2 Payment Earned | \$ 2,306,950 |
| DY3, Q2 Payment Earned | \$ 1,812,603 |

| | 3.a.i Scoresheet | | | | | | | | | | |
|----------|----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|--|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY3) | Domain Funding % (DY3, Q2) | Payment Available (\$) | Net Payment Earned (\$) | | |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | 40% | 922,780 | 922,780 | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 40% | | | | | |
| | Patient Engagement Speed | Complete | 1.00 | 1.00 | 100% | | | | | | |
| | Domain 1 Subtotal | | 6.00 | 6.00 | 100% | 40% | 40% | 922,780 | 922,780 | | |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 2.00 | 2.00 | 100% | 10% | 10% | 230,695 | 230,695 | | |
| Domain 5 | Domain 3 Pay for Performance | Complete | 7.00 | 4.00 | 57% | 50% | 50% | 1,153,475 | 659,128 | | |
| | Domain 3 Subtotal | | | 6.00 | 67% | 60% | 60% | 1,384,170 | 889,823 | | |
| | Total Complete | | | 12.00 | 80% | 100% | 100% | 2,306,950 | 1,812,603 | | |

Total Project 3.a.i AVs Awarded: 12 out of 15

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



| Save & Return |
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| Print |

| | Module 2 - Project Implementation Speed | Ongoing | N/A | In Process | Pass & Ongoing | 0.00 | | | | |
|-------|---|---------|-----|------------|----------------|------|--|--|--|--|
| | Enter Reviewer Comment | | | | | | | | | |
| | Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Pass & Ongoing | 1 | | | | |
| | Enter Reviewer Comment | | | | | | | | | |
| Total | | | | | | | | | | |

| | | Domain 1 Project Prescribed Milestones | Project 3.a.i | Models 1, 2 | and 3 | | | | | |
|---------------|---|--|-----------------|----------------|------------|-----------------|-----|--|--|--|
| | | ✓ 3.a.i Model 1 ✓ 3.a.i | Model 2 | 3.a.i Model | 3 | | | | | |
| Model | AV Driving | Project Requirement and Metric/Deliverable | 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. | | | In Process | Pass & Ongoing | N/A | | | |
| | | Enter Reviewer Comment | | | | | | | | |
| | including medication management and care engagement process. 3. Conduct preventive care screenings, including behavior health screenings (PHQ-2 or 9 for those screening positive) | | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |
| 3.a.i Model 1 | | Enter Reviewer Comment | | | | | | | | |
| | | 3. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | | | In Process | Pass & Ongoing | N/A | | | |
| | | En | ter Reviewer | Comment | | | | | | |



| Save & Return | | Achievement Value (A | V) Scorecard | DY3, Q2 July | - | otember 30, 2017 (Payme | - | | |
|---------------|----|--|--------------|--------------|------------|---------------------------|--------------|--|--|
| Prir | nt | | | | Aaironaad | k Health Institute, Inc I | Project 3.a. | | |
| | | 4. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | |
| | | En | ter Reviewer | Comment | | | | | |
| | | 5. Co-locate primary care services at behavioral health sites. | | | In Process | Pass & Ongoing | N/A | | |
| | | Enter Reviewer Comment | | | | | | | |
| | | 6. Develop collaborative evidence-based standards of care including medication management and care engagement process. | 3/31/2017 | 3/31/2017 | Completed | Fail | N/A | | |
| | | Enter Reviewer Comment | | | | | | | |
| 3.a.i Model 2 | | 7. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | | | In Process | Pass & Ongoing | N/A | | |
| | | Enter Reviewer Comment | | | | | | | |
| | | 8. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | |
| | | Enter Reviewer Comment | | | | | | | |
| | | Total | | | | | 0 | | |

Achievement Value (AV) Scorecard DV3 02 July 1 2017 - Sentember 30 2017 (Payment Quarter)

| Domain 3 Pay for Performance and Pay for Reporting | | | | | | | | | |
|--|--|-----------------|----------------|--|--|--|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | | | | |
| | Adherence to Antipsychotic Medications for People with Schizophrenia | Pass & Ongoing | 1 | | | | | | |
| | P4P Measure DY3Q2 | | | | | | | | |



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

| Antidepressant Medication Management - Effective Acute Phase Treatment | Fail | 0 |
|--|----------------|-----|
| P4P Measure DY3Q2 | | |
| Antidepressant Medication Management - Effective Continuation Phase Treatment | Fail | 0 |
| P4P Measure DY3Q2 | | |
| Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia | N/A | N/A |
| P4P Measure DY3Q2 | | |
| Diabetes Monitoring for People with Diabetes and Schizophrenia | Pass & Ongoing | 1 |
| P4P Measure DY3Q2 | | |
| Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication | Pass & Ongoing | 1 |
| P4P Measure DY3Q2 | | |
| Follow-up after hospitalization for Mental Illness - within 30 days | Fail | 0 |
| P4P Measure DY3Q2 | | |
| Follow-up after hospitalization for Mental Illness - within 7 days | Fail | 0 |
| P4P Measure DY3Q2 | | |
| Follow-up care for Children Prescribed ADHD Medications - Continuation Phase | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | | |
| | | |



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

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter)

| Adirondack Health Institute, Inc Project | | | | | | | | |
|--|-------------------|-----|--|--|--|--|--|--|
| for Children Prescribed ADHD Medications - Initiation Phase | Pass & Ongoing | 0.5 | | | | | | |
| Enter Reviewer Comment | | | | | | | | |
| Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days) | Fail | 0 | | | | | | |
| P4P Measure DY3Q2 | P4P Measure DY3Q2 | | | | | | | |
| ohol and Other Drug Dependence Treatment (1 visit within 14 days) | Fail | 0 | | | | | | |

| Follow-up care for Children Prescribed ADHD Medications - Initiation Phase | Pass & Ongoing | 0.5 | | | | |
|--|----------------|-----|--|--|--|--|
| Enter Reviewer Comment | | | | | | |
| Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days) | Fail | 0 | | | | |
| P4P Measure DY3Q2 | | | | | | |
| Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days) | Fail | 0 | | | | |
| P4P Measure DY3Q2 | | | | | | |
| Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) \pm | Pass & Ongoing | 1 | | | | |
| P4P Measure DY3Q2 | | | | | | |
| Screening for Clinical Depression and follow-up | Pass & Ongoing | 1 | | | | |
| Enter Reviewer Comment | | | | | | |
| Total | | | | | | |



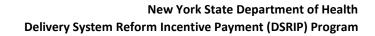
Save & Return Print Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.a.ii

| | Project Snapshot | Payment Snapsho | : | |
|----------------|---|---------------------------|----|-----------|
| Project Domain | Clinical Improvement Projects (Domain 3) | DY3, Q2 Payment Available | \$ | 2,165,691 |
| Project ID | 3.a.ii | DY3, Q2 Payment Earned | \$ | 1,557,235 |
| Project Title | Behavioral health community crisis stabilization services | | | |

| | 3.a.ii Scoresheet | | | | | | | | | | |
|----------------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|--|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY3) | Domain Funding % (DY3, Q2) | Payment Available (\$) | Net Payment Earned (\$) | | |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | 866,276 | 721,897 | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 40% | 40% | | | | |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 40% | 40% | 866,276 | 721,897 | | |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 2.00 | 2.00 | 100% | 10% | 10% | 216,569 | 216,569 | | |
| Domain 5 | Domain 3 Pay for Performance (P4P) | complete | 7.00 | 4.00 | 57% | 50% | 50% | 1,082,845 | 618,769 | | |
| | Domain 2 Subtotal | | | 6.00 | 67% | 60% | 60% | 1,299,415 | 835,338 | | |
| Total Complete | | | 15.00 | 11.00 | 73% | 100% | 100% | 2,165,691 | 1,557,235 | | |

Total Project 3.a.ii AVs Awarded: 11 out of 15

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



Print Enter Reviewer Comment Module 2 - Project Implementation Speed N/A Pass & Ongoing Ongoing In Process 0.00 Enter Reviewer Comment Module 3 - Patient Engagement Speed Fail Ongoing N/A In Process 0 Enter Reviewer Comment Total 0.00

| Domain 1 Project Prescribed Milestones Project 3.a.ii | | | | | | | | | |
|---|--|------------|-----------------------|---------------------|-----------------|----------------|--|--|--|
| AV Driving | AV Driving Project Requirement and Metric/Deliverable D | | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | | | |
| | 1. Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | | | In Process | Pass & Ongoing | NA | | | |
| | Enter Reviewer Comment | | | | | | | | |
| | 2. Establish clear linkages with Health Homes, ER and hospital services to In Process Pass & Ongoing N develop and implement protocols for diversion of patients from In Process Pass & Ongoing N emergency room and inpatient services. In Process Pass & Ongoing N | | | | | | | | |
| | Enter Reviewer Comment | | | | | | | | |
| | 3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | | | In Process | Pass & Ongoing | N/A | | | |
| | Enter Revie | wer Commen | nt | | | | | | |
| | 4. Develop written treatment protocols with consensus from participating providers and facilities. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |

NEW YORK STATE Department of Health Medicaid Redesign Team

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| Enter Reviewer Comment | | | | | | | | |
|--|------------|-----------|------------|-----------------|-----|--|--|--|
| 5. Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |
| Enter Revie | wer Commen | t | | | | | | |
| 6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | | | In Process | Pass & Ongoing | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | | | In Process | Pass & Ongoing | N/A | | | |
| Enter Reviewer Comment | | | | | | | | |
| 8. Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | | | In Process | Pass & Ongoing | N/A | | | |
| Enter Revie | wer Commen | t | | | | | | |
| 9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | | | In Process | Pass & Ongoing | N/A | | | |
| Enter Revie | wer Commen | t | | | | | | |
| 10. Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |



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| | Enter Reviewer Comment | | | | | | | | |
|---|--|------------|-----------|-----------|-----------------|-----|--|--|--|
| 1 | 11. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |
| | Enter Revie | wer Commen | nt | | | | | | |
| | Total | | | | | | | | |

| | Domain 3 Pay for Performance and Pay for Reporting | | | | | | | | |
|------------|--|-----------------|----------------|--|--|--|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | | | | |
| | Adherence to Antipsychotic Medications for People with Schizophrenia | Pass & Ongoing | 1 | | | | | | |
| | P4P Measure DY3Q2 | | | | | | | | |
| | Antidepressant Medication Management - Effective Acute Phase Treatment | Fail | 0 | | | | | | |
| | P4P Measure DY3Q2 | | | | | | | | |
| | Antidepressant Medication Management - Effective Continuation Phase Treatment | Fail | 0 | | | | | | |
| | P4P Measure DY3Q2 | | | | | | | | |
| | Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia | N/A | N/A | | | | | | |
| | P4P Measure DY3Q2 | | | | | | | | |
| | Diabetes Monitoring for People with Diabetes and Schizophrenia | Pass & Ongoing | 1 | | | | | | |
| | P4P Measure DY3Q2 | | - | | | | | | |



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|------|-----|--------|--|
| | | | |
| | Pri | int | |

| | Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication | Pass & Ongoing | 1 |
|-------------------|--|----------------|-----|
| | P4P Measure DY3Q2 | | |
| | Follow-up after hospitalization for Mental Illness - within 30 days | Fail | 0 |
| | P4P Measure DY3Q2 | | |
| | Follow-up after hospitalization for Mental Illness - within 7 days | Fail | 0 |
| | P4P Measure DY3Q2 | | |
| | Follow-up care for Children Prescribed ADHD Medications - Continuation Phase | Pass & Ongoing | 0.5 |
| | Enter Reviewer Comment | | |
| | Follow-up care for Children Prescribed ADHD Medications - Initiation Phase | Pass & Ongoing | 0.5 |
| | Enter Reviewer Comment | | |
| | Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days) | Fail | 0 |
| | P4P Measure DY3Q2 | | |
| | Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days) | Fail | 0 |
| | P4P Measure DY3Q2 | | |
| | Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ± | Pass & Ongoing | 1 |
| $\langle \rangle$ | | | |

| NEW YORK Department STATE of Health | Medicaid Redesign Team | | New York State Departme m Incentive Payment (DSF | |
|---|---------------------------|---|---|------|
| Save & Return Print | | Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - Se Adirondad | ptember 30, 2017 (Payme ck Health Institute, Inc I | - |
| | | P4P Measure DY3Q2 | | |
| Screening for Clinical D | Depression and follow-up | | Pass & Ongoing | 1 |
| | | Enter Reviewer Comment | | |
| | | Total | | 6.00 |



> 2,092,039 1,504,276

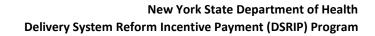
Save & Return Print Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.a.iv

| Project Snapshot | | | Payment Snapshot | |
|-----------------------|---|--|---------------------------|----|
| Project Domain | Clinical Improvement Projects (Domain 3) | | DY3, Q2 Payment Available | \$ |
| Project ID | 3.a.iv | | DY3, Q2 Payment Earned | \$ |
| | Development of Withdrawal Management (e.g., | | | |
| Project Title | ambulatory detoxification, ancillary withdrawal | | | |
| | services) capabilities and appropriate enhanced | | | |

| | 3.a.iv Scoresheet | | | | | | | | | | |
|----------|------------------------------------|---------------|-------------------------------------|-------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|--|
| Domain | Component | Review Status | Status AVs Net A Available Award | | Percentage AV | Domain Funding % (DY3) | Domain Funding % (DY3, Q2) | Payment Available (\$) | Net Payment Earned (\$) | | |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 40% | 40% | 836,816 | 697,346 | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | | | | | | |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 40% | 40% | 836,816 | 697,346 | | |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 2.00 | 2.00 | 100% | 10% | 10% | 209,204 | 209,204 | | |
| Domain 5 | Domain 3 Pay for Performance (P4P) | complete | 7.00 | 4.00 | 57% | 50% | 50% | 1,046,020 | 597,725 | | |
| | Domain 2 Subtotal | | 9.00 | 6.00 | 67% | 60% | 60% | 1,255,223 | 806,929 | | |
| | Total | Complete | 15.00 | 11.00 | 73% | 100% | 100% | 2,092,039 | 1,504,276 | | |

Total Project 3.a.iv AVs Awarded: 11 out of 15

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



0

Print Enter Reviewer Comment Module 2 - Project Implementation Speed N/A Pass & Ongoing Ongoing In Process 0.00 Enter Reviewer Comment Module 3 - Patient Engagement Speed Fail Ongoing N/A In Process Enter Reviewer Comment Total 0.00

| | Domain 1 Project Prescribed M | ilestones Pr | oject 3.a.iv | | | | | | |
|------------|--|----------------------|-----------------------|---------------------|-----------------|----------------|--|--|--|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | | | |
| | 1. Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services. | | | In Process | Pass & Ongoing | N/A | | | |
| | Enter Reviewer Comment | | | | | | | | |
| | Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols. | | | In Process | Pass & Ongoing | N/A | | | |
| | Enter Revie | wer Commer | nt | | | | | | |
| | 3. Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | | |

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| Enter Reviewer Comment | | | | | | | |
|--|------------|-----------|------------|-----------------|-----|--|--|
| 4. Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics. | | | | | | | |
| Enter Revie | wer Commer | nt | | | | | |
| 5. Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | |
| Enter Revie | wer Commen | nt | | | | | |
| 6. Develop care management services within the SUD treatment program. | | | In Process | Pass & Ongoing | N/A | | |
| Enter Reviewer Comment | | | | | | | |
| 7. Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | | | In Process | Pass & Ongoing | N/A | | |
| Enter Revie | wer Commen | nt - | | | | | |
| 8. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A | | |
| Enter Reviewer Comment | | | | | | | |
| Total | | | | | 0.0 | | |

| | Domain 3 Pay for Performance and Pay for Reporting | | |
|------------|--|-----------------|---------|
| AV Driving | Measure | Reviewer Status | AVs |
| | | | Awarded |



Fail

0

Print Pass & Ongoing Adherence to Antipsychotic Medications for People with Schizophrenia 1 P4P Measure DY3Q2 Antidepressant Medication Management - Effective Acute Phase Treatment Fail 0 P4P Measure DY3Q2 Antidepressant Medication Management - Effective Continuation Phase Treatment Fail 0 P4P Measure DY3Q2 Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia N/A N/A P4P Measure DY3Q2 Diabetes Monitoring for People with Diabetes and Schizophrenia Pass & Ongoing 1 P4P Measure DY3Q2 Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication Pass & Ongoing 1 P4P Measure DY3Q2 Follow-up after hospitalization for Mental Illness - within 30 days Fail 0

P4P Measure DY3Q2

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.a.iv

Save & Return

Follow-up after hospitalization for Mental Illness - within 7 days



| Print | k Health Institute, Inc P | Project 3.a.iv |
|--|---------------------------|----------------|
| P4P Measure DY3Q2 | | |
| Follow-up care for Children Prescribed ADHD Medications - Continuation Phase | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | | |
| Follow-up care for Children Prescribed ADHD Medications - Initiation Phase | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | | |
| Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days) | Fail | 0 |
| P4P Measure DY3Q2 | | |
| Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days) | Fail | 0 |
| P4P Measure DY3Q2 | | |
| Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ± | Pass & Ongoing | 1 |
| P4P Measure DY3Q2 | | |
| Screening for Clinical Depression and follow-up | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Total | | 6.00 |

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.a.iv

Save & Return



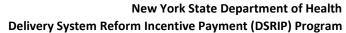
Save & Return Print Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.g.i

| | Project Snapshot | Payment Snapshot | |
|-----------------------|--|---------------------------|---------------|
| Project Domain | Clinical Improvement Projects (Domain 3) | DY3, Q2 Payment Available | \$ 643,948 |
| Project ID | 3.g.i | DY3, Q2 Payment Earned | \$ 643,948 |
| Project Title | Integration of palliative care into the PCMH model | | |

| | | | 3.g.i Scores | heet | | | | | |
|--------------------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain Component I | | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY3) | Domain Funding % (DY3, Q2) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 40% | 80% | 515,159 | 515,159 |
| | Patient Engagement Speed | Complete | 1.00 | 1.00 | 100% | | | | |
| | Domain 1 Subtotal | | 6.00 | 6.00 | 100% | 40% | 80% | 515,159 | 515,159 |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 5.00 | 5.00 | 100% | 10% | 20% | 128,790 | 128,790 |
| Domain 5 | Domain 3 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 50% | 0% | - | - |
| | Domain 2 Subtotal | | | 5.00 | 100% | 60% | 20% | 128,790 | 128,790 |
| Total Complete | | 11.00 | 11.00 | 100% | 100% | 100% | 643,948 | 643,948 | |

Total Project 3.g.i AVs Awarded: 11 out of 11

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



Print Enter Reviewer Comment Module 2 - Project Implementation Speed N/A Pass & Ongoing Ongoing In Process Enter Reviewer Comment Module 3 - Patient Engagement Speed Pass & Ongoing Ongoing N/A In Process Enter Reviewer Comment Total

| | Domain 1 Project Prescribed N | Ailestones P | roject 3.g.i | | | |
|------------|---|----------------------|-----------------------|---------------------|-----------------|----------------|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
| | 1. Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification. | | | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 2. Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A |
| | | | | | | |
| | Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | 6/30/2016 | 6/30/2016 | Completed | Pass & Complete | N/A |
| | | | | | | |
| | 4. Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | N/A |
| | | | | | | |

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NEW YORK STATE

Department of Health

Medicaid Redesign Team

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter)

Adirondack Health Institute, Inc. - Project 3.g.i

0.00

1

1.00



| Save | & | Return | |
|------|-----|--------|--|
| | | | |
| | Pri | nt | |

| 5. Engage with Medicaid Managed Care to address coverage of services. | | | In Process | Pass & Ongoing | N/A |
|--|-----------|-----------|------------|-----------------|------|
| | | | | | |
| 6. Use EHRs or other IT platforms to track all patients engaged in this project. | 9/30/2016 | 9/30/2016 | Completed | Pass & Complete | N/A |
| | | | | | |
| Total | | | | | 0.00 |

| | Domain 3 Pay for Performance and Pay for Reporting Project 3.g.i (all Milestones are P4R in | DY3, Q2) | |
|------------|--|------------------------|----------------|
| AV Driving | Measure | Reviewer Status | AVs Awarded |
| | Percentage of patients indicating need who were offered or provided an intervention for pain symptoms experienced during the past week | Pass & Ongoing | 1 |
| • | Percentage of patients indicating need who were offered or provided an intervention for physical symptoms (other than pain) experienced during the past week | Pass & Ongoing | 1 |
| • | Percentage of patients indicating need who were offered or provided an intervention for not feeling at peace during the past week | Pass & Ongoing | 1 |
| | Percentage of patients indicating need who were offered or provided an intervention for depressive feelings experienced during the past week | Pass & Ongoing | 1 |
| | Percentage of ptients who were offered or provided an intervention when there was no advance directive in place | Pass & Ongoing | 1 |
| | Total | | 5.00 |



Save & Return Print Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 4.a.iii

| | Project Snapshot | Payment Snapshot | |
|----------------|---|---------------------------|-----------------|
| Project Domain | Domain 4: Population-wide Projects: New York's | DY3, Q2 Payment Available | \$ 1,272,021 |
| Project ID | 4.a.iii | DY3, Q2 Payment Earned | \$ 1,272,021 |
| Project Title | Strengthen Mental Health and Substance Abuse Infrastructure Across Systems | | |

| | | | 4.a.iii Scores | heet | | | | | |
|----------------|--|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY3) | Domain Funding % (DY3, Q2) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 40% | 6 40% | 508,808 | 508,808 |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | | | | |
| | Patient Engagement Speed | N/A | 0.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 5.00 | 5.00 | 100% | 40% | 40% | 508,808 | 508,808 |
| Domain 4 | Domain 4 Pay for Reporting (P4R) | Complete | 11.00 | 11.00 | 100% | 60% | 60% | 763,212 | 763,212 |
| Domain 4 | Domain 4 Pay for Performance (P4P) N/A | | N/A | N/A | N/A | 0% | 0% | - | - |
| | Domain 4 Subtotal | | | 11.00 | 100% | 60% | 60% | 763,212 | 763,212 |
| Total Complete | | | 16.00 | 16.00 | 100% | 100% | 100% | 1,272,021 | 1,272,021 |

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

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



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

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter)

| | Print Adirondac | k Health Institute, Inc | Project 4.a.iii |
|--|---|-------------------------|-----------------|
| | Enter Reviewer Comment | | |
| | Age-adjusted suicide death rate per 100,000 | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Percentage of adults with health insurance - Aged 18- 64 years | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Percentage of premature death (before age 65 years) | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Age-adjusted percentage of adult binge drinking during the past month | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |



| | Save & Return Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 Adirophack Health Institute | | | |
|--|--|---|---------------------------|-----------------|
| | Print | Adirondac | k Health Institute, Inc P | Project 4.a.iii |
| | Age-adjusted percentage of adult | ts with poor mental health for 14 or more days in the last month | Pass & Ongoing | 1 |
| | | Enter Reviewer Comment | | |
| | Age-adjusted preventable hospita | alizations rate per 10,000 - Aged 18+ years | Pass & Ongoing | 1 |
| | | Enter Reviewer Comment | | |
| | Age-adjusted preventable hospita White non-Hispanics | alizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to | Pass & Ongoing | 1 |
| | | Enter Reviewer Comment | | |
| | | Total | | 11.00 |



Save & Return Print Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 4.b.ii

| | Project Snapshot | | | | |
|---|---|--|--|--|--|
| Project Domain Domain 4: Population-wide Projects: New York's | | | | | |
| Project ID 4.b.ii | | | | | |
| | Increase Access to High Quality Chronic Disease | | | | |
| Project Title | Preventive Care and Management in Both Clinical | | | | |
| | and Community Settings | | | | |

| Payment Snapsh | not | |
|--------------------------|-----|-----------|
| DY3 Q2 Payment Available | \$ | 1,094,293 |
| DY3, Q2 Payment Earned | \$ | 1,094,293 |

| | 4.b.ii Scoresheet | | | | | | | | |
|----------|--|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY3) | Domain Funding % (DY3, Q2) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | 40% | 437,717 | 437,717 |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 40% | | | |
| | Patient Engagement Speed | N/A | 0.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 5.00 | 5.00 | 100% | 40% | 40% | 437,717 | 437,717 |
| Domain 4 | Domain 4 Pay for Reporting (P4R) | Complete | 17.00 | 17.00 | 100% | 60% | 60% | 656,576 | 656,576 |
| Domain 4 | Domain 4 Pay for Performance (P4P) N/A | | N/A | N/A | N/A | 0% | 0% | - | - |
| | Domain 4 Subtotal | | | 17.00 | 100% | 60% | 60% | 656,576 | 656,576 |
| | Total Complete | | | 22.00 | 100% | 100% | 100% | 1,094,293 | 1,094,293 |

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

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



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

Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter)

| Print | k Health Institute, Inc I | Project 4.b.ii |
|--|---------------------------|----------------|
| Enter Reviewer Comment | | |
| Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non- Hispanics | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percentage of adults with health insurance - Aged 18- 64 years | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |



| Save & Return | Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - Se | ntember 30 2017 (Payme | nt Quarter) |
|---|--|---------------------------|-------------|
| Print | | k Health Institute, Inc I | - |
| Percentage of adults who are o | abaca | Pass & Ongoing | 1 |
| | Dhese | Pass & Oligoling | 1 |
| | Enter Reviewer Comment | | |
| Percentage of children and add | olescents who are obese | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Percentage of cigarette smokir | ng among adults | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Percentage of adults who rece 75 years | ive a colorectal cancer screening based on the most recent guidelines - Aged 50- | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Asthma emergency departmer | nt visit rate per 10,000 | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Asthma emergency departmer | nt visit rate per 10,000 - Aged 0-4 years | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Age-adjusted heart attack hos | pitalization rate per 10,000 | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Rate of hospitalizations for sho | ort-term complications of diabetes per 10,000 - Aged 6- 17 years | Pass & Ongoing | 1 |

| NI YC ST | | New York State Departme n Incentive Payment (DSF | |
|------------------------|---|--|-------|
| | Save & Return Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - Sep Print Adirondac | ptember 30, 2017 (Payme k Health Institute, Inc I | |
| | Enter Reviewer Comment | | |
| | Rate of hospitalizations for short-term complications of diabetes per 10,000 – Aged 18+ years | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | | |
| | Total | | 17.00 |