

Achievement Value (AV) Scorecard Better Health for Northeast New York

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

	Functionality									
Step	Description/Link	Image								
1. Print	All tabs include a print button in the upper left hand corner. The AV Scorecard Overview tab also includes a "Print All" button which will print all relevany reports.	Print All								
Access Detailed Project Reports and return to AV Scorecard Overview	The AV Scorecard Overview tab is the landing page from which detailed project reports can be viewed. From the AV Scorecard Overview" click the relevant project button to access the project tab. From the project tab click "Save and Return" to access the AV Scorecard Overview	Project Link (click on the purple link below to access each below/dust project report) Domain I: Organizational [All Projects] AV Adjustments (column f) 2.31 2.41 2.41 2.41 2.41 2.44 2.44								
3. Show or Hide reviewer comments	Each project tab includes a Show/Hide Reviewer Comments button on the left hand side of the screen. Click "Show Reviewer Comments" to show comments and "Hide Reviewer Comments" to hide comments.	Hide Reviewer Comments								



Print Summary

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Achievement Value (AV) Scorecard Better Health for Northeast New York

PPS Information					
Quarter	DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter)				
PPS	Better Health for Northeast New York				
PPS Number	1				

Achievement Value (AV) Scorecard Summary										
		AV I	Data		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	Organization embedded project's	within each				
2.a.i	20.00	20.00	0.00	20.00	\$ 1,340,565	\$ 1,340,565				
2.a.iii	21.00	20.00	0.00	20.00	\$ 1,060,877	\$ 919,427				
2.a.v	21.00	20.00	0.00	20.00	\$ 1,014,307	\$ 879,066				
2.b.iii	21.00	20.00	0.00	20.00	\$ 956,525	\$ 828,988				
2.d.i	10.00	9.00	0.00	9.00	\$ 876,669	\$ 759,780				
3.a.i	16.00	12.00	0.00	12.00	\$ 1,728,837	\$ 1,234,884				
3.a.ii	16.00	10.71	0.00	10.71	\$ 1,642,431	\$ 1,052,497				
3.b.i	14.00	13.00	0.00	13.00	\$ 1,344,572	\$ 1,254,934				

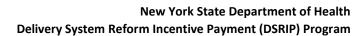


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3.d.iii	14.00	12.00	0.00	12.00	\$ 1,391,458	\$ 1,066,785
4.b.i	22.00	22.00	0.00	22.00	\$ 1,048,905	\$ 1,048,905
4.b.ii	22.00	22.00	0.00	22.00	\$ 821,047	\$ 821,047
AV Adjustments (Column F)	1					
Total	197.00	180.71	0.00	180.71	\$ 13,226,194	\$ 11,206,877





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Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Better Health for Northeast New York - Domain 1 Organizational AVs

Domain I Organizational Scoresheet											
Domain I Organizational Review Status AVs Available AVs Awarded Adjustments Net AVs											
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

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	Workforce Strategy									
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded			
Workforce Strategy Budget Updates										



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	Define target workforce state (in line with DSRIP program's goals)	N/A	N/A	Completed	Pass & Complete
	Create a workforce transition roadmap for achieving defined target workforce	N/A	N/A	Completed	Pass & Complete
	<u> </u>				
Additional	Perform detailed gap analysis between current state assessment of workforce	N/A	N/A	Completed	Pass & Complete
Workforce Strategy	and projected future state		14/71	Completed	r ass a complete
Budget Updates					
(non AV-	4. Produce a compensation and benefit analysis, covering impacts on both				
driving)	retrained and redeployed staff, as well as new hires, particularly focusing on full and	N/A	N/A	Completed	Pass & Complete
	partial placements				
	5. Develop training strategy	N/A	N/A	Completed	Pass & Complete
	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing



	Prin	L .					
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
dditional Vorkforce							N1/A
trategy opic 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			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Module 1.1 - PPS Budget Report (Baseline)	Ongoing	N/A	Completed	Pass & Complete	



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

	Section 02 Governance								
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded		
		1. Finalize governance structure and subcommittee structure	9/30/2015	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						
		Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	9/30/2015	Completed	Pass & Complete
Governance Process		Establish governance structure reporting and monitoring processes	9/30/2016	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
Additional		6. Finalize partnership agreements or contracts with CBOs	N/A	12/31/2016	In Process	Pass & Complete
Governance Milestones (non AV- driving)	•	7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and	N/A	6/30/2016	In Process	Pass & Complete
arrying)						
		8. Finalize workforce communication and engagement plan	N/A	3/31/2016	Completed	Pass & Complete



	9. Inclusion of CBOs in PPS Implementation	N/A	3/31/2017	Completed	Pass & Complete	
	implementation	I				
	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 Governance Topic Areas						N/A
	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
		Total				1



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Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize PPS finance structure, including reporting structure	12/31/2015	12/31/2015	Completed	Pass & Complete	
		2. Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.		12/31/2015	Completed	Pass & Complete	
Financial		3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d	12/31/2015	12/31/2015	Completed	Pass & Complete	
Stability Update							1
		4. Develop a Value Based Needs Assessment ("VNA")	3/31/2017	3/31/2017	Completed	Pass & Ongoing	
		5. Develop an implementation plan geared towards addressing the needs identified within your VNA	6/30/2017	6/30/2017	Completed	Pass & Ongoing	
		6. Develop partner engagement schedule for partners for VBP education and	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	
Additional Financial							N/A
Stability 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 04	Cultural Compe	tency & Health	Literacy		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Finalize cultural competency / health literacy strategy.	12/31/2015	12/31/2015	Completed	Pass & Complete	
Cultural							



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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							N/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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		Sect	tion 05 IT Syster	ms and Processes	5		
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	12/31/2015	Completed	Pass & Complete	
		Develop an IT Change Management Strategy.	9/30/2016	3/31/2016	Completed	Pass & Complete	
IT Systems and Processes							0
	•	3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	N/A	3/31/2016	Completed	Pass & Complete	N/A
	•	4. Develop a specific plan for engaging attributed members in Qualifying Entities	N/A	6/30/2016	Completed	Pass & Complete	
		5. Develop a data security and confidentiality plan.	N/A	3/31/2016	Completed	Pass & Complete	
		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	
Additional IT Systems and Processes	•	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	N/A
Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				0

		Sec	ction <mark>06 Perfor</mark> n	nance Reporting			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Establish reporting structure for PPS-wide performance reporting and communication.	6/30/2016	3/31/2016	Completed	Pass & Complete	N/A
Derformanc							



	<u>.</u>				N/A
Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
Rey Startification	IV/A	N/A	III TOCCSS	Tuss & Ongoing	
IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
Progress Reporting	N/A	NI/A	In Process		
-	·				



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		Sect	tion 07 Practitio	ner Engagement	t		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV A
		1. Develop Practitioners communication and engagement plan.	9/30/2015	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	12/31/2015	Completed	Pass & Complete	N
		Major Risks to Implementation & Risk	21/2	21/2		Dans 2 Outrains	
		Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
-		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Practitioner							N
Engagement Fopic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	



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

		Section	08 Population I	lealth Managen	nent		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Develop population health management roadmap.	N/A	6/30/2016	Complete	Pass & Complete	N/A
Population							14/7
Health		2. Finalize PPS-wide bed reduction plan.	N/A	3/31/2017	Complete	Pass & Complete	N/A
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	



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Additional Population Health Topic Areas							
		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				0

			Section 09 Clinic	al Integration				
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded	
Clinical		Perform a clinical integration 'needs assessment'.	6/30/216	12/31/2016	Completed	Pass & Complete	N/A	
							N/A	
Integration		2. Develop a Clinical Integration strategy.	3/31/2016	6/30/2016	Completed	Pass & Complete	N/A	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing		



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	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
Additional Clinical	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
						N/A
Integration Topic Areas	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	NA
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
		Total				0



Save & Return

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AV Adjustment Scoresheet								
	AVs Per	Total	Total AVs	Total AVs	Awarded	Adjusted	Net A	NVs Awarded
Adjustment	Project	Projects	Available	Net	Percentage	Aujusteu AVs	Net	Percentage AV
	Project	Selected	Available	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	142.00	125.71	89%	0.00	125.71	89%
Total			197.00	180.71	92%	0.00	180.71	92%

Hide Reviewer Comments	Organizational	Project Adjustments
	No AV Ad Please note that there are no AV adjustment	iustments s for Better Health for Northeast New York in DY2, Q1



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

Better Health for Northeast New York - Project 2.a.i

	Project Snapshot						
Project Domain	System Transformation Projects (Domain 2)						
Project ID	2.a.i						
	Create an Integrated Delivery System focused on						
Project Title	Evidence Based Medicine and Population Health						
	Management						

Payment Snapshot	
DY3, Q2 Payment Available	\$ 1,340,565
DY3, Q2 Payment Earned	\$ 1,340,565

			2.a.i 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%			1,072,452	
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	40%	80%		1,072,452
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal		5.00	5.00	100%	40%	80%	1,072,452	1,072,452
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	20%	268,113	268,113
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%	268,113	268,113
	Total	Complete	20.00	20.00	100%	100%	100%	1,340,565	1,340,565

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							



Module 2 - Project Implementation Speed	9/30/2016	9/30/2016	Completed	Pass & Ongoing	N/A
Enter Revie	ewer Commen	it			
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.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Revie	wer Commer	nt					
	2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	9/30/2016	9/30/2016	Completed	N/A	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.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Revie	wer Commer	nt					
•	4. Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	9/30/2016	9/30/2016	Completed	N/A	N/A		



	Enter Reviewer Comment							
	5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	9/30/2016	9/30/2016	Completed	N/A	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.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Revie	wer Commer	t					
•	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.	9/30/2016	9/30/2016	Completed	N/A	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.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Revie	wer Commer	rt					
	9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Revie	wer Commer	nt					
	10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Reviewer Comment							



	11. Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as	9/30/2016	9/30/2016	Completed	N/A	N/A	
	Enter Reviewer Comment						
Total						0.00	

	Domain 2 Pay for Performance and Pay for Reporting Project		
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		
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
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		
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		



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

Better Health for Northeast New York - Project 2.a.i

Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
Enter Reviewer Comment		
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5

Total



Print

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

Better Health for Northeast New York - Project 2.a.iii

Project Snapshot						
Project Domain	System Transformation Projects (Domain 2)					
Project ID	2.a.iii					
	Health Home At-Risk Intervention Program:					
Project Title	Proactive management of higher risk patients not					
	currently eligible for Health Homes through access					

Payment Snapshot	
DY3, Q2 Payment Available	\$ 1,060,877
DY3, Q2 Payment Earned	\$ 919,427

	2.a.iii 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%	40%									
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%			40% 80%	848,702	707,251						
	Patient Engagement Speed	Complete	1.00	0.00	0%											
	Domain 1 Subtotal		6.00	5.00	83%	40%	80%	848,702	707,251							
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	20%	212,175	212,175							
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%	212,175	212,175							
	Total	Complete	21.00	20.00	95%	100%	100%	1,060,877	919,427							

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

Hide Reviewer Comments

	Domain 1 Project Milestones Project 2.a.iii								
AV Drivin	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	Ongoing	N/A	In Process	Pass & Ongoing	0.00		
	Enter Reviewer Comment							
•	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0.00		
	Enter Reviewer Comment							
	Total							

	Domain 1 Project Prescribed M	lilestones Pr	oject 2.a.iii					
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	1. Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
	Enter Reviewer Comment							
	2. Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and/or Advanced Primary Care accreditation by Demonstration Year (DY) 3.	3/31/2017	3/31/2017	Completed	Fail	N/A		
	Enter Reviewer Comment							
	3. Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	3/31/2017	3/31/2017	Completed	Fail	N/A		



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	Enter Revie	wer Commer	nt						
	4. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	3/31/2017	3/31/2017	Completed	Fail	N/A			
	Enter Reviewer Comment								
	5. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment								
	6. Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment								
	7. Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	3/31/2017	3/31/2017	Completed	Fail	N/A			
	Enter Reviewer Comment								
	8. Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	3/31/2017	3/31/2017	Completed	Fail	N/A			
Enter Reviewer Comment									
	9. Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			



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

Better Health for Northeast New York - Project 2.a.iii

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Enter Reviewer Comment	
Total	0.00

	Domain 2 Pay for Performance and Pay for Reporting Project 2.a.iii (all Milestones are P4R	in DY2)	
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



Print Better Health for	or Northeast New York - P	roject 2.a.iii
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		
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



Print Better Health fo	or Northeast New York - F	Project 2.a.iii
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		
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		



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Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
Enter Reviewer Comment		
Total		15.00



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

Better Health for Northeast New York - Project 2.a.v

	Project Snapshot						
Project Domain System Transformation Projects (Domain 2)							
Project ID 2.a.v							
Project Title	Create a medical village/alternative housing using existing nursing home infrastructure						

Payment Snapshot	
DY3, Q2 Payment Available	\$ 1,014,307
DY3, Q2 Payment Earned	\$ 879,066

	2.a.v 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%	811,446	676,205
	Patient Engagement Speed	Complete	1.00	0.00	0%				
	Domain 1 Subtotal		6.00	5.00	83%	40%	80%	811,446	676,205
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	20%	202,861	202,861
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%	202,861	202,861	
	Total	Complete	21.00	20.00	95%	100%	100%	1,014,307	879,066

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

Hide Reviewer Comments

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



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Enter Reviewer Comment							
Module 2 - Project Implementation Speed	Ongoing	N/A	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 Milestones Project 2.a.v						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
	2. Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	3. Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A



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	Enter Revie	wer Commen	nt				
	4. Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Revie	wer Commer	nt				
	5. Identify specific community-based services that will be developed in lieu of these beds based upon the community need.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Revie	wer Commen	nt				
	6. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	7. 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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A	
	Enter Revie	wer Commen	nt				
	8. Ensure that all safety net providers participating in medical villages 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.			In Process	Pass & Ongoing	N/A	
	Enter Revie	wer Commen	nt				
	9. Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2			In Process	Pass & Ongoing	N/A	
	Enter Reviewer Comment						
Total 0.00							



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	Domain 2 Pay for Performance and Pay for Reporting Project 2.a.v (all Milestones are P4R in DY2)					
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					
	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25			



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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
Enter Reviewer Comment		



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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		
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



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

Save & Return

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

Better Health for Northeast New York - Project 2.a.v

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Enter Reviewer Comment

Total

Better Health for Northeast New York - Project 2.a.v



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

Better Health for Northeast New York - Project 2.b.iii

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

Payment Snapshot	
DY3, Q2 Payment Available	\$ 956,525
DY3, Q2 Payment Earned	\$ 828,988

	2.b.iii 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	Complete	0.00	0.00	0%		40% 80%	765,220	637,683			
	Patient Engagement Speed	Complete	1.00	0.00	0%							
	Domain 1 Subtotal		6.00	5.00	83%	40%	80%	765,220	637,683			
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	20%	191,305	191,305			
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%	191,305	191,305			
	Total	Complete	21.00	20.00	95%	100%	100%	956,525	828,988			

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

Hide Reviewer Comments

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



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Enter Reviewer Comment							
Module 2 - Project Implementation Speed	9/30/2016	9/30/2016	Completed	Pass & Ongoing	0.00		
Enter Revi	ewer Commer	nt					
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0		
Enter Reviewer Comment							
Total							

	Domain 1 Project Prescribed M	ilestones Pr	oject 2.b.iii			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	Establish ED care triage program for at-risk populations	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Revie	nt				
•	 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. 	9/30/2016	9/30/2016	Completed	N/A	N/A
Enter Reviewer Comment						



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•	3. For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely	9/30/2016	9/30/2016	Completed	N/A	N/A	
	appointment with that provider's office (for patients with a primary care	wer Commen	nt				
	4. Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	9/30/2016	9/30/2016	Completed	N/A	N/A	
	Enter Reviewer Comment						
	5. Use EHRs and other technical platforms to track all patients engaged in the project.	9/30/2016	9/30/2016	Completed	N/A	N/A	
	Enter Reviewer Comment						
Total 0						0.00	

	Domain 2 Pay for Performance and Pay for Reporting Project 2.b.iii (all Milestones are P4R in DY1)							
AV Driving	Measure	Reviewer Status	AVs Awarded					
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.3333333					
	Enter Reviewer Comment							



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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		
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



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	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		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		



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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		
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
Enter Reviewer Comment		
Total		15.00



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

Better Health for Northeast New York - Project 2.d.i

Project Snapshot						
Project Domain System Transformation Projects (Domain 2)						
Project ID	2.d.i					
	Implementation of Patient Activation Activities to					
Project Title	Engage, Educate and Integrate the uninsured and					
	low/non-utilizing Medicaid populations into					

Payment Snapshot	
DY3, Q2 Payment Available	\$ 876,669
DY3, Q2 Payment Earned	\$ 759,780

	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%			701,335	584,446
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	40%	80%		
	Patient Engagement Speed	Complete	1.00	0.00	0%				
	Domain 1 Subtotal		6.00	5.00	83%	40%	80%	701,335	584,446
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	10%	20%	175,334	175,334
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%	175,334	175,334
	Total	Complete	10.00	9.00	90%	100%	100%	876,669	759,780

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

Hide Reviewer Comments

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



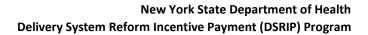
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Enter Reviewer Comment								
Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00			
Enter Revie	Enter Reviewer Comment							
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0			
Enter Reviewer Comment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

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



Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Better Health for Northeast New York - Project 2.d.i

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





	Print		В	etter Health j	for Northeast New York -	Project 2.d.i		
	Enter Revie	wer Commen	t					
•	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.			In Process	Pass & Ongoing	N/A		
	Enter Revie	wer Commen	t					
	12. Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
	Enter Revie	wer 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 (with Exception) & 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			In Process	Pass & Ongoing	N/A		
	Enter Reviewer Comment							
	15. Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.			In Process	Pass & Ongoing	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.			In Process	Pass & Ongoing	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 (all Milestones are P4R in DY2)							
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							



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

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

Better Health for Northeast New York - Project 2.d.i

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PAM Level	Pass & Ongoing	1	
Enter Reviewer Comment			
Use of primary and preventive care services Percent of attributed Medicaid members with no claims history for primary care and preventive services in measurement year compared to same in baseline year	Pass & Ongoing	1	
Enter Reviewer Comment			
Total		4.00	



Print

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

Better Health for Northeast New York - 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 Available	\$ 1,728,837
DY3, Q2 Payment Earned	\$ 1,234,884

	3.a.i Scoresheet									
Domain	Domain Component		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%	40%			
Domain 1	Project Implementation Speed	Complete	1.00	1.00	100%			691,535	691,535	
	Patient Engagement Speed	Complete	1.00	1.00	100%					
	Domain 1 Subtotal		7.00	7.00	100%	40%	40%	691,535	691,535	
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	10%	10%	172,884	172,883.70	
Domain 3	Domain 3 Pay for Performance	Complete	7.00	3.00	43%	50%	50%	864,419	370,465.08	
	Domain 3 Subtotal			5.00	56%	60%	60%	1,037,302	543,349	
	Total Complete			12.00	75%	100%	100%	1,728,837	1,234,884	

Total Project 3.a.i AVs Awarded: 12 out of 16

Hide Reviewer Comments

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



	Print			etter rieurin j	joi Northeast New York -	rioject s.u.i		
	Enter Reviewer Comment							
	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	1.00		
	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 2 ✓ 3.a.i Model 3								
Model	AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	•	1. Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	9/30/2017	9/30/2017	Completed	Pass (with Exception) & Complete	0.14285714		
	Enter Reviewer Comment								
		Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
3.a.i Model 1		Enter Reviewer Comment							



	Print			В	etter Health	for Northeast New York -	Project 3.a.i	
		3. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.14285714	
		En	ter Reviewer	Comment				
		4. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
		En	ter Reviewer	Comment				
	•	5. Co-locate primary care services at behavioral health sites.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.14285714	
		Enter Reviewer Comment						
		6. Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
		Enter Reviewer Comment						
3.a.i Model 2		7. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.14285714	
		En	ter Reviewer	Comment				
		8. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
		En	ter Reviewer	Comment				
		9. Implement IMPACT Model at Primary Care Sites.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.14285714	



	Print				•		•		
		Enter Reviewer Comment							
	•	10. Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
		En	ter Reviewer	Comment					
		11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
		En	Enter Reviewer Comment						
3.a.i Model 3		12. Designate a Psychiatrist meeting requirements of the IMPACT Model.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
		Enter Reviewer Comment							
		13. Measure outcomes as required in the IMPACT Model.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.14285714		
		Enter Reviewer Comment							
		14. Provide "stepped care" as required by the IMPACT Model.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.14285714		
		Ent	ter Reviewer	Comment					
		15. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
		Total					1		

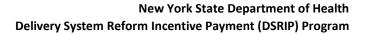


Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter)

Better Health for Northeast New York - Project 3.a.i

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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		
	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		



5.00



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

Better Health for Northeast New York - Project 3.a.i

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 P4R Measure DY3Q2 Follow-up care for Children Prescribed ADHD Medications - Initiation Phase Pass & Ongoing 0.5 P4R Measure DY3Q2 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) ± Fail 0 P4P Measure DY3Q2 Screening for Clinical Depression and follow-up Pass & Ongoing 1

P4R Measure DY3Q2

Total



Print

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

Better Health for Northeast New York - Project 3.a.ii

Project Snapshot						
Project Domain	Clinical Improvement Projects (Domain 3)					
Project ID	3.a.ii					
Project Title	Behavioral health community crisis stabilization services					

Payment Snapsh	not	
DY3, Q2 Payment Available	\$	1,642,431
DY3, Q2 Payment Earned	\$	1,052,497

	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%			656,972	
Domain 1	Project Implementation Speed	Complete	1.00	0.71	71%	40%	40%		536,304
	Patient Engagement Speed	Complete	1.00	0.00	0%				
	Domain 1 Subtotal		7.00	5.71	82%	40%	40%	656,972	536,304
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	10%	10%	164,243	164,243
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	7.00	3.00	43%	50%	50%	821,216	351,950
	Domain 2 Subtotal		9.00	5.00	56%	60%	60%	985,459	516,193
	Total Complete		16.00	10.71	67%	100%	100%	1,642,431	1,052,497

Total Project 3.a.ii AVs Awarded: 10.71 out of 16

Hide Reviewer Comments

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



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Enter Reviewer Comment										
Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.71					
Enter Revie	ewer Commen	t								
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0					
Enter Reviewer Comment										
Total					0.71					

	Domain 1 Project Prescribed N	lilestones Pi	roject 3.a.ii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded			
	1. Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.14			
	Enter Revie	wer Commen	t						
	2. Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.14			
	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.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.14			
	Enter Revie	wer Commen	t						
	4. Develop written treatment protocols with consensus from participating providers and facilities.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			

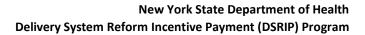


	Print		Ве	etter Health f	or Northeast New York - I	Project 3.a.ii				
	Enter Reviewer Comment									
	5. Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A				
	Enter Revie	wer Commer	nt							
	6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	9/30/2017	9/30/2017	Completed	Fail	0.00				
	Enter Revie	wer Commen	nt							
	7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.14				
	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.	9/30/2017	9/30/2017	Completed	Fail	0.00				
	Enter Revie	wer Commen	nt							
	9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.14				
	Enter Revie	wer Commen	nt							
	10. Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A				



Print		Ве	etter Health j	or Northeast New York - F	Project 3.a.ii		
Enter Reviewer Comment							
11. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
Enter Reviewer Comment							
Total							

	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							





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

Better Health for Northeast New York - Project 3.a.ii

Print 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 DY3O2 Follow-up after hospitalization for Mental Illness - within 7 days Fail 0 P4P Measure DY3O2 Follow-up care for Children Prescribed ADHD Medications - Continuation Phase Pass & Ongoing 0.5 P4R Measure DY3Q2 Follow-up care for Children Prescribed ADHD Medications - Initiation Phase Pass & Ongoing 0.5 P4R Measure DY3Q2 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) ± Fail 0



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

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Print	•	,
P4P Measure DY3Q2		
Screening for Clinical Depression and follow-up	Pass & Ongoing	1
P4R Measure DY3Q2		
Total		5.00



Print

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

Better Health for Northeast New York - Project 3.b.i

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

Payment Snapshot	
DY3, Q2 Payment Available	\$ 1,344,572
DY3, Q2 Payment Earned	\$ 1,254,934

	3.b.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%			537,829	
Domain 1	Project Implementation Speed	Complete	0.00	0.00	0%	40%	40%		448,191
	Patient Engagement Speed	Complete	1.00	0.00	0%				
	Domain 1 Subtotal		6.00	5.00	83%	40%	40%	537,829	448,191
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	8.00	8.00	100%	10%	60%	806,743	806,743
Domain 5	Domain 3 Pay for Performance (P4P) Complete	0.00	0.00	N/A	50%	0%	-	-	
Domain 2 Subtotal		8.00	8.00	100%	60%	60%	806,743	806,743	
	Total Complete		14.00	13.00	93%	100%	100%	1,344,572	1,254,934

Total Project 3.b.i AVs Awarded: 13 out of 14

Hide Reviewer Comments

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



	Print			_		-	
	Enter Reviewer Comment						
	Module 2 - Project Implementation Speed	9/30/2016	9/30/2016	Completed	Pass & Ongoing	N/A	
	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 Milestones Project 3.b.i							
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Reviewer Comment							
•	2. Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Reviewer Comment							
	3. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Reviewer Comment							



Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Better Health for Northeast New York - Project 3.b.i

Print 4. Use EHRs or other technical platforms to track all patients engaged in 9/30/2016 | 9/30/2016 | Completed N/A N/A this project. Enter Reviewer Comment 5. Use the EHR to prompt providers to complete the 5 A's of tobacco 9/30/2016 9/30/2016 | Completed N/A N/A control (Ask, Assess, Advise, Assist, and Arrange). Enter Reviewer Comment 6. Adopt and follow standardized treatment protocols for hypertension 9/30/2016 9/30/2016 Completed N/A N/A and elevated cholesterol. Enter Reviewer Comment 7. Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address 9/30/2016 9/30/2016 Completed N/A N/A lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management. Enter Reviewer Comment 8. Provide opportunities for follow-up blood pressure checks without a N/A 9/30/2016 9/30/2016 Completed N/A copayment or advanced appointment. Enter Reviewer Comment 9. Ensure that all staff involved in measuring and recording blood 9/30/2016 9/30/2016 Completed N/A N/A pressure are using correct measurement techniques and equipment. Enter Reviewer Comment 10. Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of 9/30/2016 9/30/2016 Completed N/A N/A hypertension and schedule them for a hypertension visit. Enter Reviewer Comment



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	11. 'Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	9/30/2016	9/30/2016	Completed	N/A	N/A	
	Enter Reviewer Comment						
	12. Document patient driven self-management goals in the medical record and review with patients at each visit.	9/30/2016	9/30/2016	Completed	N/A	N/A	
	Enter Revie	wer Commen	rt				
	13. Follow up with referrals to community based programs to document participation and behavioral and health status changes.	9/30/2016	9/30/2016	Completed	N/A	N/A	
	Enter Reviewer Comment						
	14. Develop and implement protocols for home blood pressure monitoring with follow up support.	9/30/2016	9/30/2016	Completed	N/A	N/A	
	Enter Reviewer Comment						
	15. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	9/30/2016	9/30/2016	Completed	N/A	N/A	
	Enter Reviewer Comment						
	16. Facilitate referrals to NYS Smoker's Quitline.	9/30/2016	9/30/2016	Completed	N/A	N/A	
	Enter Reviewer Comment						
•	17. Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk	9/30/2016	9/30/2016	Completed	N/A	N/A	
	Enter Reviewer Comment						
	18. Adopt strategies from the Million Hearts Campaign.	9/30/2016	9/30/2016	Completed	N/A	N/A	



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	Enter Reviewer Comment					
	19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
•	20. Engage a majority (at least 80%) of primary care providers in this project.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	Total					0.00

Domain 3 Pay for Performance and Pay for Reporting						
AV Driving	Measure	Reviewer Status	AVs Awarded			
	Aspirin Use	Pass & Ongoing	0.5			
	P4R Measure in DY3Q2					
	Discussion of Risks and Benefits of Aspirin Use	Pass & Ongoing	0.5			
	P4R Measure in DY3Q2					
•	Controlling High Blood Pressure	Pass & Ongoing	1			
	P4R Measure in DY3Q2					
	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1			
	P4R Measure in DY3Q2					



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•	Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1		
	P4R Measure in DY3Q2				
	Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.3333333		
	P4R Measure in DY3Q2				
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333		
	P4R Measure in DY3Q2				
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333		
	P4R Measure in DY3Q2				
	Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy	Pass & Ongoing	0.5		
	P4R Measure DY3Q2				
	Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%	Pass & Ongoing	0.5		
	P4R Measure DY3Q2				
	Prevention Quality Indicator # 8 (Heart Failure) ±	Pass & Ongoing	1		
	P4R Measure in DY3Q2				
	Prevention Quality Indicator # 7 (HTN) ±	Pass & Ongoing	1		



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

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Print Better Health for Northeast New York -			roject 3.b.i
		P4R Measure in DY3Q2	
		Total	8.00



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

Better Health for Northeast New York - Project 3.d.iii

	Project Snapshot					
Project Domain Clinical Improvement Projects (Domain 3)						
Project ID	3.d.iii					
Project Title	Implementation of evidence-based medicine guidelines for asthma management					

Payment Snapshot	
DY3, Q2 Payment Available	\$ 1,391,458
DY3, Q2 Payment Earned	\$ 1,066,785

	3.d.iii 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	Complete	0.00	0.00	0%	40%	40%	556,583	463,819	
	Patient Engagement Speed	Complete	1.00	0.00	0%					
	Domain 1 Subtotal		6.00	5.00	83%	40%	40%	556,583	463,819	
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	10%	10%	139,146	139,146	
Domain 5	Domain 3 Pay for Performance (P4P)		3.00	2.00	67%	50%	50%	695,729	463,819	
	Domain 2 Subtotal			7.00	88%	60%	60%	834,875	602,965	
	Total	Complete	14.00	12.00	86%	100%	100%	1,391,458	1,066,785	

Total Project 3.d.iii AVs Awarded: 12 out of 14

Hide Reviewer Comments

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



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

Better Health for Northeast New York - Project 3.d.iii

Print Print							
	Enter Reviewer Comment						
	Module 2 - Project Implementation Speed	9/30/2016	9/30/2016	Completed	Pass & Ongoing	N/A	
	Enter Revie	ewer Commer	nt				
	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0	
	Enter Reviewer Comment						
	Total Total						

	Domain 1 Project Prescribed Milestones Project 3.d.iii							
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
•	1. Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Reviewer Comment							
	2. Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Reviewer Comment							
	3. Deliver educational activities addressing asthma management to participating primary care providers.	9/30/2016	9/30/2016	Completed	N/A	N/A		
	Enter Reviewer Comment							



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Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Better Health for Northeast New York - Project 3.d.iii

	4. Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	5. Use EHRs or other technical platforms to track all patients engaged in this project.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
Total						0.00

Domain 3 Pay for Performance and Pay for Reporting					
AV Driving	Measure	Reviewer Status	AVs Awarded		
	Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1		
	P4P Measure DY3Q2				
	Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Fail	0		
	P4P Measure DY3Q2				
	Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Fail	0		
	P4P Measure DY3Q2				
	Pediatric Quality Indicator # 14 Pediatric Asthma ±	Pass & Ongoing	1		
	P4P Measure DY3Q2				
	Prevention Quality Indicator # 15 Younger Adult Asthma ±	Pass & Ongoing	1		



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

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

Better Health for Northeast New York - Project 3.d.iii

PINIC		
P4R Measure DY3Q2		
Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1
P4R Measure DY3Q2		



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

Better Health for Northeast New York - Project 4.b.i

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

Payment Snapshot	
DY3, Q2 Payment Available	\$ 1,048,905
DY3, Q2 Payment Earned	\$ 1,048,905

	4.b.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%			419,562	
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	40%	40%		419,562
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal		5.00	5.00	100%	40%	40%	419,562	419,562
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	17.00	17.00	100%	60%	60%	629,343	629,343
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 4 Subtotal			17.00	17.00	100%	60%	60%	629,343	629,343
	Total	Complete	22.00	22.00	100%	100%	100%	1,048,905	1,048,905

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

Hide Reviewer Comments

	Domain 4 Pay for Performance and Pay for Reporting					
AV Driving	Measure	Reviewer Status	AVs Awarded			
	Percentage of premature death (before age 65 years)	Pass & Ongoing	1			



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

Better Health for Northeast New York - Project 4.b.i

Print		
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		



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Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter) Better Health for Northeast New York - Project 4.b.i

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



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

F	Save & Return Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter)					
	Print Better Health for Northeast New York - Project 4.					
	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			



Print

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

Better Health for Northeast New York - 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			

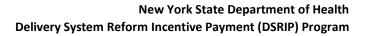
Payment Snapshot	
DY3, Q2 Payment Available	\$ 821,047
DY3, Q2 Payment Earned	\$ 821,047

	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%		328,419	
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		40%		328,419
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal		5.00	5.00	100%	40%	40%	328,419	328,419
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	17.00	17.00	100%	69%	60%	492,628	492,628
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal			17.00	100%	69%	60%	492,628	492,628
	Total	Complete	22.00	22.00	100%	109%	100%	821,047	821,047

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

Hide Reviewer Comments

	Domain 4 Pay for Performance and Pay for Reporting					
AV Driving	/ Driving Measure Reviewer Status AVs Awardee					
	Percentage of premature death (before age 65 years)	Pass & Ongoing	1			



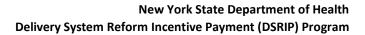


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Achievement Value (AV) Scorecard DY3, Q2 July 1, 2017 - September 30, 2017 (Payment Quarter)

Better Health for Northeast New York - Project 4.b.ii

<i>p</i>	Print		
	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		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		





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

Better Health for Northeast New York - Project 4.b.ii

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



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

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

Better Health for Northeast New York - Project 4.b.ii

Print Print	or wortheast wew rork 'r	10,000 4.5.11
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