

Achievement Value (AV) Scorecard Bronx Partners for Healthy Communities

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

	Functionality	
Step	Description/Link	Image
1. Print	All tabs include a print button in the upper left hand corner. The AV Scorecard Overview tab also includes a "Print All" button which will print all relevany reports.	Print All
	The AV Scorecard Overview tab is the landing page from which detailed project reports can be viewed. From the AV Scorecard Overview" click the relevant project button to access the project tab. From the project tab click "Save and Return" to access the AV Scorecard Overview	Project Usis (click on the purple finis below to access each individual project report) Comman 1- Organizational (All Projects) All Adjustments (column 1) 2.43 2.45 2.25 2.25 2.24 2.24 2.24
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

Print All

Achievement Value (AV) Scorecard Bronx Partners for Healthy Communities

	PPS Information					
Quarter	DY3,Q2 July 1, 2017 - September 30, 2017 (Payment Quarter)					
PPS	Bronx Partners for Healthy Communities					
PPS Number	36					

	Achievement Value (AV) Scorecard Summary										
Project Link (click on the purple link below to access		AV [Data		Payme	ent Data					
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		nds are embedded oject's payment					
2.a.i	20.00	20.00	0.00	20.00	\$ 1,882,509	\$ 1,882,509					
2.a.iii	21.00	21.00	0.00	21.00	\$ 1,515,854	\$ 1,515,854					
2.b.iii	21.00	21.00	0.00	21.00	\$ 1,367,220	\$ 1,367,220					
2.b.iv	22.00	22.00	0.00	22.00	\$ 1,385,203	\$ 1,385,203					
3.a.i	16.00	10.00	0.00	10.00	\$ 2,494,644	\$ 1,559,152					
3.b.i	14.00	14.00	0.00	14.00	\$ 1,878,971	\$ 1,878,971					
3.c.i	12.00	12.00	0.00	12.00	\$ 1,976,043	\$ 1,976,043					
3.d.ii	15.00	12.50	0.00	12.50	\$ 2,018,626	\$ 1,398,620					
4.a.iii	16.00	16.00	0.00	16.00	\$ 1,426,873	\$ 1,426,873					



Print Summary								(AV) Scorecard
Print All				Bro	onx	Partners for He	alth	y Communities
4.c.ii	16.00	16.00	0.00	16.00	\$	1,355,529	\$	1,355,529
AV Adjustments (Column F)								
Total	173.00	164.50	0.00	164.50	Ś	17.301.473	\$	15.745.975



Print

Achievement Value (AV) Scorecard DY3,Q2 July 1, 2017 - September 30, 2017 (Payment Bronx Partners for Healthy Communities - Domain 1 Organizational AVs

Domain I Organizational Scoresheet										
Domain I Organizational Review Status AVs Available AVs Awarded Adjustments Net 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 Award			
Workforce Strategy Budget Updates		Workforce Strategy Spending (Baseline)	Ongoing	N/A	Completed	Pass & Complete				



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



	• PIIII						
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
			I	I			
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Workforce							N/A
Strategy Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	,
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1

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



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

	Section 02 Governance								
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded		
		1. Finalize governance structure and subcommittee structure	6/30/2015	N/A	Completed	Pass & Complete			
Governance Structure		Establish a clinical governance structure, including clinical quality committees for each DSRIP project	12/31/2015	N/A	Completed	Pass & Complete			



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Updates						
		3. Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	N/A	Completed	Pass & Complete
Sovernance Process		4. Establish governance structure reporting and monitoring processes	12/31/2015	N/A	Completed	Pass & Complete
Ipdate						
	•	5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,	6/30/2016	N/A	Completed	Pass & Complete
		6. Finalize partnership agreements or contracts with CBOs	N/A	N/A	Completed	Pass & Complete
Additional -						
Governance Milestones (non AV- driving)	•	7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and	N/A	N/A	Completed	Pass & Complete
unving)						
		8. Finalize workforce communication and engagement plan	3/31/2016	N/A	Completed	Pass & Complete



		9. Inclusion of CBOs in PPS Implementation	6/30/2016	N/A	Completed	Pass & Complete	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
Additional Governance -							
		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	IVA
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1



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Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize PPS finance structure, including reporting structure	12/31/2015	N/A	Completed	Pass & Complete	
		2. Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	3/31/2016	N/A	Completed	Pass & Complete	
Financial							
Stability Update		3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d	12/31/2015	N/A	Completed	Pass & Complete	1
		4. Develop a Value Based Needs Assessment "VNA"	3/31/2017	N/A	Completed	Pass & Complete	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	



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		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Financial							N/
Stability Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	IN/
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1

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



	Major Risks to Implementation & Risk					
	Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
_	gavien estategiec					
	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	,
Topic Areas						
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
		Total				1

	Section 05 IT Systems and Processes								
	Process	AV	Milestone	Required Due	Committed Due	Milestone	Reviewer Status	AV Awarded	
ſ	Vleasure	Driving	Willestoffe	Date	Date	Status	Reviewer Status	AV Awarueu	



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3. Develop roadmap to achieving clinical data sharing and interoperable systems N/A N/A In Process Pass & Ongoing								
2. Develop an IT Change Management Strategy. 3/31/2016 N/A Complete Pass & Complete 3/31/2016 N/A Complete Pass & Complete 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network 4. Develop a specific plan for engaging attributed members in Qualifying Entities N/A N/A In Process Pass & Ongoing 5. Develop a data security and confidentiality plan. Major Risks to Implementation & Risk N/A N/A In Process Pass & Ongoing		•	capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of	12/31/2015	N/A	Complete	Pass & Complete	
Strategy. 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network 4. Develop a specific plan for engaging attributed members in Qualifying Entities N/A N/A N/A In Process Pass & Complete								
3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network 4. Develop a specific plan for engaging attributed members in Qualifying Entities N/A N/A N/A In Process Pass & Ongoing 5. Develop a data security and confidentiality plan. 6/30/2016 N/A Complete Pass & Complete Pass & Complete		•		3/31/2016	N/A	Complete	Pass & Complete	
attributed members in Qualifying Entities 5. Develop a data security and confidentiality plan. 6/30/2016 N/A Complete Pass & Ongoing Major Risks to Implementation & Risk N/A In Process Pass & Ongoing	Systems nd rocesses		data sharing and interoperable systems	N/A	N/A	In Process	Pass & Ongoing	ſ
5. Develop a data security and confidentiality plan. 6/30/2016 N/A Complete Pass & Complete Major Risks to Implementation & Risk N/A In Process Pass & Ongoing				N/A	N/A	In Process	Pass & Ongoing	
Confidentiality plan. Major Risks to Implementation & Risk N/A N/A In Process Pass & Ongoing Pa								
N/Δ N/Δ In Process Pass & Ungoing		•		6/30/2016	N/A	Complete	Pass & Complete	
				N/A	N/A	In Process	Pass & Ongoing	
			Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	



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

	Section 06 Performance Reporting								
Process 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.	3/31/2016	N/A	Completed	Pass & Complete	N/A		
Performanc e Reporting	•	2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	6/30/2016	N/A	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	
							,
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
erformanc			I				N/A
Reporting opic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
_			I				
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	•						
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
	_						_
			Total				0

	Section 07 Practitioner Engagement										
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded				
		1. Develop Practitioners communication and engagement plan.	3/31/2016	N/A	Completed	Pass & Complete					



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Practitioner Engagement	•	2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	6/30/2016	N/A	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	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
dditional ractitioner							N1 / A
ngagement 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	



Achievement Value (AV) Scorecard DY3,Q2 July 1, 2017 - September 30, 2017 (Payment Bronx Partners for Healthy Communities - Domain 1 Organizational AVs

Total 0

Section 08 Population Health Management								
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded	
		Develop population health management roadmap.	N/A	N/A	In Process	Pass & Ongoing	N/A	
Population Health							14/7	
		2. Finalize PPS-wide bed reduction plan.	N/A	N/A	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 Population							N/A	
Health Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	11/7	



Pr	nt		Bronx Par	tners for Healthy	y Communities - Domain 1 Orgo
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing
		·			
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing
		Total			

			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'.	12/31/2016	N/A	Completed	Pass & Complete	N/A
Clinical							IN/A
Integration		2. Develop a Clinical Integration strategy.	3/31/2016	N/A	Completed	Pass & Complete	N/A
							NA
		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	



Save & Return

	Print Bronx Partners for Healthy Communities - Domain 1 Organizati											
Additional Clinical												
Integration Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A					
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing						
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing						
			Total				0					



Save & Return

Print

AV Adjustment Scoresheet								
	AVs Per	Total Total AVs		Total AV	Awarded	Adjusted	Net AVs Awarded	
Adjustment	Project	Projects	Available	Net	Percentage		Net	Percentage AV
	Froject	Selected	ted Available	Awarded	AV	AVS	Awarded	Percentage AV
Organizational Adjustments (applied to all projects)	5.00	10.00	50.00	50.00	100%	0.00	50.00	100%
Project Adjustments (applied to one project only)	Various	10.00	123.00	114.50	93%	0.00	114.50	93%
Total				164.50	95%	0.00	164.50	95%

Hid	de Reviewer Comments	Organizational	Project Adjustments					
	No AV Adjustments							
	Please note	that there are no AV adjustments	for Bronx Partners for Healthy Communities in DY2, Q1					



Print

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

Bronx Partners for Healthy Communities - 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	\$ 1,882,509
DY3, Q2 Payment Earned	\$ 1,882,509

	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% 80			1,506,007
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		80%	1,506,007	
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal		5.00	5.00	100%	40%	80%	1,506,007	1,506,007
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	20%	376,502	376,502
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%	376,502	376,502
	Total	Complete	20.00	20.00	100%	100%	100%	1,882,509	1,882,509

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

Hide Reviewer Comments

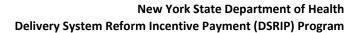
	Domain 1 Project Milestones Project 2.a.i								
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded			
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A		Pass & Ongoing	N/A			
	Enter Reviewer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



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Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00		
Enter Reviewer Comment							
Total					0.00		

	Domain 1 Project Prescribed Milestones Project 2.a.i								
AV Driving	Project Requirement and Metric/Deliverable		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;			In Process	Pass & Ongoing	N/A			
	additionally, the IDS structure must include payers and social service								
	organizations, as necessary to support its strategy.								
	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.	3/31/2017	3/31/2017	In Process	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	3/31/2017	3/31/2017	In Process	Pass & Complete	N/A			
	term care and public health services.								
	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			In Process	Pass & Ongoing	N/A			
	exchange (secure messaging), alerts and patient record look up, by the								
	end of Demonstration Year (DY) 3.								



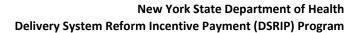


	Enter Reviewer Comment								
	5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.			In Process	Pass & Ongoing	N/A			
	Enter Revie	wer Commen	nt						
	6. Perform population health management 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 Revie	wer Commen	nt						
•	7. Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.			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 Revie	wer Commen	nt						
	9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	3/31/2017	3/31/2017	In Process	Pass & Complete	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								



	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		





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



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		



Save & Return

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

Bronx Partners for Healthy Communities - Project 2.a.i

Print

	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



Print

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

Bronx Partners for Healthy Communities - 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	\$ 1,515,854
DY3, Q2 Payment Earned	\$ 1,515,854

			2.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%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	40%	80%	1,212,684	1,212,684
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		6.00	6.00	100%	40%	80%	1,212,684	1,212,684
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	20%	303,171	303,171
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%	303,171	303,171
	Total	Complete	21.00	21.00	100%	100%	100%	1,515,854	1,515,854

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

Hide Reviewer Comments

Domain 1 Project Milestones Project 2.a.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	Completed	Pass & Ongoing	N/A



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

	Domain 1 Project Prescribed Milestones Project 2.a.iii							
AV Driving	AV Driving Project Requirement and Metric/Deliverable		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.			In Process	Pass & Ongoing	N/A		
	Enter Revie	ewer Commer	nt					
•	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.			In Process	Pass & Ongoing	N/A		



Print

	Enter Reviewer Comment							
	4. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.			In Process	Pass & Ongoing	N/A		
	Enter Revie	ewer Commer	nt					
	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.			In Process	Pass & Ongoing	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.			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	Pass & Complete	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	Pass & Complete	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)

Bronx Partners for Healthy Communities - Project 2.a.iii

Print

Enter Reviewer Comment	
Total	0.00
Domain 2 Pay for Performance and Pay for Reporting Project 2 a iii	

	Domain 2 Pay for Performance and Pay for Reporting Project 2.a.iii						
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 Bronx Partners for	r Healthy Communities - 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

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)

Bronx Partners for Healthy Communities - 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	\$ 1,367,220
DY3, Q2 Payment Earned	\$ 1,367,220

	2.k								
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%	80%	1,093,776	
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%				1,093,776
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		6.00	6.00	100%	40%	80%	1,093,776	1,093,776
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	20%	273,444	273,444
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%	273,444	273,444
	Total	Complete	21.00	21.00	100%	100%	100%	1,367,220	1,367,220

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

Hide Reviewer Comments

Domain 1 Project Milestones Project 2.b.iii						
AV Driving	AV Driving Project Requirement and Metric/Deliverable Module 1 - Major risks to implementation and mitigation strategies		Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
			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	1			
	Enter Reviewer Comment								
Total									

Domain 1 Project Prescribed Milestones Project 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			In Process	Pass & Ongoing	N/A			
	Enter Reviewer Comment								
•	2. Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.			In Process	Pass & Ongoing	N/A			
	Enter Reviewer Comment								



	Print		Bronz	x Partners fo	r Healthy Communities - P	roject 2.b.iii	
•	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 appointment with that provider's office (for patients with a primary care			In Process	Pass & Ongoing	N/A	
	Enter Reviewer Comment						
	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.)	3/31/2017	3/31/2017	Completed	Pass (with Exception) & Complete	N/A	
	Enter Reviewer Comment						
	5. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	Total					0.00	

	Domain 2 Pay for Performance and Pay for Reporting Project 2.b.iii						
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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Print		
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		
	Pass & Ongoing	



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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



Print

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

Bronx Partners for Healthy Communities - Project 2.b.iv

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

Payment Snapshot	
DY3, Q2 Payment Available	\$ 1,385,203
DY3, Q2 Payment Earned	\$ 1,385,203

	2.b.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%	40%				
Domain 1	Project Implementation Speed	Complete	1.00	1.00	100%		80%	1,108,162	1,108,162	
	Patient Engagement Speed	Complete	1.00	1.00	100%					
	Domain 1 Subtotal		7.00	7.00	100%	40%	80%	1,108,162	1,108,162	
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	20%	277,041	277,041	
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%	277,041	277,041		
	Total	Complete	22.00	22.00	100%	100%	100%	1,385,203	1,385,203	

Total Project 2.b.iv AVs Awarded: 22 out of 22

Hide Reviewer Comments

Domain 1 Project Milestones Project 2.b.iv								
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 Print									
	Enter Reviewer Comment								
	Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	Completed	Pass & Complete	1.00			
	Enter Reviewer Comment								
	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1			
	Enter Reviewer Comment								
Total						2.00			

	Domain 1 Project Prescribed M	ilestones Pr	oject 2.b.iv					
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. 	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
	Enter Reviewer Comment							
	2. Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.50		
	Enter Reviewer Comment							
	3. Ensure required social services participate in the project.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.50		
	Enter Reviewer Comment							



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	4. Transition of care protocols will include early notification of planned						
	discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
		wer Commen	t				
	5. Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	6. Ensure that a 30-day transition of care period is established.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
	7. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A	
	Enter Reviewer Comment						
Total							

	Domain 2 Pay for Performance and Pay for Reporting Project 2.b.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			
	Enter Reviewer Comment					



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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



Print	•	
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-FF reimbursement	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) Bronx Partners for Healthy Communities - Project 2.b.iv

Print 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



Print

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

Bronx Partners for Healthy Communities - 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	\$ 2,494,644
DY3, Q2 Payment Earned	\$ 1,559,152

	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%	997,858	
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	40%			997,858
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		6.00	6.00	100%	40%	40%	997,858	997,858
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	10%	10%	249,464	249,464
Domain 5	Domain 3 Pay for Performance	Complete	8.00	2.00	25%	50%	50%	1,247,322	311,830
	Domain 3 Subtotal				40%	60%	60%	1,496,786	561,295
Total Complete			16.00	10.00	63%	100%	100%	2,494,644	1,559,152

Total Project 3.a.i AVs Awarded: 10 out of 16

Hide Reviewer Comments

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

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

Save & Return

Print		DIU	nx Partners Jo	r Healtny Communities -	Project 3.a.i
Enter Reviewer Comment					
Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00
Enter Revie	ewer Commen	nt			
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
Enter Reviewer Comment					
Total					1

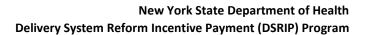
	Domain 1 Project Prescribed Milestones Project 3.a.i Models 1, 2 and 3								
		✓ 3.a.i Model 1 ✓ 3.a.i	Model 2	✓ 3.a.i Model	3				
Model	AV Driving	Project Requirement and Metric/Deliverable	Project Requirement and Metric/Deliverable Required Committed Milestone Due Date Due Date Status Reviewer Status Aw						
	•	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							
		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			Bro	nx Partners fo	or Healthy Communities -	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.			In Process	Pass & Ongoing	N/A
		En	ter Reviewer	Comment			
		4. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
		En	ter Reviewer	Comment			
	•	5. Co-locate primary care services at behavioral health sites.			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	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.			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
		En	ter Reviewer	Comment			
		9. Implement IMPACT Model at Primary Care Sites.			In Process	Pass & Ongoing	N/A



	Print				_	·	-			
		Ent	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			
		Ent	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			
		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.			In Process	Pass & Ongoing	N/A			
		Enter Reviewer Comment								
		14. Provide "stepped care" as required by the IMPACT Model.			In Process	Pass & Ongoing	N/A			
		Enter 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			
		Enter Reviewer Comment								
		Total					0			



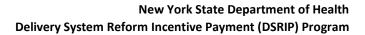


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Achievement Value (AV) Scorecard DY3,Q2 July 1, 2017 - September 30, 2017 (Payment Quarter)

Bronx Partners for Healthy Communities - Project 3.a.i

AVs AV Driving Measure **Reviewer Status** 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 Fail 0 P4P Measure DY3Q2 Diabetes Monitoring for People with Diabetes and Schizophrenia Fail 0 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)

Bronx Partners for Healthy Communities - Project 3.a.i

Print 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 4.00



Print

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

Bronx Partners for Healthy Communities - 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	\$ 1,878,971
DY3, Q2 Payment Earned	\$ 1,878,971

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%	40%	40%							
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%			9% 40%	751,589	751,589				
	Patient Engagement Speed	Complete	1.00	1.00	100%									
	Domain 1 Subtotal		6.00	6.00	100%	40%	40%	751,589	751,589					
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	8.00	8.00	100%	10%	60%	1,127,383	1,127,383					
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	0.00	0.00	N/A	50%	0%	-	-					
Domain 3 Subtotal			8.00	8.00	100%	60%	60%	1,127,383	1,127,383					
Total Complete			14.00	14.00	100%	100%	100%	1,878,971	1,878,971					

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

Hide Reviewer Comments

Domain 1 Project Milestones Project 3.b.i						
AV Driving	/ 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 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	1			
	Enter Reviewer Comment								
Total 1.0						1.00			

	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.			In Process	Pass & Ongoing	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.			In Process	Pass & Ongoing	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.			In Process	Pass & Ongoing	N/A				
	Enter Reviewer Comment									



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



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



Print		Вгоі	nx Partners Jo	or Healtny Communities -	Project 3.b.i			
Enter Reviewer Comment								
19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.			In Process	Pass & Ongoing	N/A			
Enter Reviewer Comment								
20. Engage a majority (at least 80%) of primary care providers in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
Enter Reviewer Comment								
Total 0.								

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



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Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1
P4R Measure DY3Q2		
Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.3333333
P4R Measure DY3Q2		
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333
P4R Measure DY3Q2		
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333
P4R Measure 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	Bronx Partners for Healthy Communities - Project	3.b.i
		P4R Measure DY3Q2	
		Total 8.0	00



Print

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

Bronx Partners for Healthy Communities - Project 3.c.i

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

Payment Snapshot	
DY3, Q2 Payment Available	\$ 1,976,043
DY3, Q2 Payment Earned	\$ 1,976,043

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%		40%	40%	790,417	790,417
	Patient Engagement Speed	Complete	1.00	1.00	100%					
	Domain 1 Subtotal		6.00	6.00	100%	40%	40%	790,417	790,417	
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	6.00	6.00	100%	10%	60%	1,185,626	1,185,626	
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	0.00	0.00	N/A	50%	0%	-	-	
Domain 2 Subtotal		6.00	6.00	100%	60%	60%	1,185,626	1,185,626		
	Total		12.00	12.00	100%	100%	100%	1,976,043	1,976,043	

Total Project 3.c.i AVs Awarded: 12 out of 12

Hide Reviewer Comments

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



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	Enter Reviewer Comment							
	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00		
	Enter Revie	wer Commen	t					
	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1		
	Enter Reviewer Comment							
	Total					1.00		

	Domain 1 Project Prescribed Milestones Project 3.c.i							
AV Driving	Project Requirement and Metric/Deliverable	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded			
	1. Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.			Pass & Ongoing	N/A			
	Enter Reviewer Commer	nt						
	2. Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	3/31/2017	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment							
	3. Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	3/31/2017	Completed	Pass & Complete	N/A			
	Enter Reviewer Commer	nt						
	4. Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	3/31/2017	Completed	Pass & Complete	N/A			



Print	Вго	nx Partners J	or Healthy Communities -	Project 3.c.i				
Enter Reviewer Comment								
5. Ensure coordination with the Medicaid Managed Care organizations serving the target population.			Pass & Ongoing	N/A				
Enter Reviewer Comment								
6. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	Completed	Pass & Complete	N/A				
Enter Reviewer Comment								
7. Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.			Pass & Ongoing	N/A				
Enter Reviewer Commo	ent							
Total				0.00				

	Domain 3 Pay for Performance and Pay for Reporting							
AV Driving	Measure	Reviewer Status	AVs Awarded					
	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) ±	Pass & Ongoing	1					
	P4R Measure in DY3Q2							
	Comprehensive Diabetes screening – All Four Tests (HbA1c, lipid profile, dilated eye exam, nephropathy monitor)	Pass & Ongoing	1					
	P4R Measure in DY3Q2							
	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1					
	P4R Measure in DY3Q2							

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) Bronx Partners for Healthy Communities - Project 3.c.i

Print 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 Prevention Quality Indicator # 1 (DM Short term complication) ± Pass & Ongoing 1 P4R Measure in DY3Q2 Total 6.00



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

Bronx Partners for Healthy Communities - Project 3.d.ii

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

Payment Sr	napshot	
DY3, Q2 Payment Available	\$	2,018,626
DY3, Q2 Payment Earned	\$	1,398,620

	3.d.										
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%		40%			
Domain 1	Project Implementation Speed	Complete	1.00	1.00	100%		40%		807,451	692,101	
	Patient Engagement Speed	Complete	1.00	0.00	0%						
	Domain 1 Subtotal		7.00	6.00	86%	40%	40%	807,451	692,101		
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	10%	10%	201,863	201,863		
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	3.00	1.50	50%	50%	50%	1,009,313	504,657		
Domain 2 Subtotal		8.00	6.50	81%	60%	60%	1,211,176	706,519			
Total Complete		Complete	15.00	12.50	83%	100%	100%	2,018,626	1,398,620		

Total Project 3.d.ii AVs Awarded: 12.5 out of 15

Hide Reviewer Comments

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



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Enter Reviewer Comment								
Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	Completed	Pass & Ongoing	1.00			
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0			
Enter Revie	ewer Commer	nt						
Total								

	Domain 1 Project Prescribed Milestones Project 3.d.ii								
AV Driving	Project Requirement and Metric/Deliverable Required Due Date Due Date Reviewer Status					AVs Awarded			
	1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.33			
	Enter Reviewer Comment								
	2. Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment								
	3. Develop and implement evidence-based asthma management guidelines.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A			
	Enter Reviewer Comment								



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4. Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
Enter Revie	wer Commen	t					
5. Ensure coordinated care for asthma patients includes social services and support.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.33		
Enter Revie	wer Commen	t					
6. Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A		
Enter Reviewer Comment							
7. Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	9/30/2017	9/30/2017	Completed	Pass & Complete	0.33		
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 1.00							

	Domain 3 Pay for Performance and Pay for Reporting					
AV Dri vin	Measure	Reviewer Status	AVs Awarded			

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

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Asthma Medication Ratio (5 – 64 Years)	Fail	0
P4P Measure DY3Q2		
Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Pass & Ongoing	0.5
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
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)

Bronx Partners for Healthy Communities - Project 4.a.iii

	Project Snapshot						
Project Domain	Domain 4: Population-wide Projects: New York's						
Project ID	4.a.iii						
Project Title	Strengthen Mental Health and Substance Abuse Infrastructure Across Systems						

Payment Snapshot	
DY3, Q2 Payment Available	\$ 1,426,873
DY3, Q2 Payment Earned	\$ 1,426,873

	4.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%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	40%	40%	570,749	570,749
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal		5.00	5.00	100%	40%	40%	570,749	570,749
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	60%	60%	856,124	856,124
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal				100%	60%	60%	856,124	856,124
	Total	Complete	16.00	16.00	100%	100%	100%	1,426,873	1,426,873

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

Hide Reviewer Comments

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



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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		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		



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)

Bronx Partners for Healthy Communities - Project 4.a.iii

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	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	Pass & Ongoing	1	
	Enter Reviewer Comment			
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years	Pass & Ongoing	1	
	Enter Reviewer Comment			
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1	
Enter Reviewer Comment				
	Total		11.00	



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

Bronx Partners for Healthy Communities - Project 4.c.ii

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

Payment Snapshot	
DY3, Q2 Payment Available	\$ 1,355,529
DY3, Q2 Payment Earned	\$ 1,355,529

4.c.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	Domain 1 Organizational	Complete	5.00	5.00	100%	40%	40%	542,212	542,212
	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%	542,212	542,212
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	60%	60%	813,317	813,317
	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 4 Subtotal		11.00	11.00	100%	60%	60%	813,317	813,317	
Total Complete		16.00	16.00	100%	100%	100%	1,355,529	1,355,529	

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

Hide Reviewer Comments

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



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

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