

October 2016



**Department
of Health**

Medicaid
Redesign Team

PPS Progress Report

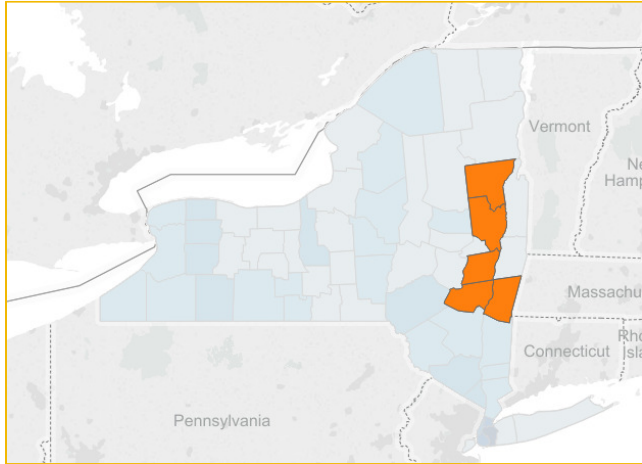
October 7, 2016

Overview of Funds Flow Reporting

In the following slides, the funds flow distributions through the end of DY2, Q1 (June 30, 2016) for each PPS have been provided. In reviewing the data in those slides, please consider the following:

- 1) The PPS PMO category did not exist until the DY1, Q3 quarterly report.
 - a) PPS generally used the Hospital and All Other Categories to report funds associated with the PPS PMO prior to the creation of the PMO category.
- 2) The Uncategorized provider type was added in the DY1, Q4 quarterly report.
 - a) This category represents PPS network partners that were not categorized in one of the defined provider type categories.

Albany Medical Center PPS



<ul style="list-style-type: none"> • PPS Service Area: Albany, Columbia, Greene, Saratoga, Warren • Attribution for Performance: 69,883 • Attribution for Performance – 2.d.i: 69,697 • Attribution for Valuation: 107,781 • Total Award Dollars: \$141,430,548 	
Core Team:	<ol style="list-style-type: none"> 1. Dr. Louis Filhour, CEO 2. Dr. Kallanna Manjunath – Medical Director, Center for Health Systems Transformation, DSRIP 3. Lauren Ayers – Director of Financial Operations 4. Dr. Brendon Smith – Director of Clinical Integration
<ul style="list-style-type: none"> • Lead organization: Albany Medical Center Hospital, a 651-bed facility that is part of the Iroquois Healthcare Alliance • NewCo (Better Health of Northeastern NY) has been established and is engaging in process of applying to be PPS lead 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.a.v Create a medical village/alternative housing using existing nursing home infrastructure • 2.b.iii ED care triage for at-risk populations • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.d.iii Implementation of evidence-based medicine guidelines for asthma management • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Albany Medical Center PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

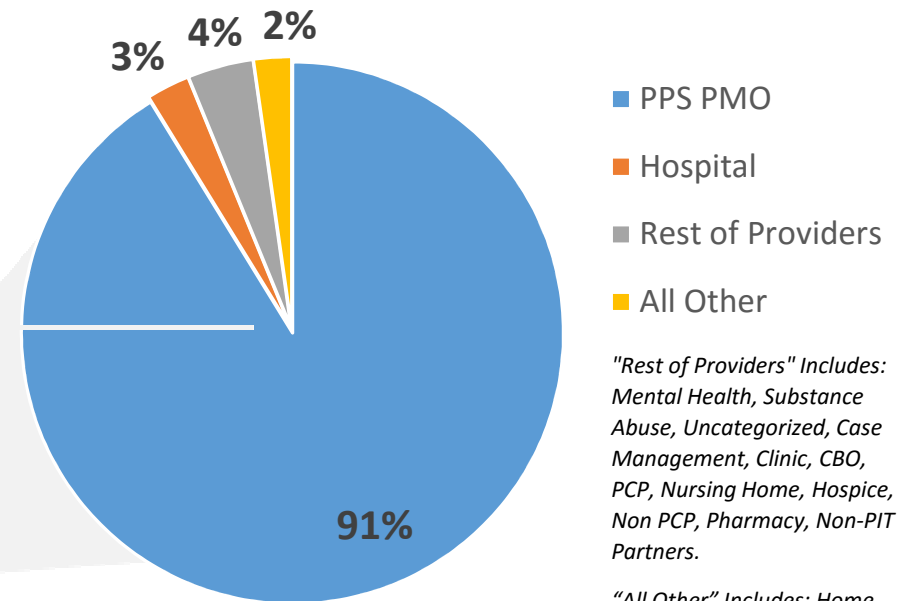
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$21,538,669	\$21,215,367	98.5%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$21,215,367	
Flowed	\$4,870,065	23%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Albany Medical Center PPS: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 615,733.22	\$ 615,733.22	\$ -	\$ 615,733.22
2.a.iii	20.00	19.00	0.00	19.00	\$ 487,270.16	\$ 446,664.31	\$ -	\$ 446,664.31
2.a.v	20.00	19.00	0.00	19.00	\$ 465,880.34	\$ 427,056.98	\$ -	\$ 427,056.98
2.b.iii	20.00	20.00	0.00	20.00	\$ 439,340.22	\$ 439,340.22	\$ -	\$ 439,340.22
2.d.i	8.00	7.00	0.00	7.00	\$ 402,661.77	\$ 369,106.62	\$ -	\$ 369,106.62
3.a.i	16.00	16.00	0.00	16.00	\$ 397,035.01	\$ 397,035.01	\$ -	\$ 397,035.01
3.a.ii	16.00	16.00	0.00	16.00	\$ 377,191.51	\$ 377,191.51	\$ -	\$ 377,191.51
3.b.i	13.00	12.00	0.00	12.00	\$ 308,786.87	\$ 283,054.63	\$ -	\$ 283,054.63
3.d.iii	10.00	9.00	0.00	9.00	\$ 319,554.51	\$ 292,924.96	\$ -	\$ 292,924.96
4.b.i	14.00	14.00	0.00	14.00	\$ 240,885.74	\$ 240,885.74	\$ -	\$ 240,885.74
4.b.ii	21.00	21.00	0.00	21.00	\$ 188,557.05	\$ 188,557.05	\$ -	\$ 188,557.05
AV Adjustments (Column F)								
Total	177.00	172.00	0.00	172.00	\$ 4,242,896	\$ 4,077,550	\$ -	\$ 4,077,550

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement**

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs.**

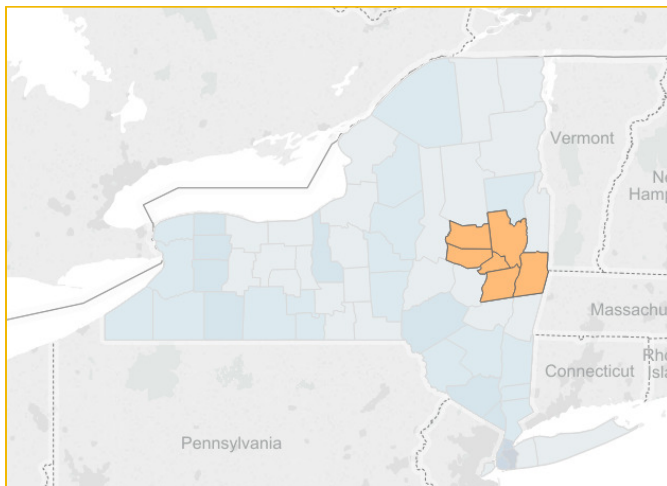


Albany Medical Center

Law Enforcement Assisted Diversion (LEAD)

- PPS and Albany City Police initiative - divert individuals with mental illness, drug dependence, homelessness
- Reduce low level arrests and recidivism
- Officers given discretion to refer individuals to a case manager rather than jail; Case managers assist accessing network of needed services
- Anticipated healthcare costs will be reduced and/ or patient engagement will be increased
- Pilot program underway through the Katal Center for Health, Equity, and Justice, with case management provided by Catholic Charities

Alliance for Better Health Care



<ul style="list-style-type: none"> • PPS Service Area: Albany, Fulton, Montgomery, Rensselaer, Schenectady, Saratoga • Attribution for Performance: 123, 484 • Attribution for Performance – 2.d.i: 94,000 • Attribution for Valuation: 193,150 • Total Award Dollars: \$250,232,844 							
Core Team:	<table border="0"> <tr> <td>1. Bethany Gilboard – Chief Executive Officer</td> <td>4. Dave Smingler – Director of Government Affairs at Ellis Medicine</td> </tr> <tr> <td>2. Meg Wallingford – Senior Vice President for Transformation</td> <td>5. Melissa Russom – Director of Communications and Stakeholder Management</td> </tr> <tr> <td>3. Thomas McCarroll – Vice President, Performance Operations</td> <td></td> </tr> </table>	1. Bethany Gilboard – Chief Executive Officer	4. Dave Smingler – Director of Government Affairs at Ellis Medicine	2. Meg Wallingford – Senior Vice President for Transformation	5. Melissa Russom – Director of Communications and Stakeholder Management	3. Thomas McCarroll – Vice President, Performance Operations	
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3. Thomas McCarroll – Vice President, Performance Operations							
<ul style="list-style-type: none"> • Led by Ellis Hospital (Schenectady). St Peter’s Health Partners is the other major player. Ellis and St Peter’s have formed an ACO in the region, IHANY. • NewCo LLC, Alliance for Better Healthcare, is made up of 5 Members (Ellis, St Peter’s, St Mary’s, Hometown Health and Whitney M Young) 							

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.viii Hospital-Home Care Collaboration Solutions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.iv Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs • 3.d.ii Expansion of asthma home-based self-management program • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
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Alliance for Better Health Care: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

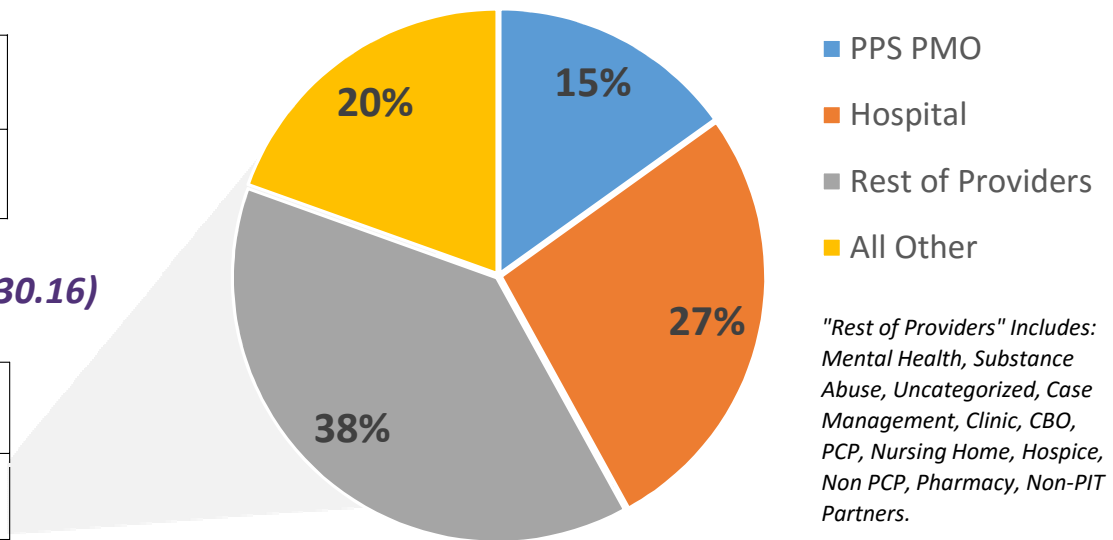
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$38,163,596	\$37,539,017	98.4%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$37,539,017	
Flowed	\$22,312,114	59%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Alliance for Better Health Care: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 1,081,641.02	\$ 1,081,641.02	\$ -	\$ 1,081,641.02
2.b.iii	20.00	19.00	0.00	19.00	\$ 824,411.46	\$ 755,710.50	\$ -	\$ 755,710.50
2.b.iv	20.00	19.00	0.00	19.00	\$ 822,155.66	\$ 753,642.69	\$ -	\$ 753,642.69
2.b.viii	20.00	19.00	0.00	19.00	\$ 839,617.64	\$ 769,649.50	\$ -	\$ 769,649.50
2.d.i	8.00	8.00	0.00	8.00	\$ 683,674.10	\$ 683,674.10	\$ -	\$ 683,674.10
3.a.i	16.00	16.00	0.00	16.00	\$ 699,834.49	\$ 699,834.49	\$ -	\$ 699,834.49
3.a.iv	16.00	16.00	0.00	16.00	\$ 705,932.38	\$ 705,932.38	\$ -	\$ 705,932.38
3.d.ii	10.00	9.00	0.00	9.00	\$ 566,484.10	\$ 519,277.09	\$ -	\$ 519,277.09
3.g.i	7.00	7.00	0.00	7.00	\$ 428,974.60	\$ 428,974.60	\$ -	\$ 428,974.60
4.a.iii	16.00	16.00	0.00	16.00	\$ 397,564.93	\$ 397,564.93	\$ -	\$ 397,564.93
4.b.i	14.00	14.00	0.00	14.00	\$ 457,199.67	\$ 457,199.67	\$ -	\$ 457,199.67
AV Adjustments (Column F)								
Total	166.00	162.00	0.00	162.00	\$ 7,507,490	\$ 7,253,101	\$ -	\$ 7,253,101

Description of DY1Q4 Scorecard Missed AVs:

- **Patient Engagement**

DY2Q1 AV Progress Report:

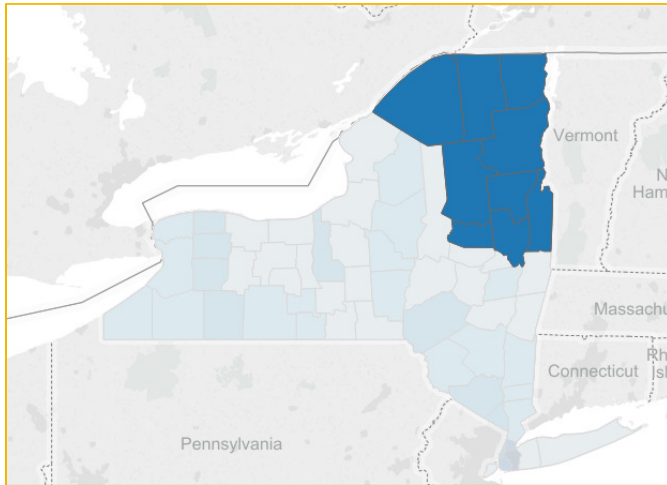
- **The PPS has earned all available AVs**



Training and transforming the workforce

- To address workforce gaps for the delivery of home-based services, has contracted with Kettering National Seminars to offer Asthma Educator Examination Prep Courses
- A total of 33 licensed professionals representing partners, aligned CBO's and adjoining PPS recently completed course

Adirondack Health Institute



<ul style="list-style-type: none"> • PPS Service Area: Saratoga, Hamilton, Franklin, Clinton, St. Lawrence, Fulton, Essex, Warren, Washington • Attribution for Performance: 81,090 • Attribution for Valuation: 143,640 • Total Award Dollars: \$186,715,496 	
Core Team:	<ol style="list-style-type: none"> 1. Margaret Vosburgh – Interim CEO 2. Bob Cawley – Medical Home Initiatives Director 3. Eric Burton – CFO 4. Lottie Jameson – Regional Health Planning and Development
<ul style="list-style-type: none"> • The Adirondack Health Institute is a four Member Organization established in 2011 (Adirondack Health, Glens Falls Hospital, Hudson Headwaters Health Network, UVM Health Network – CVPH) and is the PPS Lead entity • AHI is a state designated Health Home and is enrolled in Medicaid 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.a.iv Create a medical village using existing hospital infrastructure • 2.b.viii Hospital-Home Care Collaboration Solutions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.a.iv Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Adirondack Health Institute: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

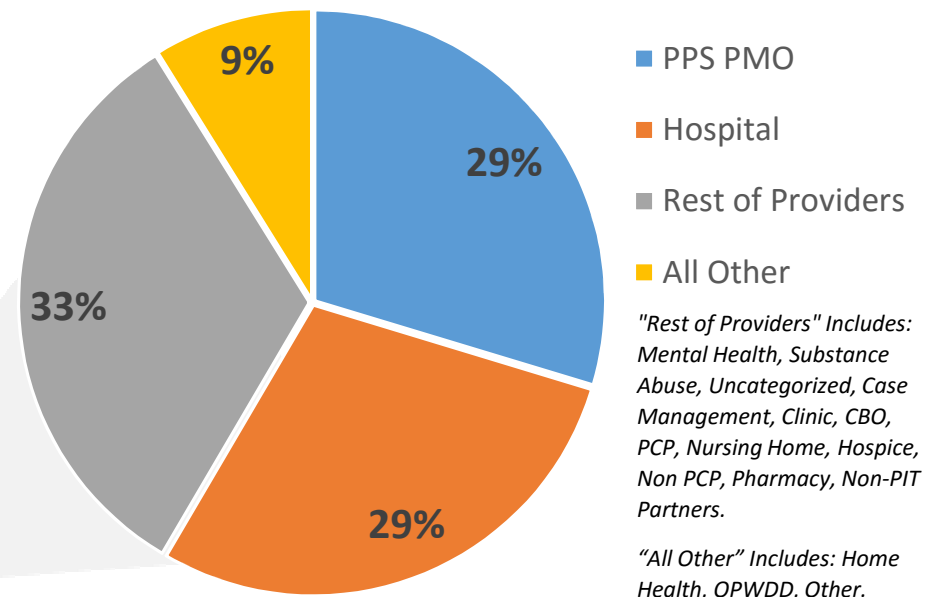
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$28,288,785	\$28,197,054	99.7%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$28,197,054	
Flowed	\$ 10,589,233	38%

Funds Flow by Provider Type



Adirondack Health Institute: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 811,447.01	\$ 811,447.01	\$ -	\$ 811,447.01
2.a.ii	20.00	19.00	0.00	19.00	\$ 546,966.89	\$ 501,386.32	\$ -	\$ 501,386.32
2.a.iv	19.00	19.00	0.00	19.00	\$ 765,845.88	\$ 765,845.88	\$ -	\$ 765,845.88
2.b.viii	19.00	19.00	0.00	19.00	\$ 614,288.18	\$ 614,288.18	\$ -	\$ 614,288.18
2.d.i	8.00	7.00	0.00	7.00	\$ 553,814.54	\$ 507,663.33	\$ -	\$ 507,663.33
3.a.i	15.00	15.00	0.00	15.00	\$ 529,801.12	\$ 529,801.12	\$ -	\$ 529,801.12
3.a.ii	15.00	15.00	0.00	15.00	\$ 497,360.44	\$ 497,360.44	\$ -	\$ 497,360.44
3.a.iv	15.00	15.00	0.00	15.00	\$ 480,445.95	\$ 480,445.95	\$ -	\$ 480,445.95
3.g.i	6.00	6.00	0.00	6.00	\$ 295,771.12	\$ 295,771.12	\$ -	\$ 295,771.12
4.a.iii	16.00	16.00	0.00	16.00	\$ 292,125.15	\$ 292,125.15	\$ -	\$ 292,125.15
4.b.ii	21.00	21.00	0.00	21.00	\$ 251,309.11	\$ 251,309.11	\$ -	\$ 251,309.11
AV Adjustments (Column F)								
Total	173.00	171.00	0.00	171.00	\$ 5,639,175	\$ 5,547,444	\$ -	\$ 5,547,444

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement**

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs**

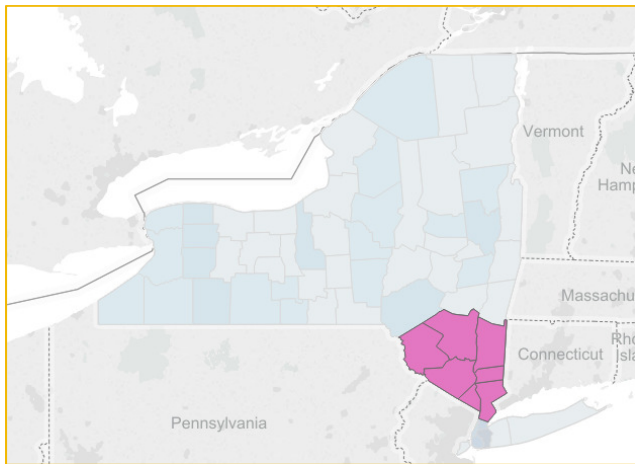


Collaboration Catalyst Community

Primary Care Transformation

- All PCPs are utilizing certified EHR technology, are connected with local health information exchange and actively sharing health information among clinical partners
- 24% of practices will be submitting PCMH 2014 applications to NCQA by the end of DY2 Q2 and technical assistance is deployed to assist remaining practices achieve PCMH 2014 Level 3 by the end of DY3

Montefiore Hudson Valley Collaborative PPS



<ul style="list-style-type: none"> • PPS Service Areas: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester • Attribution for Performance: 229,654 • Attribution for Valuation: 105,752 • Total Award Dollars: \$249,071,149 	
Core Team:	<ol style="list-style-type: none"> 1. Allison McGuire – Hudson Valley Collaborative, DSRIP ED 2. Marlene Ripa – Hudson Valley Collaborative, DSRIP Coordinator 3. Dr. Damara Gutnick – Hudson Valley Collaborative, CMO 4. Bayard King – Hudson Valley Collaborative, CFO
<ul style="list-style-type: none"> • Largest national Medicaid provider. • Extensive collaboration with other Hudson Valley PPS (Westchester and Refuah) 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.a.iv Create a medical village using existing hospital infrastructure • 2.b.iii ED care triage for at-risk populations • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.d.iii Implementation of evidence-based medicine guidelines for asthma management • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Montefiore Hudson Valley Collaborative PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

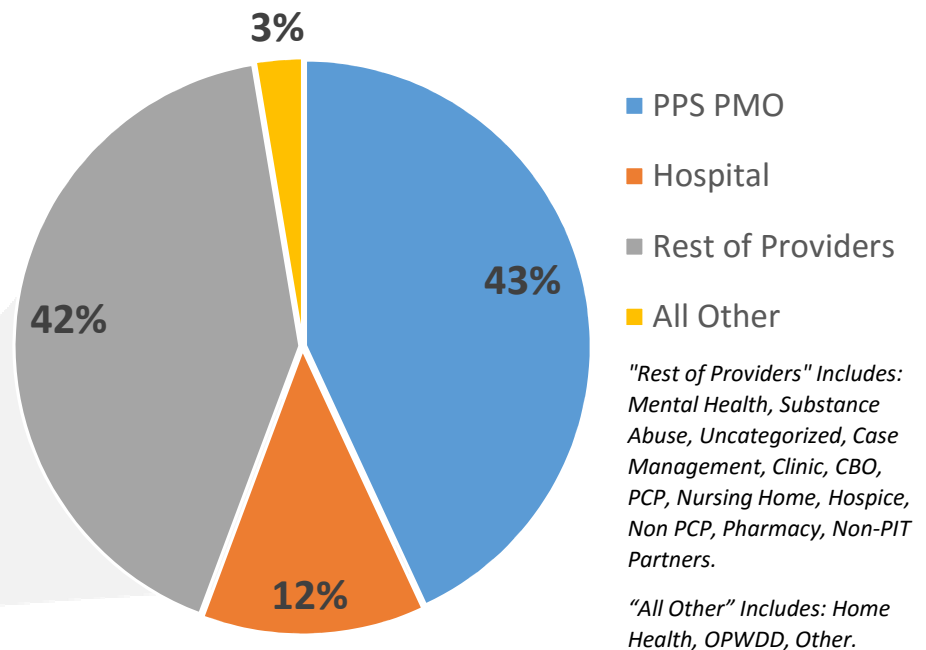
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$19,665,778	\$19,493,212	99.1%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$19,493,212	
Flowed	\$12,899,221	66%

Funds Flow by Provider Type



Montefiore Hudson Valley Collaborative PPS: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 577,578.62	\$ 577,578.62	\$ -	\$ 577,578.62
2.a.iii	20.00	19.00	0.00	19.00	\$ 493,135.98	\$ 452,041.31	\$ -	\$ 452,041.31
2.a.iv	20.00	20.00	0.00	20.00	\$ 578,094.24	\$ 578,094.24	\$ -	\$ 578,094.24
2.b.iii	20.00	20.00	0.00	20.00	\$ 418,187.70	\$ 418,187.70	\$ -	\$ 418,187.70
3.a.i	16.00	16.00	0.00	16.00	\$ 405,328.60	\$ 405,328.60	\$ -	\$ 405,328.60
3.a.ii	16.00	16.00	0.00	16.00	\$ 389,934.95	\$ 389,934.95	\$ -	\$ 389,934.95
3.b.i	13.00	13.00	0.00	13.00	\$ 291,542.32	\$ 291,542.32	\$ -	\$ 291,542.32
3.d.iii	10.00	10.00	0.00	10.00	\$ 312,396.82	\$ 312,396.82	\$ -	\$ 312,396.82
4.b.i	14.00	14.00	0.00	14.00	\$ 247,733.87	\$ 247,733.87	\$ -	\$ 247,733.87
4.b.ii	21.00	21.00	0.00	21.00	\$ 184,546.70	\$ 184,546.70	\$ -	\$ 184,546.70
AV Adjustments (Column F)								
Total	169.00	168.00	0.00	168.00	\$ 3,898,480	\$ 3,857,385	\$ -	\$ 3,857,385

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement**

DY2Q1 AV Progress Report:

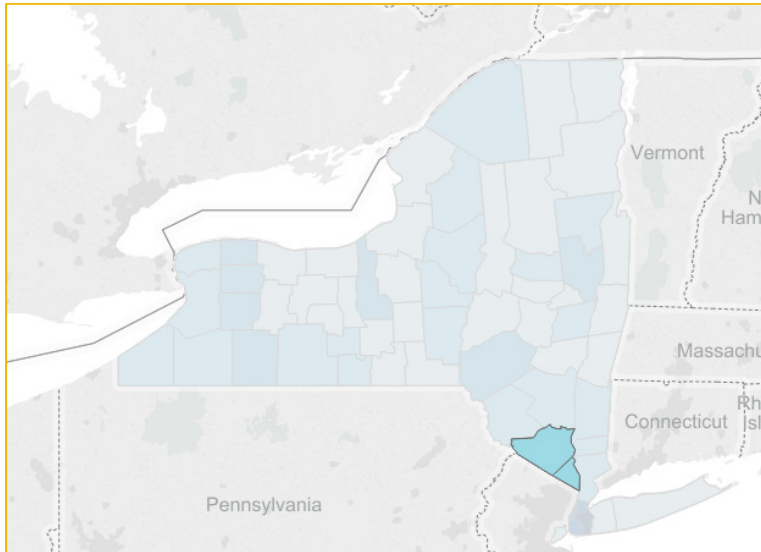
- The PPS has earned all available AVs**



Addressing Community Needs

- St. Luke's Cornwall Hospital identified that food insecurity is a pressing issue faced by large number of their high utilizer patient population.
- As a result of the MAX program, the Action Team has began collaborating with a local food agency to install a food pantry in the hospital.
- Now providing healthy food to food insecure patients and reducing unnecessary utilization of the emergency department.

Refuah Community Health Collaborative



<ul style="list-style-type: none"> • PPS Service Area: Orange and Rockland • Attribution for Performance: 42,153 • Attribution for Valuation: 26,804 • Total Award Dollars: \$45,634,589 	
Core Team:	<ol style="list-style-type: none"> 1. Chanie Sternberg – Refuah Health Center, President and CEO 2. Dr. Corinna Manini – Refuah Health Center, Medical Director 3. Rachel Merk – CTO, Refuah Health Center 4. Alexandra Khorover – Legal Council 5. Shaindy Landerer – Director of Finance
<ul style="list-style-type: none"> • FQHC-led PPS covering Rockland and Orange Counties • Extensive collaboration with other Hudson Valley PPS (Westchester and Montefiore) • Contracting Collaborative model 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.c.i Development of community-based health navigation services • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.a.iii Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
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Refuah Community Health Collaborative: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

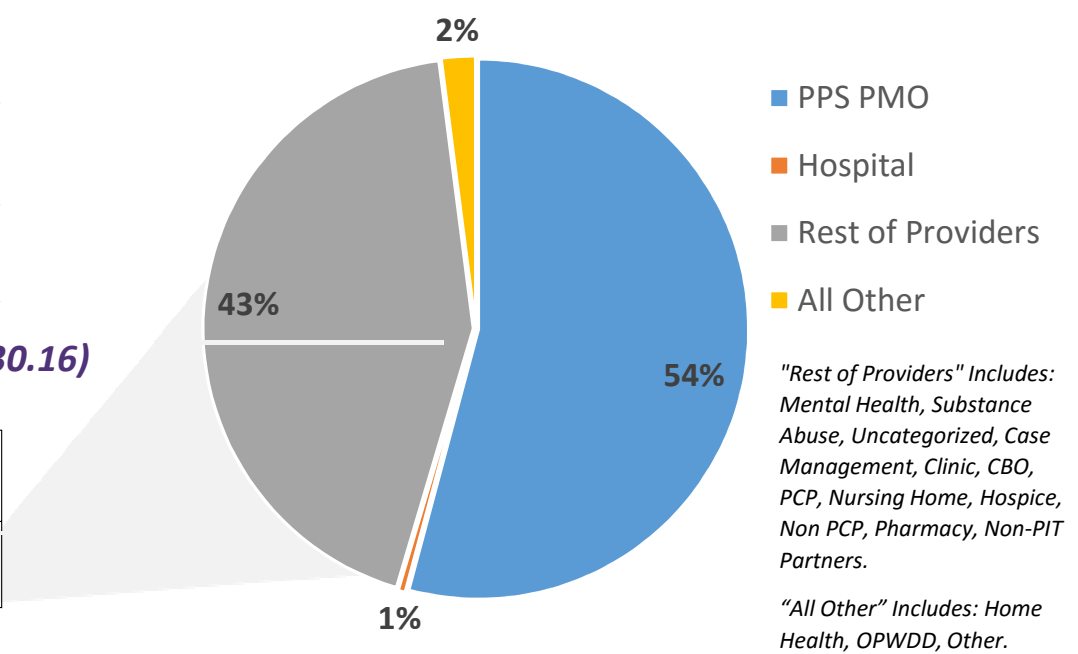
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$3,402,288	\$3,402,288	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$3,402,288	
Flowed	\$1,766,483	52%

Funds Flow by Provider Type



Refuah Community Health Collaborative: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 149,310.94	\$ 149,310.94	\$ -	\$ 149,310.94
2.a.ii	20.00	20.00	0.00	20.00	\$ 97,922.03	\$ 97,922.03	\$ -	\$ 97,922.03
2.c.i	20.00	20.00	0.00	20.00	\$ 98,116.54	\$ 98,116.54	\$ -	\$ 98,116.54
3.a.i	16.00	16.00	0.00	16.00	\$ 97,511.03	\$ 97,511.03	\$ -	\$ 97,511.03
3.a.ii	16.00	16.00	0.00	16.00	\$ 92,228.01	\$ 92,228.01	\$ -	\$ 92,228.01
3.a.iii	16.00	16.00	0.00	16.00	\$ 79,911.01	\$ 79,911.01	\$ -	\$ 79,911.01
4.b.i	14.00	14.00	0.00	14.00	\$ 65,429.74	\$ 65,429.74	\$ -	\$ 65,429.74
AV Adjustments (Column F)								
Total	121.00	121.00	0.00	121.00	\$ 680,429	\$ 680,429	\$ -	\$ 680,429

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs

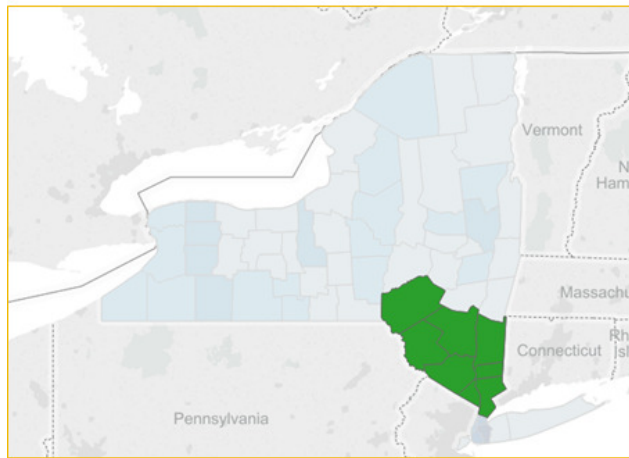


RCHC
REFUAH COMMUNITY HEALTH COLLABORATIVE

Integration of mental and physical health care

- The child psychiatry waiting list at Refuah Health Center has plummeted: from 66 patients to 15 patients, from 8 months for a new evaluation to 4 weeks for a new evaluation
- PCPs trained and empowered to treat and manage mental health conditions
- Social Workers offer immediate mental health evaluations and streamlined crisis management

WMCHHealth PPS



<ul style="list-style-type: none"> • PPS Service Area: Delaware County, Dutchess County, Orange County, Putnam County, Rockland County, Sullivan County, Ulster County, Westchester County • Attribution for Performance: 144,456 • Attribution for Performance – 2.d.i: 453,409 • Attribution for Valuation: 573,393 • Total Award Dollars: \$273,923,615 	
Core Team:	<ol style="list-style-type: none"> 1. June Keenan– PPS DSRIP lead; Senior VP, Delivery System Transformation Executive Director, Center for Regional Healthcare Innovation Westchester Medical Center (WMC) 2. Dr. Deborah Viola – ViP, Director, Health Services Research and Data Analytics, Center for Regional Healthcare Innovation WMC 3. Dr. Janet (Jessie) Sullivan – ViP, Medical Director, Center for Regional Healthcare Innovation, WMC 4. Peg Moran– VP, Operations, Center for Regional Healthcare Innovation, WMC 5. Maureen Doran – VP, Integrated Care Network, Center for Regional Healthcare Innovation, WMC
<ul style="list-style-type: none"> • WMC is a large public hospital-led PPS – services areas in 8 counties of the lower Hudson Valley • Center for Regional Healthcare Innovation is Westchester Medical Center’s central services organization 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.a.iv Create a medical village using existing hospital infrastructure • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.d.iii Implementation of evidence-based medicine guidelines for asthma management • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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WMCHealth PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

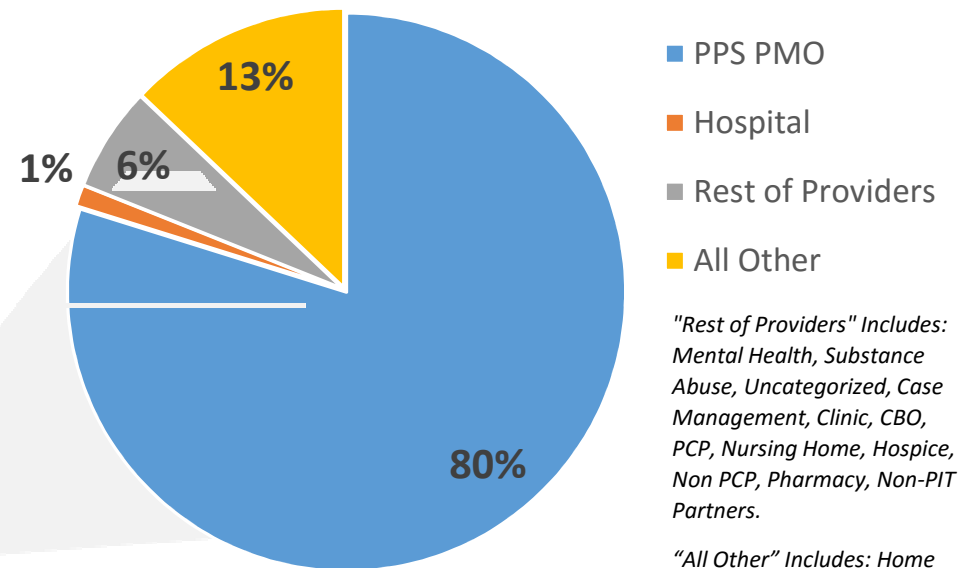
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$41,997,805	\$41,834,599	99.6%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$41,834,599	
Flowed	\$31,563,724	75%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

WMCHHealth PPS: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 1,101,546.82	\$ 1,101,546.82	\$ -	\$ 1,101,546.82
2.a.iii	20.00	20.00	0.00	20.00	\$ 904,842.03	\$ 904,842.03	\$ -	\$ 904,842.03
2.a.iv	20.00	20.00	0.00	20.00	\$ 1,062,205.86	\$ 1,062,205.86	\$ -	\$ 1,062,205.86
2.b.iv	20.00	20.00	0.00	20.00	\$ 845,830.59	\$ 845,830.59	\$ -	\$ 845,830.59
2.d.i	8.00	7.00	0.00	7.00	\$ 979,235.98	\$ 897,632.98	\$ -	\$ 897,632.98
3.a.i	16.00	16.00	0.00	16.00	\$ 758,383.35	\$ 758,383.35	\$ -	\$ 758,383.35
3.a.ii	16.00	16.00	0.00	16.00	\$ 727,807.72	\$ 727,807.72	\$ -	\$ 727,807.72
3.c.i	12.00	12.00	0.00	12.00	\$ 590,114.37	\$ 590,114.37	\$ -	\$ 590,114.37
3.d.iii	10.00	10.00	0.00	10.00	\$ 609,784.85	\$ 609,784.85	\$ -	\$ 609,784.85
4.b.i	14.00	14.00	0.00	14.00	\$ 452,421.01	\$ 452,421.01	\$ -	\$ 452,421.01
4.b.ii	21.00	21.00	0.00	21.00	\$ 334,398.14	\$ 334,398.14	\$ -	\$ 334,398.14
AV Adjustments (Column F)								
Total	176.00	175.00	0.00	175.00	\$ 8,366,571	\$ 8,284,968	\$ -	\$ 8,284,968

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement**

DY2Q1 AV Progress Report:

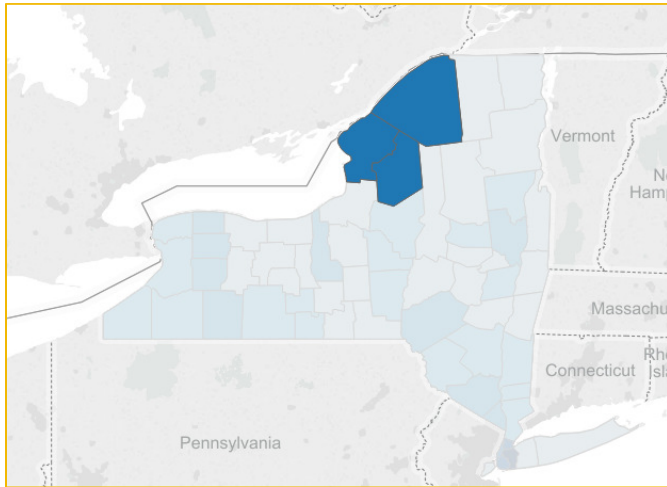
- The PPS has earned all available AVs**



**Regional Population Health Promotion
Through the Hudson River DSRIP Public Health Council, in collaboration
with MHVC PPS and RCHC PPS:**

- Collaborating with 45+ government agencies and CBOs on Tobacco Cessation(4.b.i) and Cancer Screening (4.b.ii) public health projects.
- Adopted NYS Prevention Agenda's cancer screen rates as benchmark
- Launched timely anti-vaping campaign aimed at high school students—way ahead of new FDA ban (8/8/2016) on e-cigarette and vaping sales to those under 18.
- Distributed over 5,000 posters in high schools throughout the Hudson Valley.

North Country Initiative PPS



<ul style="list-style-type: none"> • PPS Service Area (3 counties): Jefferson, Lewis, St. Lawrence • Attribution for Performance: 39,755 • Attribution for Valuation: 61,994 • Total Award Dollars: \$78,062,821 		
Core Team:	<ol style="list-style-type: none"> 1. Denise Young – Executive Director, Fort Drum Regional Health Planning Organization 2. Brian Marcolini – Director, Fort Drum Regional Health Planning Organization 3. Thomas Carman – CEO, Samaritan Medical Center 4. Erika Flint – DSRIP Director, Fort Drum Regional Health Planning Organization 5. Tracy Leonard – Deputy Director, Fort Drum Regional Health Planning Organization 	<ol style="list-style-type: none"> 6. Ian Grant – Population Health Program Manager, Fort Drum Regional Health Planning Organization 7. Corey Zeigler – CIO, Fort Drum Regional Health Planning Organization (Note: Corey is also the CIO Steering Committee Co-Chair) 8. Lindsay Knowlton – DSRIP Finance Director
<ul style="list-style-type: none"> • North Country Initiative is the lead entity 		

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.a.iv Create a medical village using existing hospital infrastructure • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.b.i Cardio Disease Management - Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.c.i Diabetes Disease Management - Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.c.ii Implementation of evidence-based strategies to address chronic disease – primary and secondary prevention projects (adults only) • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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North Country Initiative PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

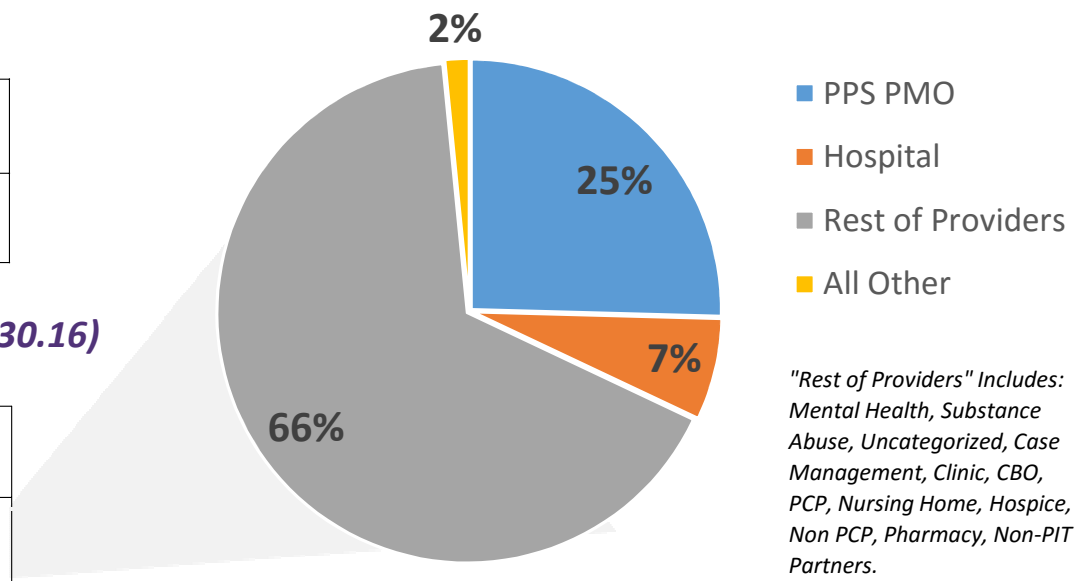
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$11,689,449	\$11,689,449	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$11,689,449	
Flowed	\$5,990,812	51%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

North Country Initiative PPS: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 333,848.98	\$ 333,848.98	\$ -	\$ 333,848.98
2.a.ii	20.00	20.00	0.00	20.00	\$ 226,719.32	\$ 226,719.32	\$ -	\$ 226,719.32
2.a.iv	19.00	19.00	0.00	19.00	\$ 344,530.82	\$ 344,530.82	\$ -	\$ 344,530.82
2.b.iv	20.00	20.00	0.00	20.00	\$ 253,039.50	\$ 253,039.50	\$ -	\$ 253,039.50
2.d.i	8.00	8.00	0.00	8.00	\$ 219,230.60	\$ 219,230.60	\$ -	\$ 219,230.60
3.a.i	16.00	16.00	0.00	16.00	\$ 225,156.12	\$ 225,156.12	\$ -	\$ 225,156.12
3.b.i	13.00	13.00	0.00	13.00	\$ 166,029.82	\$ 166,029.82	\$ -	\$ 166,029.82
3.c.i	12.00	12.00	0.00	12.00	\$ 167,284.41	\$ 167,284.41	\$ -	\$ 167,284.41
3.c.ii	12.00	12.00	0.00	12.00	\$ 165,885.21	\$ 165,885.21	\$ -	\$ 165,885.21
4.a.iii	16.00	16.00	0.00	16.00	\$ 127,604.01	\$ 127,604.01	\$ -	\$ 127,604.01
4.b.ii	21.00	21.00	0.00	21.00	\$ 108,463.41	\$ 108,463.41	\$ -	\$ 108,463.41
AV Adjustments (Column F)								
Total	176.00	176.00	0.00	176.00	\$ 2,337,792	\$ 2,337,792	\$ -	\$ 2,337,792

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

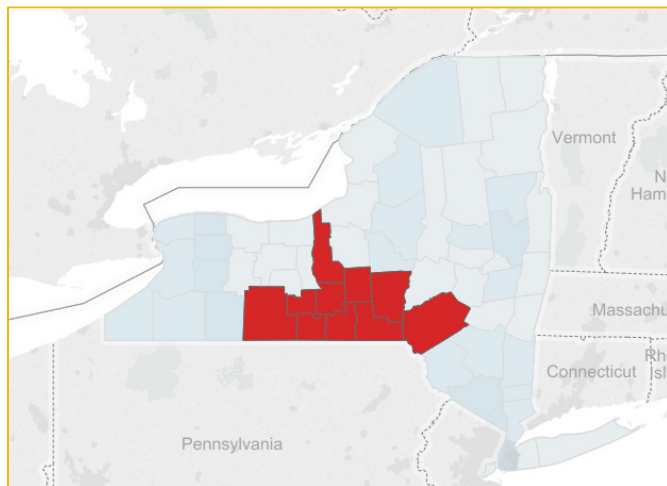
- The PPS has earned all available AVs



Collaborating with Higher Education

- Provider Incentive Programs
 - Approximately \$3 million for recruitment of 11 PCPs, 3 Nurse Practitioners, 2 Physician Assistants, 2 Psychologists, 2 Psychiatrists and 2 Dentists; Licensed Clinical Social Worker & Certified Diabetes Educator
- Regional Expansion of Graduate Medical Education providing financial support of residency spots at local GME Program, rotations at regional sites, minimum 3 year commitment to work in region

Care Compass Network



<ul style="list-style-type: none"> • PPS Service Area: Broome, Chemung, Chenango, Cortland, Delaware, Schuyler, Steuben, Tioga, Tompkins • Attribution for Performance: 102,386 • Attribution for Performance – 2.d.i: 97,548 • Attribution for Valuation: 186,101 • Total Award Dollars: \$224,540,275 		
Core Team:	<ol style="list-style-type: none"> 1. Mark Ropiecki — DSRIP Executive Director 2. Robert Carangelo – Finance Officer 3. Dawn Sculley – DSRIP Director 	<ol style="list-style-type: none"> 4. Julie Rumage – Project Lead 5. Rebecca Kennis – Analyst 6. Robin Kinslow-Evans – Strategic Advisor
<ul style="list-style-type: none"> • New-Co co-led by United Health Services and Cortland Regional Medical Center • Collaboration efforts are underway with Finger Lakes PPS, Bassett Medical Centre and Central New York Care Collaborative 		

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.c.i Development of community-based health navigation services • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Care Compass Network: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

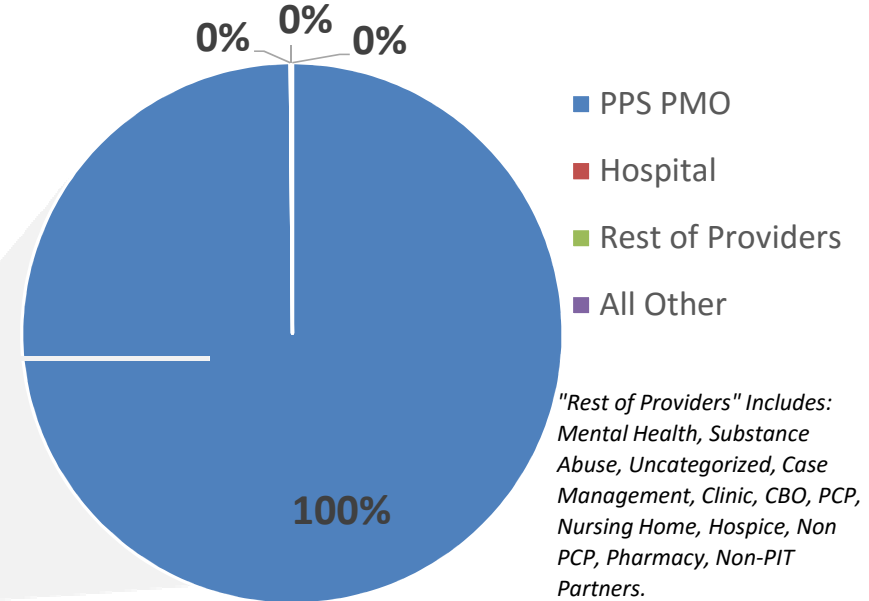
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$34,394,958	\$33,827,204	98.3%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$33,827,204	
Flowed	\$1,521,197	4%

Funds Flow by Provider Type



Care Compass Network: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 1,040,200.54	\$ 1,040,200.54	\$ -	\$ 1,040,200.54
2.b.iv	20.00	19.00	0.00	19.00	\$ 770,109.74	\$ 705,933.93	\$ -	\$ 705,933.93
2.b.vii	20.00	20.00	0.00	20.00	\$ 693,055.56	\$ 693,055.56	\$ -	\$ 693,055.56
2.c.i	20.00	19.00	0.00	19.00	\$ 686,349.88	\$ 629,154.06	\$ -	\$ 629,154.06
2.d.i	8.00	7.00	0.00	7.00	\$ 683,111.68	\$ 626,185.70	\$ -	\$ 626,185.70
3.a.i	16.00	15.00	0.00	15.00	\$ 675,604.78	\$ 619,304.38	\$ -	\$ 619,304.38
3.a.ii	16.00	15.00	0.00	15.00	\$ 639,889.50	\$ 586,565.37	\$ -	\$ 586,565.37
3.b.i	13.00	12.00	0.00	12.00	\$ 494,323.69	\$ 453,130.05	\$ -	\$ 453,130.05
3.g.i	7.00	6.00	0.00	6.00	\$ 380,308.50	\$ 348,616.12	\$ -	\$ 348,616.12
4.a.iii	16.00	16.00	0.00	16.00	\$ 383,055.98	\$ 383,055.98	\$ -	\$ 383,055.98
4.b.ii	21.00	21.00	0.00	21.00	\$ 319,148.58	\$ 319,148.58	\$ -	\$ 319,148.58
AV Adjustments (Column F)								
Total	176.00	169.00	0.00	169.00	\$ 6,765,158	\$ 6,404,350	\$ -	\$ 6,404,350

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement**

DY2Q1 AV Progress Report:

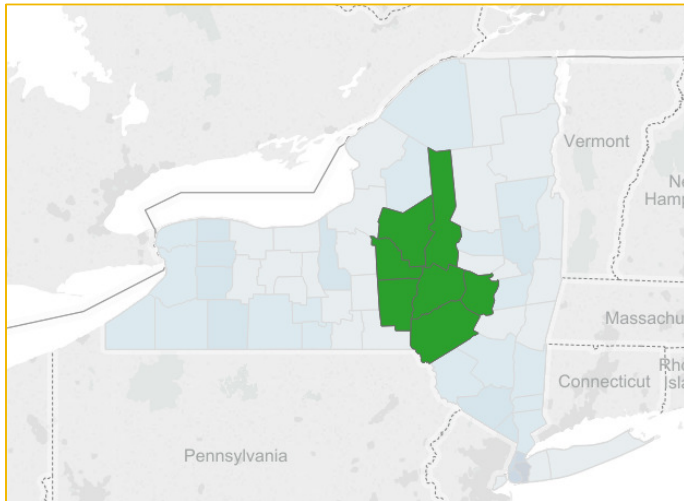
- The PPS has earned all available AVs**



Integration of Primary and Behavioral Health

- 899/1019 PHQ-9 screenings completed of 1019 offered over 5 months (88%)
- 67 of 134 PHQ-9 screens scoring >15 referred to on-site BHC (50%)
- 78 patients with a PHQ-9 score of 15 higher received follow-up with BHC on-site
- Expanding program to include SBIRT in July 2016.

Leatherstocking Collaborative Health Partners



<ul style="list-style-type: none"> • PPS Service Area: Delaware, Herkimer, Madison, Otsego, Schoharie • Attribution for Performance: 41,716 • Attribution for Valuation: 62,043 • Total Award Dollars: \$71,839,378 											
Core Team:	<table border="0"> <tr> <td>1. Sue van der Sommen – DSRIP Executive Director</td> <td>5. Swathi Gurjala – DSRIP Program Manager</td> </tr> <tr> <td>2. Tom Manion – Director of Operations & Strategic Planning</td> <td>6. Wendy Kiuber – Network Operations Coordinator</td> </tr> <tr> <td>3. Amy Van Kampen – Director of Performance Metrics</td> <td>7. Dr. Steven Heneghan – Chief Medical Officer</td> </tr> <tr> <td>4. Dr. James Anderson – Medical Director, Behavioral Health and Integrated Services</td> <td>8. Mallory Mattson – Network Operations Manager</td> </tr> <tr> <td></td> <td>9. Kara Travis – Senior Director, Patient Services</td> </tr> </table>	1. Sue van der Sommen – DSRIP Executive Director	5. Swathi Gurjala – DSRIP Program Manager	2. Tom Manion – Director of Operations & Strategic Planning	6. Wendy Kiuber – Network Operations Coordinator	3. Amy Van Kampen – Director of Performance Metrics	7. Dr. Steven Heneghan – Chief Medical Officer	4. Dr. James Anderson – Medical Director, Behavioral Health and Integrated Services	8. Mallory Mattson – Network Operations Manager		9. Kara Travis – Senior Director, Patient Services
1. Sue van der Sommen – DSRIP Executive Director	5. Swathi Gurjala – DSRIP Program Manager										
2. Tom Manion – Director of Operations & Strategic Planning	6. Wendy Kiuber – Network Operations Coordinator										
3. Amy Van Kampen – Director of Performance Metrics	7. Dr. Steven Heneghan – Chief Medical Officer										
4. Dr. James Anderson – Medical Director, Behavioral Health and Integrated Services	8. Mallory Mattson – Network Operations Manager										
	9. Kara Travis – Senior Director, Patient Services										
<ul style="list-style-type: none"> • Lead Organization: Bassett Medical Center; developed a NewCo to separate Bassett Medical Center as lead from the PPS. NewCo is an LLC, with d/b/a Leatherstocking Collaborative Health Partners. • 90+ collaborating agencies within their system. • Well connected with regional partners 											

Projects Selected:	<ul style="list-style-type: none"> • 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.b.viii Hospital-Home Care Collaboration Solutions • 2.c.i Development of community-based health navigation services • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.iv Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs • 3.d.iii Implementation of evidence-based medicine guidelines for asthma management • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
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Leatherstocking Collaborative Health Partners: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

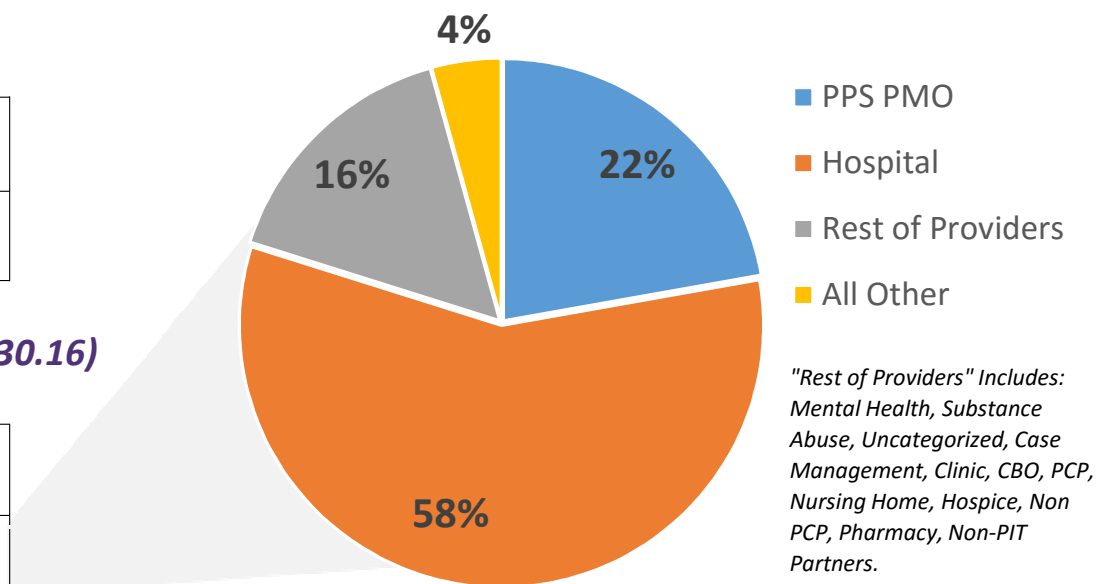
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$10,951,503	\$10,671,239	97.4%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$10,671,239	
Flowed	\$8,321,143	78%

Funds Flow by Provider Type



- PPS PMO
- Hospital
- Rest of Providers
- All Other

"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Leatherstocking Collaborative Health Partners: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	(1.00)	4.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.ii	20.00	20.00	(1.00)	19.00	\$ 215,737.47	\$ 197,759.35	\$ -	\$ 197,759.35
2.b.vii	20.00	20.00	(1.00)	19.00	\$ 238,110.99	\$ 218,268.41	\$ -	\$ 218,268.41
2.b.viii	20.00	20.00	(1.00)	19.00	\$ 245,369.79	\$ 224,922.31	\$ -	\$ 224,922.31
2.c.i	20.00	20.00	(1.00)	19.00	\$ 223,488.12	\$ 204,864.11	\$ -	\$ 204,864.11
2.d.i	8.00	7.00	(1.00)	6.00	\$ 210,109.00	\$ 175,090.83	\$ -	\$ 175,090.83
3.a.i	16.00	16.00	(1.00)	15.00	\$ 217,789.38	\$ 199,640.26	\$ -	\$ 199,640.26
3.a.iv	16.00	16.00	(1.00)	15.00	\$ 216,694.46	\$ 198,636.58	\$ -	\$ 198,636.58
3.d.iii	10.00	10.00	(1.00)	9.00	\$ 164,427.58	\$ 150,725.28	\$ -	\$ 150,725.28
3.g.i	7.00	6.00	(1.00)	5.00	\$ 127,866.98	\$ 106,555.81	\$ -	\$ 106,555.81
4.a.iii	16.00	16.00	(1.00)	15.00	\$ 127,704.60	\$ 114,934.14	\$ -	\$ 114,934.14
4.b.i	14.00	14.00	(1.00)	13.00	\$ 146,860.30	\$ 132,174.27	\$ -	\$ 132,174.27
AV Adjustments (Column F)								
Total	167.00	165.00	(11.00)	154.00	\$ 2,134,159	\$ 1,923,571	\$ -	\$ 1,923,571

Description of DY1Q4 Scorecard Missed AVs:

- **Financial Sustainability**
- **Patient Engagement**

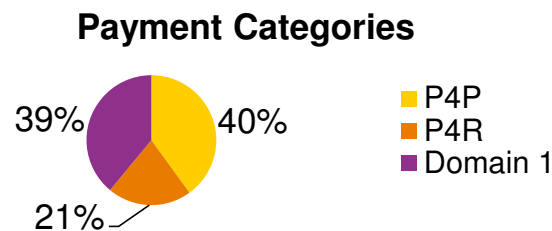
DY2Q1 AV Progress Report:

- **The PPS has earned all available AVs**

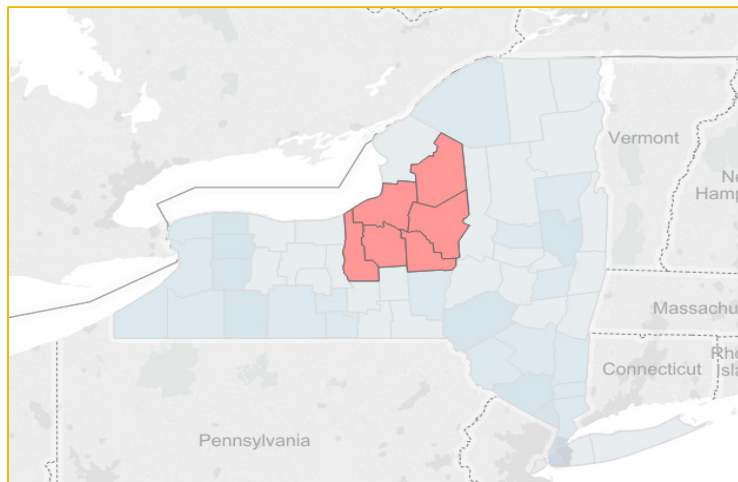


Accomplishments:

- Assigned metric “ownership” to individual leaders.
- Educated partners on P4P impacts and the potential to lose AVs if performance goals are missed
- Development of multiple P4P summaries and education tools
- Business Intelligence dashboard development based on EMR data for real-time performance.



Central New York Care Collaborative



<ul style="list-style-type: none"> • PPS Service Area: Cayuga, Lewis, Madison, Oneida, Onondaga, Oswego • Attribution for Performance: 186,744 • Attribution for Valuation: 262,144 • Total Award Dollars: \$323,029,955 		
Core Team:	<ol style="list-style-type: none"> 1. Virginia Opiare – Executive Director 2. Lauren Wetterhahn – DSRIP Program Coordinator 3. Joe Reilly – Interim DSRIP CIO 4. BJ Adigun – Director of Communications 5. Elizabeth Fowler – Operations Coordinator 6. Michele Treinin – Data & Performance Lead 	<ol style="list-style-type: none"> 7. Kelly Lane – Behavioral Health Lead 8. Kate Weidman – Care Management & ED Care Triage Lead 9. Kelsie Montaque – Premature births & Patient Activation Lead 10. Karen Joncas – PCMH and Cardiovascular disease Lead 11. Tammy VanEpps – Care Transitions and Palliative Care Lead
<ul style="list-style-type: none"> • NewCo co-led by SUNY Upstate, St. Joseph's, Faxton St. Luke's and Auburn 		

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.d.i Reduce premature births
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Central New York Care Collaborative: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

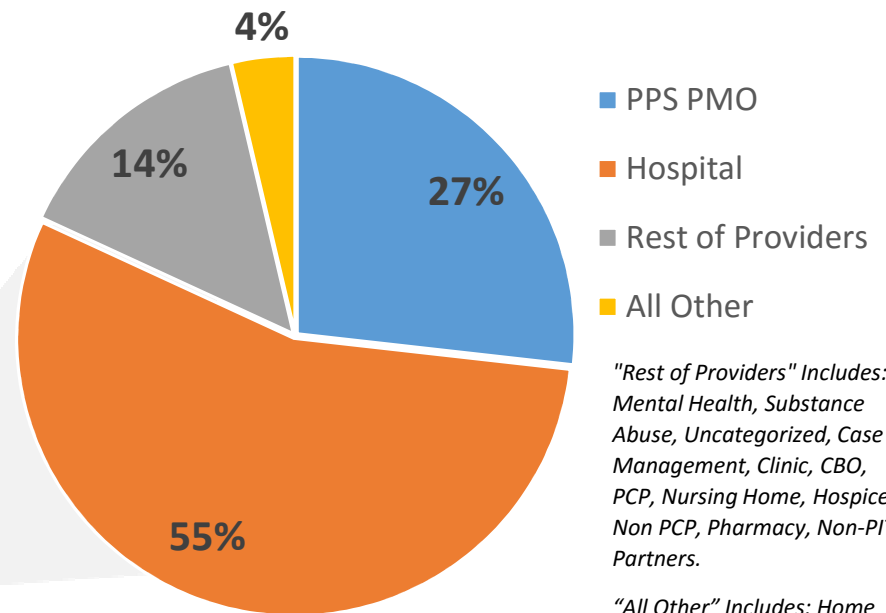
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$25,535,174	\$25,083,509	98.2%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$25,083,509	
Flowed	\$8,264,371	33%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Central New York Care Collaborative: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	(1.00)	4.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	(1.00)	18.00	\$ 709,727.47	\$ 638,754.72	\$ -	\$ 638,754.72
2.a.iii	20.00	20.00	(1.00)	19.00	\$ 582,990.42	\$ 534,407.88	\$ -	\$ 534,407.88
2.b.iii	20.00	20.00	(1.00)	19.00	\$ 544,969.30	\$ 499,555.20	\$ -	\$ 499,555.20
2.b.iv	20.00	20.00	(1.00)	19.00	\$ 544,558.13	\$ 499,178.29	\$ -	\$ 499,178.29
2.d.i	7.00	7.00	(1.00)	6.00	\$ 471,220.67	\$ 424,098.60	\$ -	\$ 424,098.60
3.a.i	16.00	16.00	(1.00)	15.00	\$ 494,274.49	\$ 453,084.94	\$ -	\$ 453,084.94
3.a.ii	16.00	16.00	(1.00)	15.00	\$ 468,927.08	\$ 429,849.82	\$ -	\$ 429,849.82
3.b.i	13.00	13.00	(1.00)	12.00	\$ 363,360.48	\$ 333,080.44	\$ -	\$ 333,080.44
3.g.i	6.00	6.00	(1.00)	5.00	\$ 278,821.50	\$ 250,939.35	\$ -	\$ 250,939.35
4.a.iii	16.00	16.00	(1.00)	15.00	\$ 253,474.10	\$ 228,126.69	\$ -	\$ 228,126.69
4.d.i	32.00	32.00	(1.00)	31.00	\$ 304,168.91	\$ 273,752.02	\$ -	\$ 273,752.02
AV Adjustments (Column F)								
Total	185.00	185.00	(11.00)	174.00	\$ 5,016,493	\$ 4,564,828	\$ -	\$ 4,564,828

Description of DY1Q4 Scorecard Missed AVs:

- Workforce**

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs**

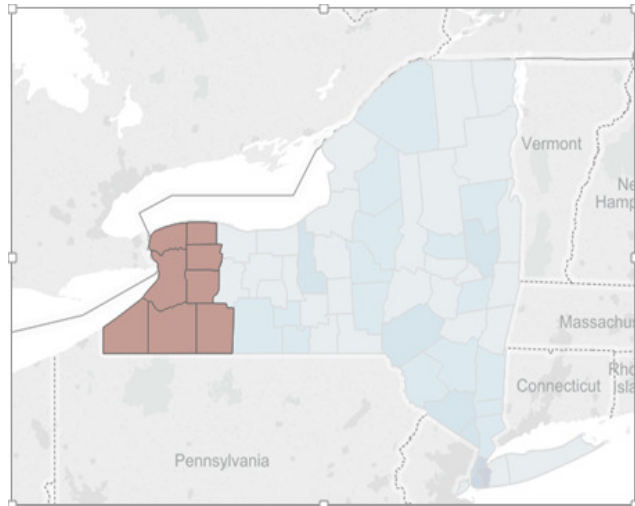


CNY CARE COLLABORATIVE

Integrating Behavioral Health Services into Primary Care Setting

- Over 40 contracted partner organizations participating in project
- Development of framework for workflows
- Relationship facilitation between PCPs and BH providers
- Development of Standards of Care protocol
 - Screenings for Substance Abuse and Depression
 - Focus on obesity, diabetes, cardiovascular disease
- **Approximately 14,000 actively engaged patients to-date**

Millennium Care Collaborative



<ul style="list-style-type: none"> • PPS Service Areas: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming • Attribution for Performance: 252,737 • Attribution for Valuation: 309,457 • Total Award Dollars: \$243,019,729 	
Core Team:	<ol style="list-style-type: none"> 1. Al Hammonds – Executive Director 2. Michelle Mercer, RN – Chief Clinical Integration Officer 3. Liz Thelen – Project Administrator 4. Juan Santiago – Administrative Director 5. Tammy Fox – Director of PMO
<ul style="list-style-type: none"> • PPS Lead: Erie County Medical Center • Niagara Falls Memorial Medical Centre (NFMCC) PPS joined with ECMC PPS to form MCC. ECMC serves as the Lead in this PPS 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iii ED care triage for at-risk populations • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.b.viii Hospital-Home Care Collaboration Solutions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.f.i Increase support programs for maternal & child health (including high risk pregnancies) (Example: NurseFamily Partnership) • 4.a.i Promote mental, emotional and behavioral (MEB) well-being in communities • 4.d.i Reduce premature births
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Millennium Care Collaborative: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

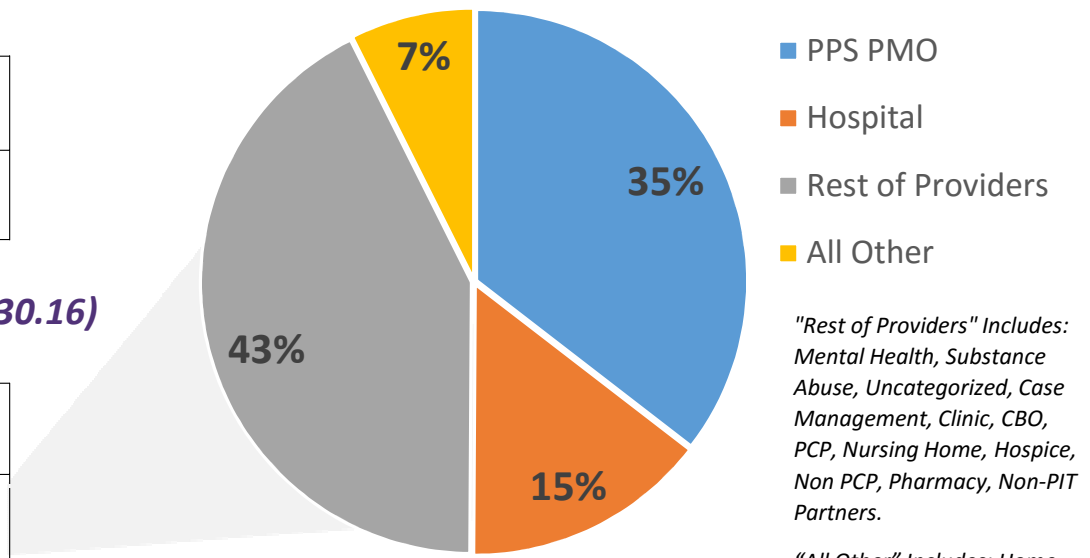
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$30,885,435	\$30,318,631	98.2%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$30,318,631	
Flowed	\$13,996,972	46%

Funds Flow by Provider Type



- PPS PMO
- Hospital
- Rest of Providers
- All Other

"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Millennium Collaborative Care: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	(1.00)	4.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	(1.00)	18.00	\$ 835,656.62	\$ 752,090.96	\$ -	\$ 752,090.96
2.b.iii	20.00	20.00	(1.00)	19.00	\$ 626,917.70	\$ 574,674.56	\$ -	\$ 574,674.56
2.b.vii	20.00	20.00	(1.00)	19.00	\$ 611,820.03	\$ 560,835.02	\$ -	\$ 560,835.02
2.b.viii	20.00	20.00	(1.00)	19.00	\$ 671,509.79	\$ 615,550.64	\$ -	\$ 615,550.64
2.d.i	8.00	8.00	(1.00)	7.00	\$ 614,076.66	\$ 562,903.60	\$ -	\$ 562,903.60
3.a.i	16.00	16.00	(1.00)	15.00	\$ 577,523.52	\$ 529,396.56	\$ -	\$ 529,396.56
3.a.ii	16.00	16.00	(1.00)	15.00	\$ 552,130.27	\$ 506,119.41	\$ -	\$ 506,119.41
3.b.i	13.00	13.00	(1.00)	12.00	\$ 439,733.15	\$ 403,088.72	\$ -	\$ 403,088.72
3.f.i	13.00	13.00	(1.00)	12.00	\$ 477,518.07	\$ 437,724.90	\$ -	\$ 437,724.90
4.a.i	16.00	16.00	(1.00)	15.00	\$ 298,448.79	\$ 268,603.91	\$ -	\$ 268,603.91
4.d.i	32.00	32.00	(1.00)	31.00	\$ 358,138.55	\$ 322,324.70	\$ -	\$ 322,324.70
AV Adjustments (Column F)								
Total	193.00	193.00	(11.00)	182.00	\$ 6,063,473	\$ 5,533,313	\$ -	\$ 5,533,313

Description of DY1Q4 Scorecard Missed AVs:

- Cultural Competency & Health Literacy**

DY2Q1 AV Progress Report:

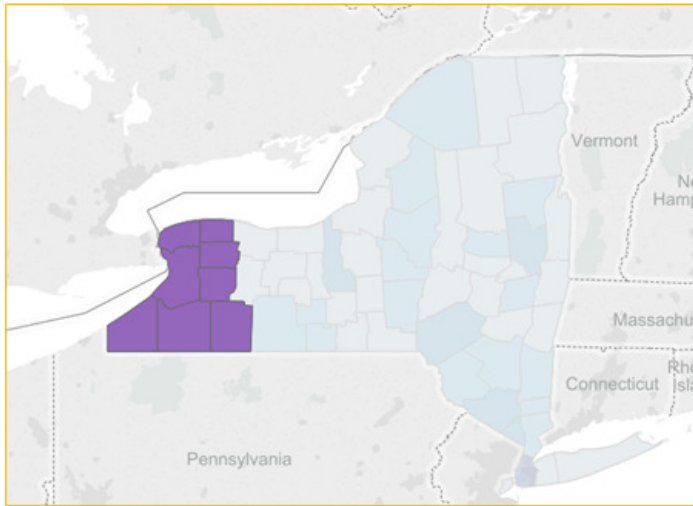
- The PPS has earned all available AVs**



Maternal and Child Health

- Community Health Workers outreaching to, knocking on doors, and connecting with our community around health screening and preventive care
- Paraprofessional within the healthcare team with standardized screening tools and the ability to assist in the community addressing social determinants of health.
- More than 600 mothers and mothers to be engaged and being following through pregnancy and the first 2 years of child's life

Community Partners of Western New York



<ul style="list-style-type: none"> • PPS Service Areas: Chautauque, Erie, Niagara • Attribution for Performance: 85,278 • Attribution for Valuation: 43,375 • Total Award Dollars: \$92,253,402 											
Core Team:	<table border="0"> <tr> <td>1. Amy White-Storfer – DS RIP Director</td> <td>6. Patricia Podkulski – Director of Medical Policy & Accreditation</td> </tr> <tr> <td>2. Rachael Nees – System Director of Grants</td> <td>7. Sarah Cotter – Director of Clinical Transformation</td> </tr> <tr> <td>3. Cara Petrucci – Project Coordinator</td> <td>8. Thomas Schifferli – Project Coordinator</td> </tr> <tr> <td>4. Dr. Dapeng Cao – Manager of Healthcare Analytics</td> <td>9. Julie Lulek – Project Coordinator</td> </tr> <tr> <td>5. Dr. Carlos Santos – CMO</td> <td>10. Betsy Bittar – Manager, Internal Control and Tax</td> </tr> </table>	1. Amy White-Storfer – DS RIP Director	6. Patricia Podkulski – Director of Medical Policy & Accreditation	2. Rachael Nees – System Director of Grants	7. Sarah Cotter – Director of Clinical Transformation	3. Cara Petrucci – Project Coordinator	8. Thomas Schifferli – Project Coordinator	4. Dr. Dapeng Cao – Manager of Healthcare Analytics	9. Julie Lulek – Project Coordinator	5. Dr. Carlos Santos – CMO	10. Betsy Bittar – Manager, Internal Control and Tax
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4. Dr. Dapeng Cao – Manager of Healthcare Analytics	9. Julie Lulek – Project Coordinator										
5. Dr. Carlos Santos – CMO	10. Betsy Bittar – Manager, Internal Control and Tax										
PPS Lead: Sisters of Charity Hospital/Community Partners of Western New York – IPA											

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.c.ii Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.f.i Increase support programs for maternal & child health (including high risk pregnancies) (Example: NurseFamily Partnership) • 3.g.i Integration of palliative care into the PCMH Model • 4.a.i Promote mental, emotional and behavioral (MEB) well-being in communities • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
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Community Partners of Western New York: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

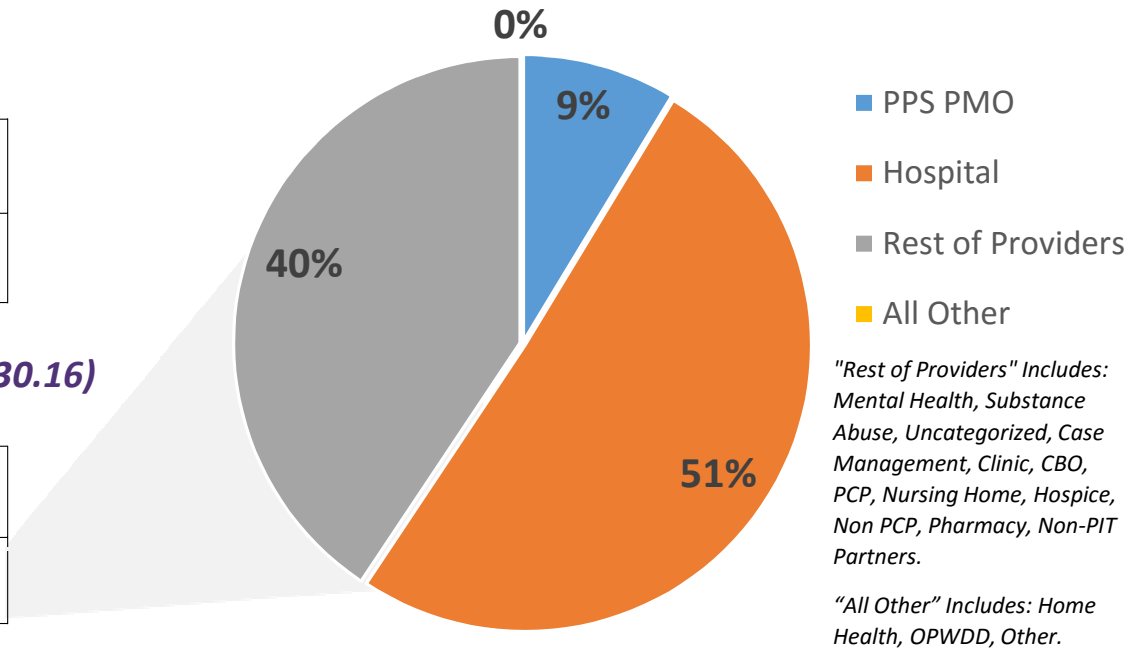
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$6,959,171	\$6,871,607	98.7%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$6,871,607	
Flowed	\$5,768,980	84%

Funds Flow by Provider Type



Community Partners of Western New York: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 221,579.12	\$ 221,579.12	\$ -	\$ 221,579.12
2.b.iii	20.00	19.00	0.00	19.00	\$ 176,860.92	\$ 162,122.51	\$ -	\$ 162,122.51
2.b.iv	20.00	20.00	0.00	20.00	\$ 169,791.37	\$ 169,791.37	\$ -	\$ 169,791.37
2.c.ii	20.00	19.00	0.00	19.00	\$ 138,346.66	\$ 126,817.77	\$ -	\$ 126,817.77
3.a.i	16.00	15.00	0.00	15.00	\$ 157,102.84	\$ 144,010.94	\$ -	\$ 144,010.94
3.b.i	13.00	13.00	0.00	13.00	\$ 113,246.90	\$ 113,246.90	\$ -	\$ 113,246.90
3.f.i	13.00	13.00	0.00	13.00	\$ 124,382.67	\$ 124,382.67	\$ -	\$ 124,382.67
3.g.i	7.00	6.00	0.00	6.00	\$ 84,872.65	\$ 77,799.93	\$ -	\$ 77,799.93
4.a.i	16.00	16.00	0.00	16.00	\$ 85,436.71	\$ 85,436.71	\$ -	\$ 85,436.71
4.b.i	14.00	14.00	0.00	14.00	\$ 102,644.29	\$ 102,644.29	\$ -	\$ 102,644.29
AV Adjustments (Column F)								
Total	158.00	154.00	0.00	154.00	\$ 1,374,264	\$ 1,327,832	\$ -	\$ 1,327,832

Description of DY1Q4 Scorecard Missed AVs:

- **Patient Engagement**

DY2Q1 AV Progress Report:

- **The PPS has earned all available AVs**

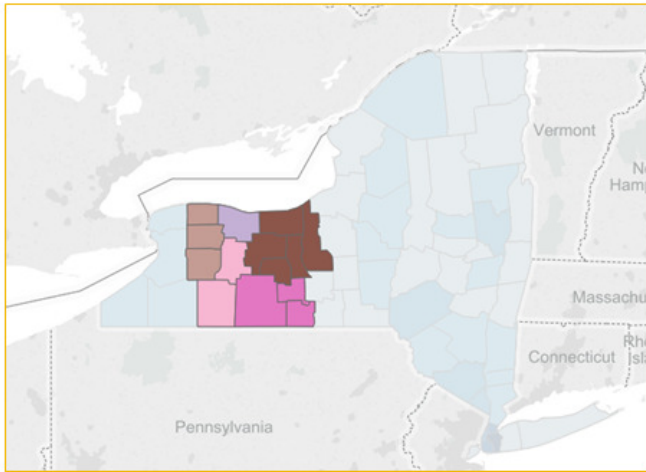


COMMUNITY PARTNERS OF WNY
Performing Provider System

Telemedicine Expansion

- Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services
- Partnering with Women and Children Hospital to contract with a third party vendor Specialist on Call (SOC).
- Clinical areas of focus have been inpatient neurology, outpatient neurology, and acute critical care.
- Additional pilot programs under development for additional use of telemedicine component.

Finger Lakes PPS



- PPS Service Areas: Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, Yates
- Attribution for Performance: 296,058
- Attribution for Valuation: 413,289
- Total Award Dollars: \$565,448,177

Core Team:	<ol style="list-style-type: none"> 1. Carol Tegas – Executive Director 2. Janet King – Director, Project Management Office 3. John Pennell – Director of Finance 4. Collene Burns – Human Resources and Workforce Project Manager 5. Jose Rosario –IT Director 6. Dr. Sahar Elezabi – Chief Medical Officer
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- NewCo with two co-leads: Rochester General Hospital and University of Rochester Medical Center (URMC)

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.vi Transitional supportive housing services • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.a.v Behavioral Interventions Paradigm (BIP) in Nursing Homes • 3.f.i Increase support programs for maternal & child health (including high risk pregnancies) (Example: NurseFamily Partnership) • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Finger Lakes PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

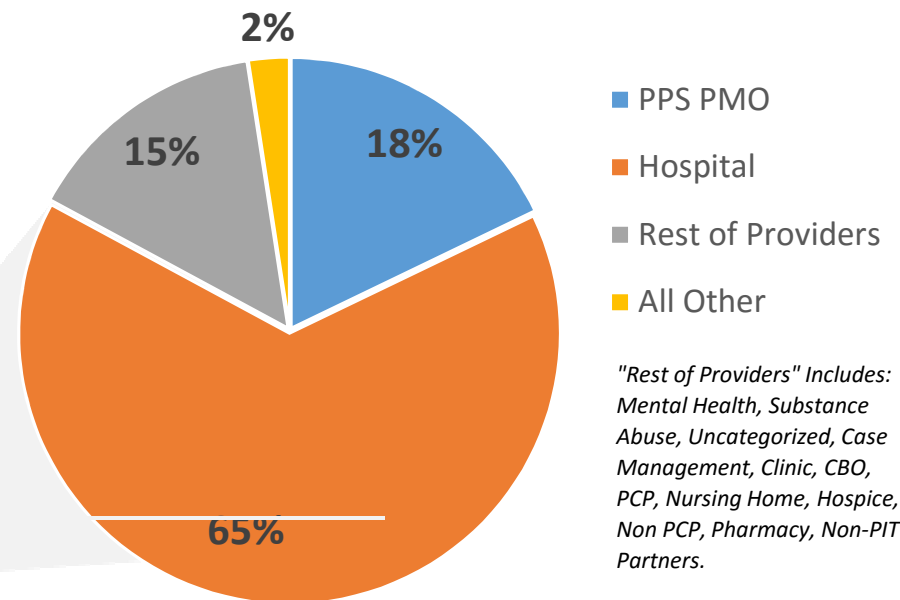
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$84,539,692	\$84,539,692	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$84,539,692	
Flowed	\$30,086,875	36%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Finger Lakes PPS: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 2,381,909.53	\$ 2,381,909.53	\$ -	\$ 2,381,909.53
2.b.iii	20.00	20.00	0.00	20.00	\$ 1,749,923.34	\$ 1,749,923.34	\$ -	\$ 1,749,923.34
2.b.iv	20.00	20.00	0.00	20.00	\$ 1,663,718.87	\$ 1,663,718.87	\$ -	\$ 1,663,718.87
2.b.vi	20.00	20.00	0.00	20.00	\$ 1,999,102.64	\$ 1,999,102.64	\$ -	\$ 1,999,102.64
2.d.i	8.00	8.00	0.00	8.00	\$ 1,466,921.05	\$ 1,466,921.05	\$ -	\$ 1,466,921.05
3.a.i	16.00	16.00	0.00	16.00	\$ 1,550,023.83	\$ 1,550,023.83	\$ -	\$ 1,550,023.83
3.a.ii	16.00	16.00	0.00	16.00	\$ 1,459,416.95	\$ 1,459,416.95	\$ -	\$ 1,459,416.95
3.a.v	8.00	8.00	0.00	8.00	\$ 1,701,363.95	\$ 1,701,363.95	\$ -	\$ 1,701,363.95
3.f.i	13.00	13.00	0.00	13.00	\$ 1,361,091.16	\$ 1,361,091.16	\$ -	\$ 1,361,091.16
4.a.iii	16.00	16.00	0.00	16.00	\$ 850,681.98	\$ 850,681.98	\$ -	\$ 850,681.98
4.b.ii	21.00	21.00	0.00	21.00	\$ 723,079.68	\$ 723,079.68	\$ -	\$ 723,079.68
AV Adjustments (Column F)								
Total	177.00	177.00	0.00	177.00	\$ 16,907,233	\$ 16,907,233	\$ -	\$ 16,907,233

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

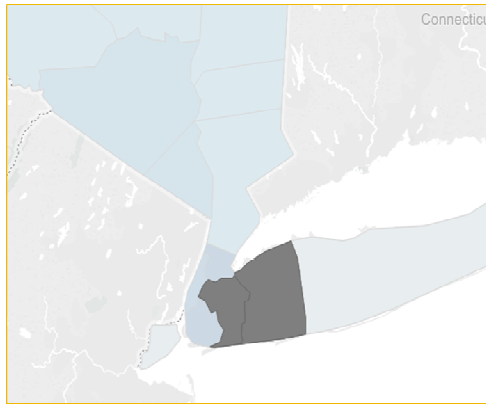
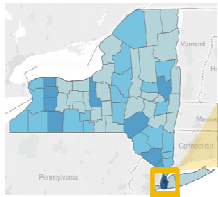
- The PPS has earned all available AVs



Transitional Housing Support

- Implementing an innovative partnership to address social determinants of health by providing a transitional housing solution.
- DePaul Community Services (CBO) dedicates psychiatric and medical step-down beds for Rochester Regional Health and UR Medicine.
 - **80%** Psychiatric Patients Transition to Permanent Housing
 - **61%** Medical Patients Transition to Permanent Housing
 - **30x** Cost Savings to Medicaid
- Improved Quality of Life and Health Outcomes

Nassau Queens PPS



<ul style="list-style-type: none"> • PPS Service Area: Nassau, Queens • Attribution for Performance: 417,162 • Attribution for Valuation: 1,030,400 (2.d.i: 281,301) • Total Award Dollars: \$535,396,603 		
Core Team:	<ol style="list-style-type: none"> 1. Dr. Gilberto Burgos - Interim Executive Director/ Medical Director 2. Ha Nguyen – Director of Project Operations 3. Thomas Poccia – Finance Director 	<ol style="list-style-type: none"> 4. Karen Czizk – Workforce Director 5. Thomas Melillo – Communications Director 6. Nancy Cooperman – CCHL Director 7. Megan Ryan – Compliance (NUMC)
<ul style="list-style-type: none"> • NUMC serves as PPS lead • Nassau Queens PPS comprises Nassau University Medical Center (NUMC), Northwell Health, Catholic Health Services of Long Island (CHS) • Three entities operating as a “hub” model • Delegated Model with executive committee: 21 voting seats (NUMC – 11 members; LIJ – 5 members; CHS – 5 members) 		

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.ii Development of co-located primary care services in the emergency department (ED) • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
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Nassau Queens PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

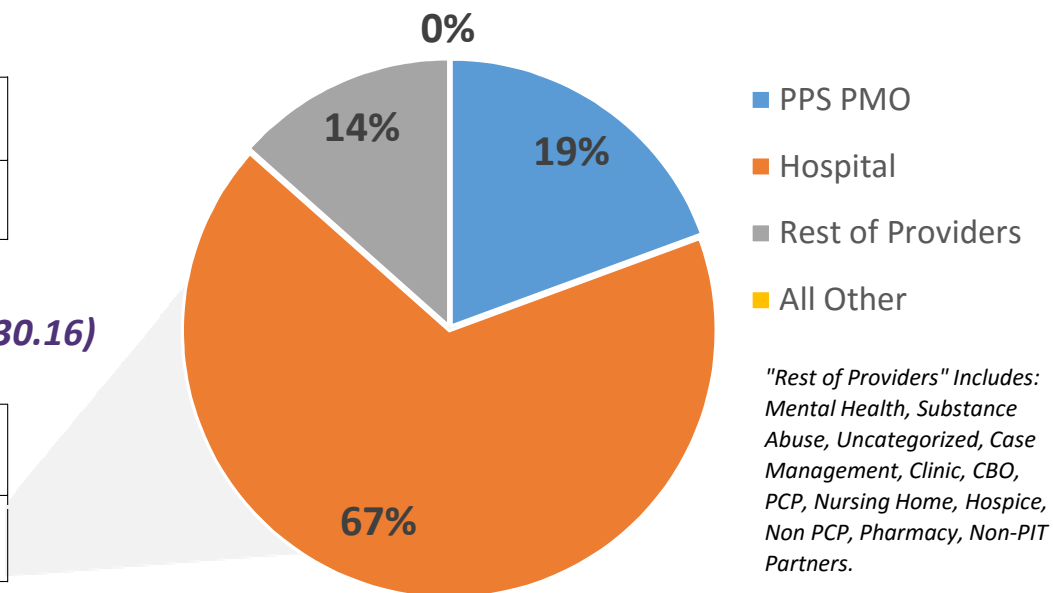
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$72,339,172	\$70,830,459	97.9%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$70,830,459	
Flowed	\$14,884,585	21%

Funds Flow by Provider Type



- PPS PMO
- Hospital
- Rest of Providers
- All Other

"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Nassau Queens PPS: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 1,979,504.37	\$ 1,979,504.37	\$ -	\$ 1,979,504.37
2.b.ii	20.00	20.00	0.00	20.00	\$ 1,413,931.70	\$ 1,413,931.70	\$ -	\$ 1,413,931.70
2.b.iv	20.00	20.00	0.00	20.00	\$ 1,519,976.57	\$ 1,519,976.57	\$ -	\$ 1,519,976.57
2.b.vii	20.00	19.00	0.00	19.00	\$ 1,449,279.99	\$ 1,328,506.66	\$ -	\$ 1,328,506.66
2.d.i	8.00	7.00	0.00	7.00	\$ 1,516,874.07	\$ 1,390,467.89	\$ -	\$ 1,390,467.89
3.a.i	16.00	16.00	0.00	16.00	\$ 1,366,333.29	\$ 1,366,333.29	\$ -	\$ 1,366,333.29
3.a.ii	16.00	15.00	0.00	15.00	\$ 1,307,886.82	\$ 1,198,896.25	\$ -	\$ 1,198,896.25
3.b.i	13.00	12.00	0.00	12.00	\$ 1,031,288.64	\$ 945,347.92	\$ -	\$ 945,347.92
3.c.i	12.00	12.00	0.00	12.00	\$ 1,060,448.77	\$ 1,060,448.77	\$ -	\$ 1,060,448.77
4.a.iii	16.00	16.00	0.00	16.00	\$ 706,965.85	\$ 706,965.85	\$ -	\$ 706,965.85
4.b.i	14.00	14.00	0.00	14.00	\$ 813,010.72	\$ 813,010.72	\$ -	\$ 813,010.72
AV Adjustments (Column F)								
Total	174.00	170.00	0.00	170.00	\$ 14,165,501	\$ 13,723,390	\$ -	\$ 13,723,390

Description of DY1Q4 Scorecard Missed AVs:

- **Patient Engagement**

DY2Q1 AV Progress Report:

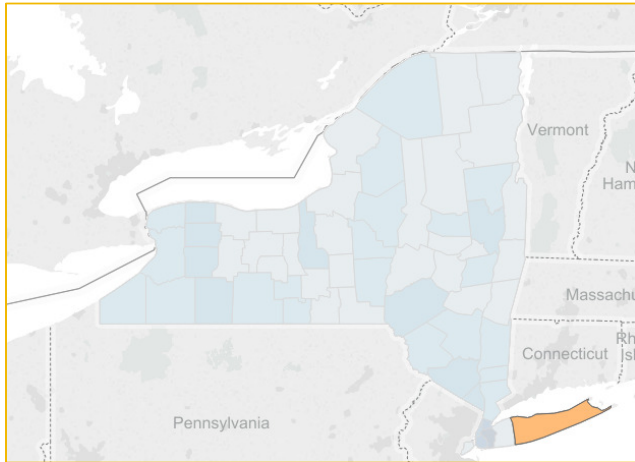
- **The PPS has earned all available AVs**



Patient Activation

- Successful outreach to more than 2,000 uninsured individuals with the PAM® survey
- Health systems partnered with CBOs to conduct outreach, surveys, and coaching
- Surveys were collected in Emergency Departments and Hospital-based clinics

Suffolk Care Collaborative



<ul style="list-style-type: none"> • PPS Service Counties: Suffolk County • Attribution for Performance: 212,287 • Attribution for Valuation: 437,896 (2.d.i: 305,957) • Total Award Dollars: \$298,562,084 							
Core Team:	<table border="0"> <tr> <td>1. Joe Lamantia – Executive Director, Suffolk Care Collaborative & Chief of Operations, Population Health, Stony Brook Medicine</td> <td>4. Kevin Bozza, Sr. Director, Network Development & Performance</td> </tr> <tr> <td>2. Dr. Linda Efferen, Medical Director</td> <td>5. Kelli Vasquez, Sr. Director, Care Management & Care Coordination</td> </tr> <tr> <td>3. Alyssa Scully – Sr. Director, Project Management Office</td> <td></td> </tr> </table>	1. Joe Lamantia – Executive Director, Suffolk Care Collaborative & Chief of Operations, Population Health, Stony Brook Medicine	4. Kevin Bozza, Sr. Director, Network Development & Performance	2. Dr. Linda Efferen, Medical Director	5. Kelli Vasquez, Sr. Director, Care Management & Care Coordination	3. Alyssa Scully – Sr. Director, Project Management Office	
1. Joe Lamantia – Executive Director, Suffolk Care Collaborative & Chief of Operations, Population Health, Stony Brook Medicine	4. Kevin Bozza, Sr. Director, Network Development & Performance						
2. Dr. Linda Efferen, Medical Director	5. Kelli Vasquez, Sr. Director, Care Management & Care Coordination						
3. Alyssa Scully – Sr. Director, Project Management Office							
<ul style="list-style-type: none"> • Stony Brook University Hospital is PPS lead, sole PPS in county • The PPS consists of three hubs headed by three main organizations: Stony Brook University Hospital, Northwell Health, and Catholic Health Services of Long Island (CHS). Hubs are financially distinct. • Governance includes a Board of Directors, seven subcommittees, eleven project committees, and a PAC 							

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.b.ix Implementation of observational programs in hospitals • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.d.ii Expansion of asthma home-based self-management program • 4.a.ii Prevent Substance Abuse and other Mental Emotional Behavioral Disorders • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Suffolk Care Collaborative: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

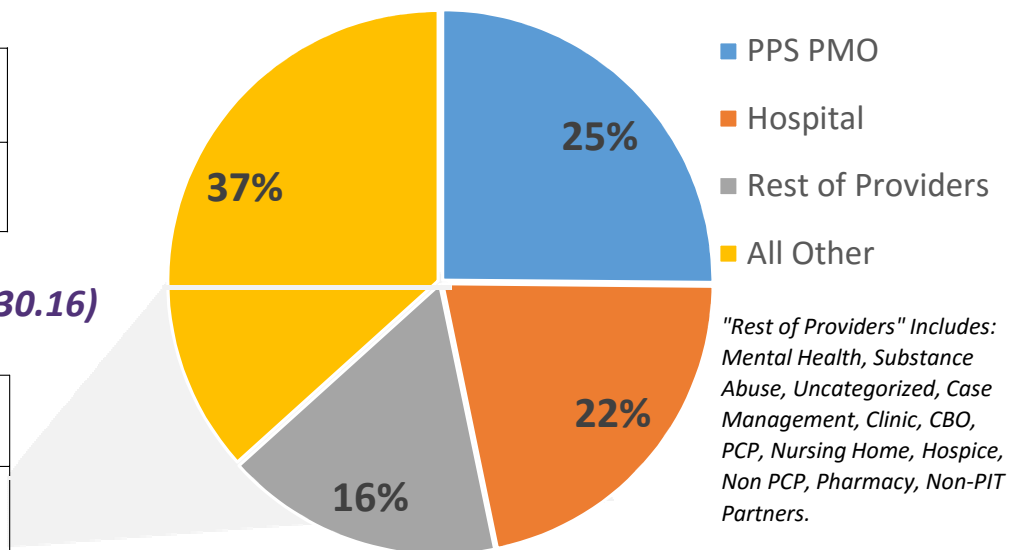
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$28,680,211	\$28,680,211	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$28,680,211	
Flowed	\$9,372,253	33%

Funds Flow by Provider Type



Suffolk Care Collaborative: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 841,243.12	\$ 841,243.12	\$ -	\$ 841,243.12
2.b.iv	20.00	20.00	0.00	20.00	\$ 645,954.53	\$ 645,954.53	\$ -	\$ 645,954.53
2.b.vii	20.00	20.00	0.00	20.00	\$ 615,910.14	\$ 615,910.14	\$ -	\$ 615,910.14
2.b.ix	20.00	20.00	0.00	20.00	\$ 540,799.15	\$ 540,799.15	\$ -	\$ 540,799.15
2.d.i	8.00	8.00	0.00	8.00	\$ 587,774.77	\$ 587,774.77	\$ -	\$ 587,774.77
3.a.i	16.00	16.00	0.00	16.00	\$ 585,865.74	\$ 585,865.74	\$ -	\$ 585,865.74
3.b.i	13.00	13.00	0.00	13.00	\$ 446,079.88	\$ 446,079.88	\$ -	\$ 446,079.88
3.c.i	12.00	12.00	0.00	12.00	\$ 450,665.95	\$ 450,665.95	\$ -	\$ 450,665.95
3.d.ii	10.00	10.00	0.00	10.00	\$ 465,688.15	\$ 465,688.15	\$ -	\$ 465,688.15
4.a.ii	16.00	16.00	0.00	16.00	\$ 300,443.97	\$ 300,443.97	\$ -	\$ 300,443.97
4.b.ii	21.00	21.00	0.00	21.00	\$ 255,377.37	\$ 255,377.37	\$ -	\$ 255,377.37
AV Adjustments (Column F)								
Total	175.00	175.00	0.00	175.00	\$ 5,735,803	\$ 5,735,803	\$ -	\$ 5,735,803

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

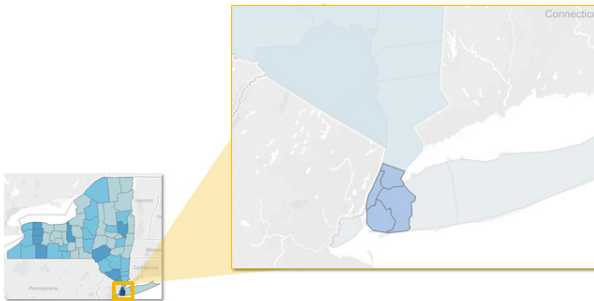
- The PPS has earned all available AVs



SCC Care Management Organization is operational

- Embedded in 4 PCP practices with plans to support 40 within 6 months
- Providing Transitions of Care (TOC) services to 1 hospital with plans to support 5 within 6 months
- Goal to enhance patient self-care abilities, improve access to community resources and cut avoidable admissions through population health management

Advocate Community Providers



- PPS Service Area: Bronx, Brooklyn, Queens, Manhattan
- Attribution for Performance: 644,916
- Attribution for Valuation: 312,623
- Total Award Dollars: \$700,038,844

Core Team:

- | | |
|--|---|
| 1. Dr. Ramon Tallaj – Chairman of the Board | 13. Dr. Richard Bernstein – Consultant Medical Director |
| 2. Mario Paredes – Chief Executive Officer | 14. Gloria Wong – VP, Operations Downtown |
| 3. Mary Ellen Connington – Chief Operating Officer | 15. Moises Perez-Martinez – VP, Workforce, Community & Government Relations |
| 4. Alexandro Damiron – Chief of Staff | 16. Thomas Milligan – VP, Communications |
| 5. Soraya Sussman - Quality Director | 17. Denisse Oller – Director of Integrated Outreach |
| 6. Tom Hoering – VP, Legal Affairs | 18. Angela Lee – Director of Multicultural Diversity Programs and Development |
| 7. Tonguc Yaman – Chief Information Officer | |
| 8. Corey Maher – Chief Technology Officer | |
| 9. John Dionisio – Director of Data Analytics | |
| 10. Lidia Virgil – VP, Healthcare Innovation | |
| 11. Tom Gimler – Compliance Officer | |
| 12. Dr. Diego Poneiman – Chief Medical Officer | |

- Advocate Community Providers LLC (ACP) is a membership non-for-profit comprised of three members: AW Medical, NYCPP, Northwell (previously NSLIJ)
- Delegated partnership model
- Board Membership: 8 voting members (DY1: 25% AW, 50% NYCPP, 25% Northwell; March 31, 2016- DY5 12 voting members : 25% AW, 25% NYCPP, 50% Northwell)
- NSLIJ serving as PPS fiduciary under Administrative Services Agreement

Projects Selected:

- 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management
- 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services
- 2.b.iii ED care triage for at-risk populations
- 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
- 3.a.i Integration of primary care and behavioral health services
- 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only)
- 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only)
- 3.d.iii Implementation of evidence-based medicine guidelines for asthma management
- 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
- 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)

Advocate Community Providers: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

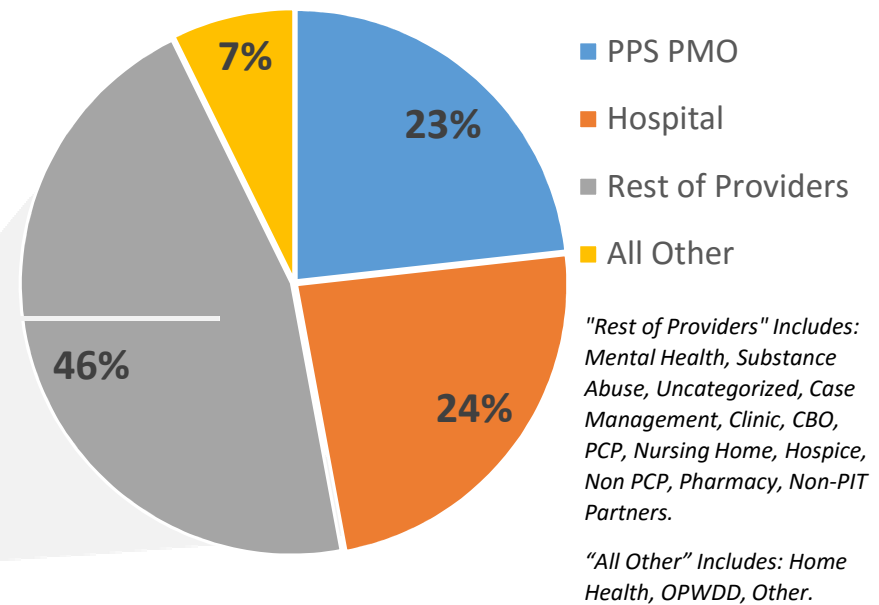
Funds Flow by Provider Type

Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$54,849,170	\$53,823,271	98.1%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$53,823,271	
Flowed	\$14,400,921	27%



Advocate Community Providers: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	(1.00)	4.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	(1.00)	18.00	\$ 1,688,926.38	\$ 1,520,033.75	\$ -	\$ 1,520,033.75
2.a.iii	20.00	20.00	(1.00)	19.00	\$ 1,370,657.30	\$ 1,256,435.86	\$ -	\$ 1,256,435.86
2.b.iii	20.00	20.00	(1.00)	19.00	\$ 1,195,369.38	\$ 1,095,755.27	\$ -	\$ 1,095,755.27
2.b.iv	20.00	20.00	(1.00)	19.00	\$ 1,284,855.41	\$ 1,177,784.12	\$ -	\$ 1,177,784.12
3.a.i	16.00	16.00	(1.00)	15.00	\$ 1,153,373.94	\$ 1,057,259.44	\$ -	\$ 1,057,259.44
3.b.i	13.00	13.00	(1.00)	12.00	\$ 901,709.08	\$ 826,566.65	\$ -	\$ 826,566.65
3.c.i	12.00	12.00	(1.00)	11.00	\$ 930,949.20	\$ 853,370.10	\$ -	\$ 853,370.10
3.d.iii	10.00	9.00	(1.00)	8.00	\$ 951,404.04	\$ 792,836.70	\$ -	\$ 792,836.70
4.b.i	14.00	14.00	(1.00)	13.00	\$ 740,002.15	\$ 666,001.94	\$ -	\$ 666,001.94
4.b.ii	21.00	21.00	(1.00)	20.00	\$ 546,958.11	\$ 492,262.30	\$ -	\$ 492,262.30
AV Adjustments (Column F)								
Total	165.00	164.00	(10.00)	154.00	\$ 10,764,205	\$ 9,738,306	\$ -	\$ 9,738,306

Description of DY1Q4 Scorecard Missed AVs:

- Cultural Competency & Health Literacy
- Patient Engagement

DY2Q1 AV Progress Report:

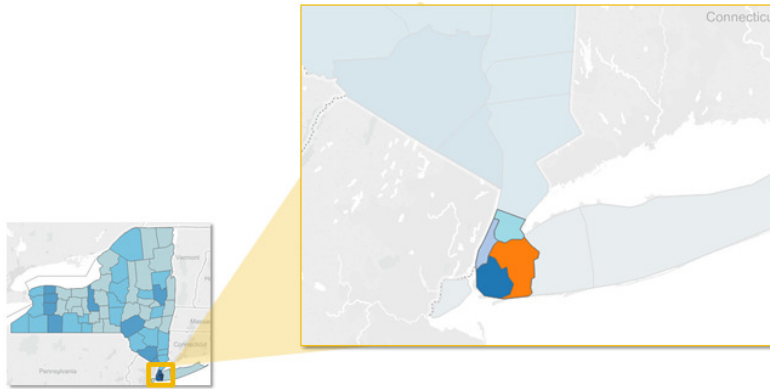
- The PPS has earned all available AVs



Engaging community partners

- Trained and deployed 21 Community Health Workers (CHWs) and 2 CHW Supervisors across Bronx, Brooklyn, Manhattan, Queens
- Executed contracts with CBOs for a total of \$250,000
- Conducted 12 community events with ~1,000 participants in Morrisania in the Bronx, the state's "sickest" community district
- Completed partnership agreements with 9 schools

OneCity Health ~ NYC Health + Hospitals



<ul style="list-style-type: none"> • PPS Service Area: Manhattan, Brooklyn, Bronx, Queens • Attribution for Performance: 657,070 • Attribution for Valuation: 2,760,602 • Attribution for 2.d.i: 2,097,260 • Total Award Dollars: \$1,215,165,724 	
Core Team:	<ol style="list-style-type: none"> 1. Dr. Christina Jenkins – PPS Lead/ CEO 2. Inez Sieben - COO 3. Wilbur Yen – Chief of Staff 3. Dr. Anna Flattau — CMO 4. Nicole Jordan-Martin – Executive Manager
<ul style="list-style-type: none"> • Originally 7 PPS that came together to form one HHC-led PPS • OneCity PPS has created a structure that allows for flexibility through one PPS with four “Hubs” (Brooklyn, Bronx, Queens, and Manhattan) • To ensure consistency between the “Hubs”, the HHC PPS will also have a strong central PPS governance structure • Cross PPS collaboration with Maimonides PPS on all projects • Network partners: ~11,000 (~1300 PCP, ~5000 non-PCP practitioners, 17 hospitals) 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.d.ii Expansion of asthma home-based self-management program • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.c.ii Increase early access to, and retention in, HIV care
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OneCity Health: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

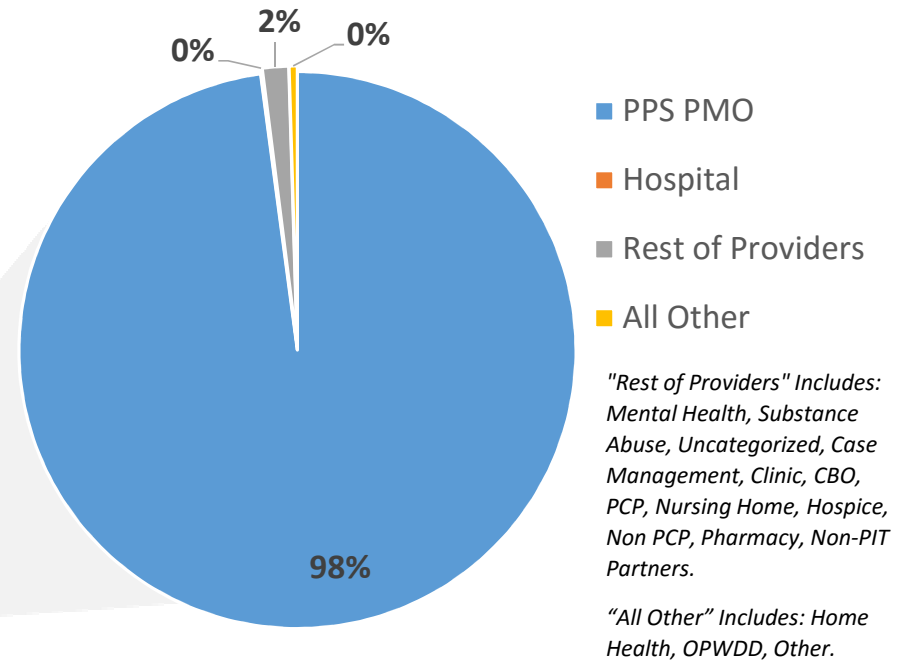
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$185,457,148	\$185,225,124	99.9%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$185,225,124	
Flowed	\$12,988,342	7%

Funds Flow by Provider Type



OneCity Health: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 5,303,399.73	\$ 5,303,399.73	\$ -	\$ 5,303,399.73
2.a.iii	19.00	19.00	0.00	19.00	\$ 4,250,907.19	\$ 4,250,907.19	\$ -	\$ 4,250,907.19
2.b.iii	19.00	19.00	0.00	19.00	\$ 4,002,194.46	\$ 4,002,194.46	\$ -	\$ 4,002,194.46
2.b.iv	19.00	19.00	0.00	19.00	\$ 3,958,944.24	\$ 3,958,944.24	\$ -	\$ 3,958,944.24
2.d.i	8.00	8.00	0.00	8.00	\$ 4,753,315.07	\$ 4,753,315.07	\$ -	\$ 4,753,315.07
3.a.i	16.00	16.00	0.00	16.00	\$ 3,554,585.82	\$ 3,554,585.82	\$ -	\$ 3,554,585.82
3.b.i	12.00	12.00	0.00	12.00	\$ 2,701,915.82	\$ 2,701,915.82	\$ -	\$ 2,701,915.82
3.d.ii	10.00	9.00	0.00	9.00	\$ 2,784,287.08	\$ 2,552,263.15	\$ -	\$ 2,552,263.15
3.g.i	7.00	7.00	0.00	7.00	\$ 2,040,490.57	\$ 2,040,490.57	\$ -	\$ 2,040,490.57
4.a.iii	16.00	16.00	0.00	16.00	\$ 1,894,071.33	\$ 1,894,071.33	\$ -	\$ 1,894,071.33
4.c.ii	16.00	16.00	0.00	16.00	\$ 1,799,367.77	\$ 1,799,367.77	\$ -	\$ 1,799,367.77
AV Adjustments (Column F)								
Total	161.00	160.00	0.00	160.00	\$ 37,043,479	\$ 36,811,455	\$ -	\$ 36,811,455

Description of DY1Q4 Scorecard Missed AVs:

- **Patient Engagement**

DY2Q1 AV Progress Report:

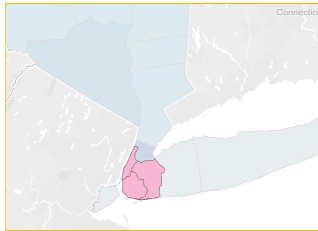
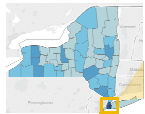
- **The PPS has earned all available AVs**



Patient Activation

- 35 community partners contracted
- 17 facilities* engaged
- 716 partner trainings in PAM® survey administration
- 44,608 PAM® surveys administered
- 471 connected to Primary Care
- 359 connected to insurance

Mount Sinai PPS



- PPS Service Area: Manhattan, Queens, Brooklyn
- Attribution for Performance: 364,804
- Attribution for Valuation: 136,370
- Total Award Dollars: \$389,900,648

Core Team:	1. Art Gianelli — President, MSPPS	7. Dr. Brian Wong— Medical Director, Behavioral Health
	2. Jill Huck – Executive Director of PMO, MSPPS	8. Natalie Kil — Project Manager, Behavioral Health
	3. Dr. Edwidge Thomas — Medical Director, MSPPS	9. Robert Benroth — Senior Manager. Data and Performance Improvement
	4. Patti Cuartas, — Senior Director of IT, MSPPS	10. Daniel Liss — Human Resources Project Manager
	5. Donny Patel — IT Director, Interoperability, Mount Sinai Health System	11. Tom Fitzsimmons — Actively Engaged Project Manager
	6. Stefani Rodriguez — Associate Director of Projects, MSPPS	

- One of the nation’s largest health systems with teaching hospitals in seven locations and many outpatient locations. Mount Sinai is a network of over 6,600 physicians and a large ambulatory footprint, including 12 ambulatory surgery centers. The Mount Sinai Health System and Icahn School of Medicine have a \$7B operating budget, with 35,000+ staff.
- The Mount Sinai system serves 1.4 million unique patients. Of these, 450,000 are Medicaid or uninsured and an additional 100,000 patients are dual eligible
- Mount Sinai is evolving to an LLC operating under a Delegated Governance structure. A PMO is established to provide operational and project management support. A Management Services Organization (MSO) will provide clinical integration and population management support
- Mount Sinai is the financial backer for Bronx Lebanon PPS and also contracted by BL to provide a DSRIP site director for that PPS

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.viii Hospital-Home Care Collaboration Solutions • 2.c.i Development of community-based health navigation services • 3.a.i Integration of primary care and behavioral health services • 3.a.iii Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer • 4.c.ii Increase early access to, and retention in, HIV care
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Mount Sinai PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

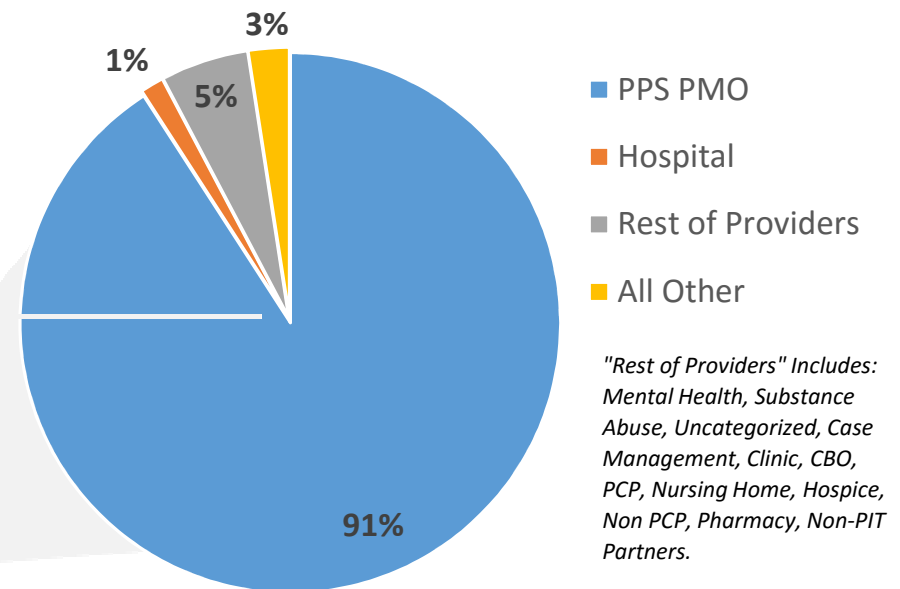
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$22,364,524	\$21,977,753	98.3%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$21,977,753	
Flowed	\$9,557,542	43%

Funds Flow by Provider Type



- PPS PMO
- Hospital
- Rest of Providers
- All Other

"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Mount Sinai PPS: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	(1.00)	4.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	(1.00)	18.00	\$ 733,345.34	\$ 660,010.81	\$ -	\$ 660,010.81
2.b.iv	20.00	20.00	(1.00)	19.00	\$ 526,365.19	\$ 482,501.42	\$ -	\$ 482,501.42
2.b.viii	20.00	20.00	(1.00)	19.00	\$ 570,579.51	\$ 523,031.22	\$ -	\$ 523,031.22
2.c.i	20.00	20.00	(1.00)	19.00	\$ 480,962.01	\$ 440,881.84	\$ -	\$ 440,881.84
3.a.i	16.00	16.00	(1.00)	15.00	\$ 469,651.75	\$ 430,514.11	\$ -	\$ 430,514.11
3.a.iii	16.00	16.00	(1.00)	15.00	\$ 392,735.60	\$ 360,007.64	\$ -	\$ 360,007.64
3.b.i	13.00	13.00	(1.00)	12.00	\$ 355,801.90	\$ 326,151.74	\$ -	\$ 326,151.74
3.c.i	12.00	12.00	(1.00)	11.00	\$ 369,816.44	\$ 338,998.40	\$ -	\$ 338,998.40
4.b.ii	21.00	21.00	(1.00)	20.00	\$ 235,057.40	\$ 211,551.66	\$ -	\$ 211,551.66
4.c.ii	16.00	16.00	(1.00)	15.00	\$ 261,052.00	\$ 234,946.80	\$ -	\$ 234,946.80
AV Adjustments (Column F)								
Total	173.00	173.00	(10.00)	163.00	\$ 4,395,367	\$ 4,008,596	\$ -	\$ 4,008,596

Description of DY1Q4 Scorecard Missed AVs:

- Workforce**

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs**

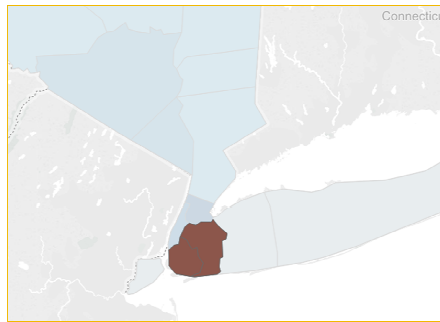
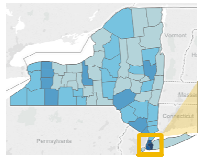


**Mount
Sinai**

Defining value among CBO partners

- Developed a clinical values scorecard to identify potential contributions of CBOs using industry benchmarks for their provider type.
- Using the results to:
 - Define pilot project participants
 - Identify effective ways to contract with CBOs
 - Drive integration of CBOs into value based payment arrangements

Community Care of Brooklyn



<ul style="list-style-type: none"> • PPS Service Area: Brooklyn and parts of Queens • Attribution for Performance: 448,420 • Attribution for Valuation: 212,586 • Total Award Dollars: \$489,039,450 									
Core Team:	<table border="0"> <tr> <td>1. Dr. David Cohen – PPS Lead, CEO of DSRIP Central Services Organization, MMC</td> <td>5. Rob Cimino – Project Lead Information Technology, MMC</td> </tr> <tr> <td>2. Shari Suchoff – VP, Population Health Policy and Strategy, MMC</td> <td>6. Christina Pickett – Director, Regional Implementation, MMC</td> </tr> <tr> <td>3. Dr. Karen Nelson – CMO of DSRIP Central Services Organization, MMC</td> <td>7. Hannah Godlove – Director, Analytics and Reporting, MMC</td> </tr> <tr> <td>4. Caroline Greene – Chief Administration and Financial Officer, CSO, MMC</td> <td>8. Colette Barrow – Administrative/Executive Assistant</td> </tr> </table>	1. Dr. David Cohen – PPS Lead, CEO of DSRIP Central Services Organization, MMC	5. Rob Cimino – Project Lead Information Technology, MMC	2. Shari Suchoff – VP, Population Health Policy and Strategy, MMC	6. Christina Pickett – Director, Regional Implementation, MMC	3. Dr. Karen Nelson – CMO of DSRIP Central Services Organization, MMC	7. Hannah Godlove – Director, Analytics and Reporting, MMC	4. Caroline Greene – Chief Administration and Financial Officer, CSO, MMC	8. Colette Barrow – Administrative/Executive Assistant
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4. Caroline Greene – Chief Administration and Financial Officer, CSO, MMC	8. Colette Barrow – Administrative/Executive Assistant								
<ul style="list-style-type: none"> • Selected the Collaborative Contracting Model and is designed to maximize participant buy-in • Governed centrally by an Executive and Sub-Committee • CSO is responsible for clinical supervision to service providers, call center support, IT services, staffing for PPS operations, training for participant staff of goal achievements, data analytics, and administrative services • Maimonides Medical Center is the fiduciary and will be responsible for fulfilling the terms of the State DSRIP contract • Formally collaborating with HHC PPS on all projects 									

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.d.ii Expansion of asthma home-based self-management program • 3.g.i Integration of palliative care into the PCMH Mode • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.c.ii Increase early access to, and retention in, HIV care
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Community Care of Brooklyn: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

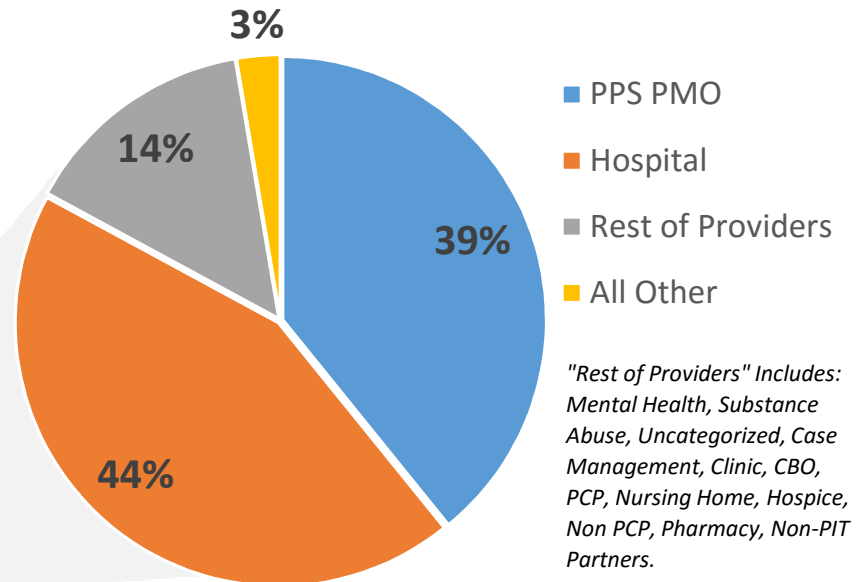
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$34,713,348	\$34,713,348	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$34,713,348	
Flowed	\$17,476,315	50%

Funds Flow by Provider Type



- PPS PMO
- Hospital
- Rest of Providers
- All Other

"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Community Care of Brooklyn: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 1,166,108.62	\$ 1,166,108.62	\$ -	\$ 1,166,108.62
2.a.iii	20.00	20.00	0.00	20.00	\$ 914,048.79	\$ 914,048.79	\$ -	\$ 914,048.79
2.b.iii	19.00	19.00	0.00	19.00	\$ 831,364.65	\$ 831,364.65	\$ -	\$ 831,364.65
2.b.iv	20.00	20.00	0.00	20.00	\$ 824,338.16	\$ 824,338.16	\$ -	\$ 824,338.16
3.a.i	16.00	16.00	0.00	16.00	\$ 756,794.47	\$ 756,794.47	\$ -	\$ 756,794.47
3.b.i	13.00	13.00	0.00	13.00	\$ 561,690.12	\$ 561,690.12	\$ -	\$ 561,690.12
3.d.ii	9.00	9.00	0.00	9.00	\$ 608,475.17	\$ 608,475.17	\$ -	\$ 608,475.17
3.g.i	6.00	6.00	0.00	6.00	\$ 432,355.92	\$ 432,355.92	\$ -	\$ 432,355.92
4.a.iii	16.00	16.00	0.00	16.00	\$ 431,511.15	\$ 431,511.15	\$ -	\$ 431,511.15
4.c.ii	16.00	16.00	0.00	16.00	\$ 415,692.78	\$ 415,692.78	\$ -	\$ 415,692.78
AV Adjustments (Column F)								
Total	154.00	154.00	0.00	154.00	\$ 6,942,380	\$ 6,942,380	\$ -	\$ 6,942,380

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

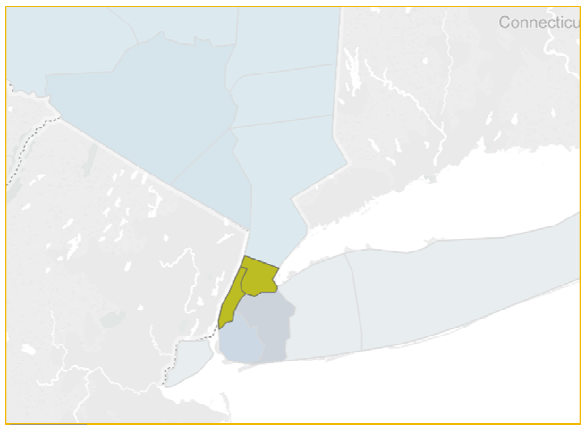
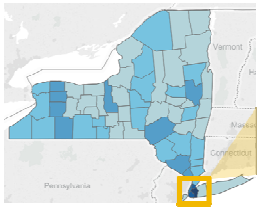
- The PPS has earned all available AVs



Engagement of HH and CMAs

- Brooklyn Health Home and CBC Health Home active participants in CCB governance committees and key workgroups
- Agreements with 5 Care Management Agencies providing on-site support at network hospitals
- Expanded use of Health Home care management / care coordination systems and processes to support care transitions, Health Home at Risk and PCMH+ initiatives

New York - Presbyterian PPS



<ul style="list-style-type: none"> • PPS Service Area: Manhattan – Bronx and Manhattan • Attribution for Performance: 88,886 • Attribution for Valuation: 47,293 • Total Award Dollars: \$97,712,825 		
Core Team:	<ol style="list-style-type: none"> 1. Dr. David Alge – PPS Lead/CEO 2. Isaac Kastenbaum – Director, Strategy 3. Rachel Naiukow – Program Coordinator 4. Phyllis Lantos – CFO 5. Aurelia G. Boyer– CIO 	<ol style="list-style-type: none"> 6. Lauren Alexander -- Senior Healthcare Analyst 7. Tiffany Sturdivant Morrison – Manager of Operations
<ul style="list-style-type: none"> • Hospital-led PPS, academic institution – affiliated with Columbia • NYP is a relatively small PPS, not typically a large service provider of Medicaid patients, but do service a higher proportion of Medicaid patients in upper (close to Bronx) and lower Manhattan locations • Network is mainly comprised of providers in upper and lower Manhattan. 		

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.i Ambulatory Intensive Care Units (ICUs) • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.e.i Comprehensive Strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations – development of a Center of Excellence for Management of HIV/AIDS • 3.g.i Integration of palliative care into the PCMH Model • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health • 4.c.i Decrease HIV morbidity
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New York - Presbyterian PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

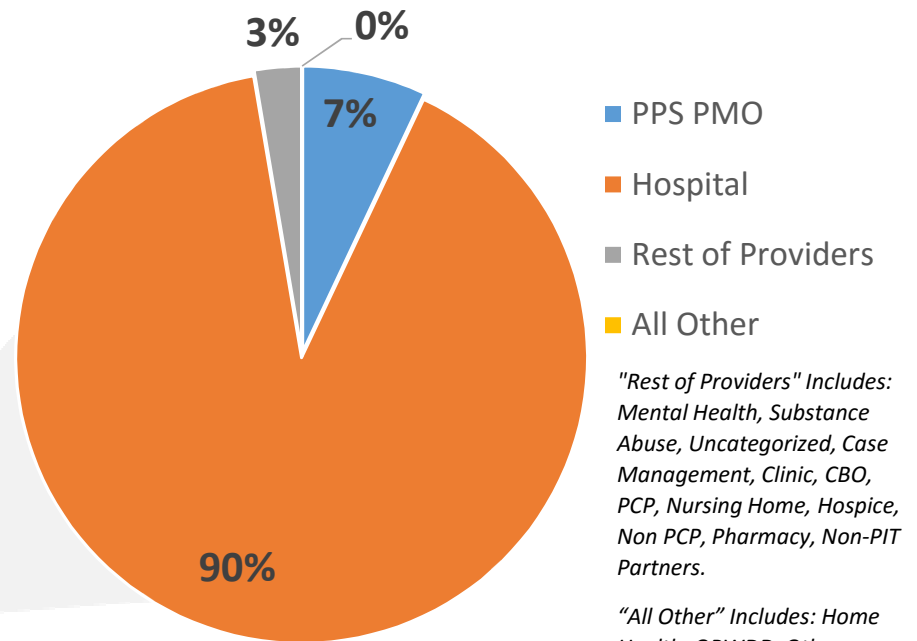
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$7,740,365	\$7,720,977	99.7%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$7,720,977	
Flowed	\$5,727,575	74%

Funds Flow by Provider Type



New York - Presbyterian PPS: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 249,803.27	\$ 249,803.27	\$ -	\$ 249,803.27
2.b.i	20.00	20.00	0.00	20.00	\$ 175,219.96	\$ 175,219.96	\$ -	\$ 175,219.96
2.b.iii	20.00	20.00	0.00	20.00	\$ 192,890.38	\$ 192,890.38	\$ -	\$ 192,890.38
2.b.iv	20.00	20.00	0.00	20.00	\$ 178,979.46	\$ 178,979.46	\$ -	\$ 178,979.46
3.a.i	16.00	16.00	0.00	16.00	\$ 156,266.83	\$ 156,266.83	\$ -	\$ 156,266.83
3.a.ii	16.00	16.00	0.00	16.00	\$ 155,098.23	\$ 155,098.23	\$ -	\$ 155,098.23
3.e.i	13.00	12.00	0.00	12.00	\$ 136,282.19	\$ 124,925.34	\$ -	\$ 124,925.34
3.g.i	7.00	6.00	0.00	6.00	\$ 96,376.88	\$ 88,345.47	\$ -	\$ 88,345.47
4.b.i	14.00	14.00	0.00	14.00	\$ 110,736.53	\$ 110,736.53	\$ -	\$ 110,736.53
4.c.i	16.00	16.00	0.00	16.00	\$ 92,477.20	\$ 92,477.20	\$ -	\$ 92,477.20
AV Adjustments (Column F)								
Total	161.00	159.00	0.00	159.00	\$ 1,544,131	\$ 1,524,743	\$ -	\$ 1,524,743

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement**

DY2Q1 AV Progress Report:

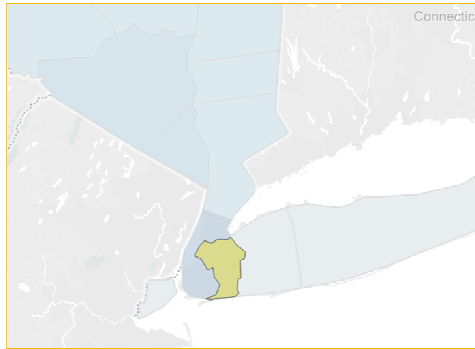
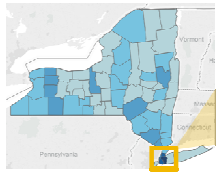
- Upon initial assessment, Missed 1 AV – Workforce, remains open for appeal as of today.**



Care transitions intervention model to reduce 30-day readmissions for chronic health conditions

- Hired 8 RN Transitional Care Managers, developed evidenced based protocol to standardize the level of care for over 500 patients engaged
- Established contracts with 3 CBOs, on-boarded 6 CHWs for home and follow-up appointment visit accompaniment

New York - Presbyterian/Queens PPS



<ul style="list-style-type: none"> • PPS Service Area: Queens • Attribution for Performance: 29,627 • Attribution for Valuation: 12,962 • Total Award Dollars: \$31,776,993 	
Core Team:	<ol style="list-style-type: none"> 1. Maureen Buglino – Vice President for Community Medicine and Emergency Medicine 2. Maria D’Urso – Administrative Director, Community Medicine 3. Sadia Choudhury – Executive Director
<ul style="list-style-type: none"> • NYP/Q is a single hospital-led PPS • NewYork-Presbyterian and New York Hospital of Queens affiliated in summer 2015 • NYP/Q and Presbyterian do not have overlapping projects or service areas but are looking for collaboration opportunities such as legal advice • Collaboration efforts are underway with Advocate Community Partners, Mount Sinai and Health and Hospitals Corporation 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.b.v Care transitions intervention for skilled nursing facility (SNF) residents • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.b.viii Hospital-Home Care Collaboration Solutions • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.d.iii Implementation of evidence-based medicine guidelines for asthma management • 3.g.ii Integration of palliative care into nursing homes • 4.c.ii Increase early access to, and retention in, HIV care
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New York - Presbyterian/Queens PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

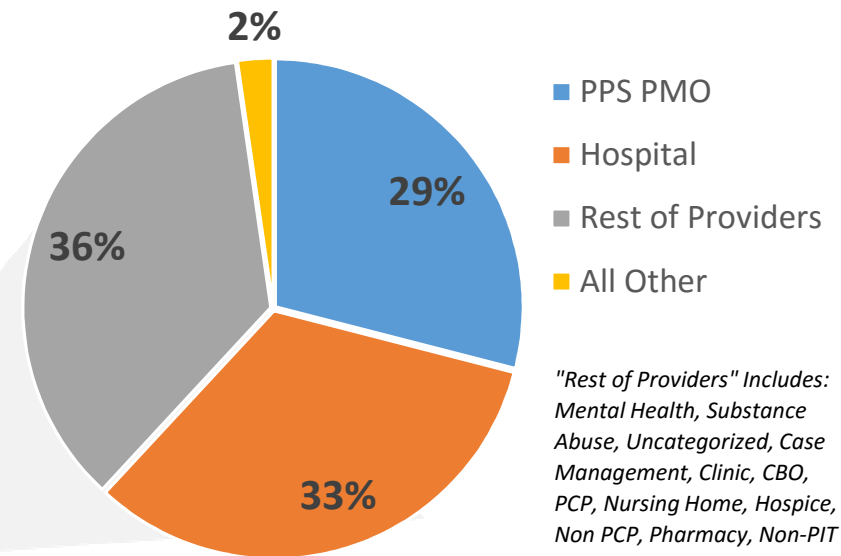
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$1,837,562	\$1,837,562	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$1,837,562	
Flowed	\$647,673	35%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.



New York - Presbyterian/Queens PPS: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.ii	20.00	20.00	0.00	20.00	\$ 43,903.72	\$ 43,903.72	\$ -	\$ 43,903.72
2.b.v	20.00	20.00	0.00	20.00	\$ 54,694.11	\$ 54,694.11	\$ -	\$ 54,694.11
2.b.vii	20.00	20.00	0.00	20.00	\$ 49,176.14	\$ 49,176.14	\$ -	\$ 49,176.14
2.b.viii	20.00	20.00	0.00	20.00	\$ 51,250.88	\$ 51,250.88	\$ -	\$ 51,250.88
3.a.i	16.00	16.00	0.00	16.00	\$ 44,256.16	\$ 44,256.16	\$ -	\$ 44,256.16
3.b.i	13.00	13.00	0.00	13.00	\$ 33,082.18	\$ 33,082.18	\$ -	\$ 33,082.18
3.d.ii	10.00	10.00	0.00	10.00	\$ 35,739.23	\$ 35,739.23	\$ -	\$ 35,739.23
3.g.ii	7.00	7.00	0.00	7.00	\$ 31,410.35	\$ 31,410.35	\$ -	\$ 31,410.35
4.c.ii	16.00	16.00	0.00	16.00	\$ 23,984.33	\$ 23,984.33	\$ -	\$ 23,984.33
AV Adjustments (Column F)								
Total	142.00	142.00	0.00	142.00	\$ 367,497	\$ 367,497	\$ -	\$ 367,497

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

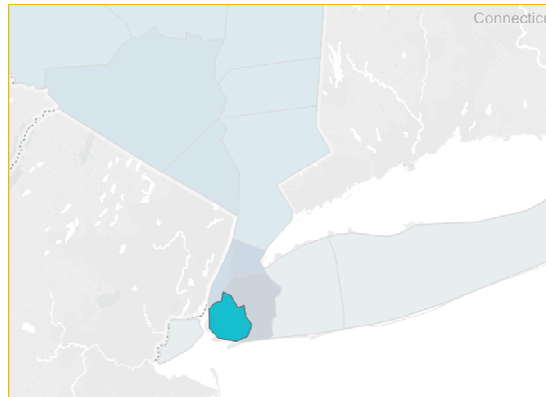
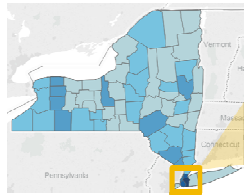
- The PPS has earned all available AVs

└ NewYork-Presbyterian └ Queens

Connecting Providers

- Brightpoint Health serves a predominately homeless patient population with almost half of their patients presenting from nearby shelters.
- Through the MAX Program, Brightpoint Health has created an integrated care team including Health Homes as an active member to better connect and engage with their patient population directly in the shelter.

Brooklyn Bridges PPS



<ul style="list-style-type: none"> • PPS Service Area: Brooklyn (partners are also located in Manhattan and Queens) • Attribution for Performance: 116,211 • Attribution for Valuation: 74,326 • Total Award Dollars: \$127,740,537 									
Core Team:	<table border="0"> <tr> <td>1. Wendy Goldstein – CEO NYU Lutheran Medical Center</td> <td>5. Lisa Vancheri – Director, Long Range Financial Planning, NYU Langone</td> </tr> <tr> <td>2. Larry McReynolds – Executive Sponsor</td> <td>6. Kris Batchoo – Project Manager, DSRIP</td> </tr> <tr> <td>3. Alessandra Taverna-Trani – Executive Director</td> <td>7. Dina Budman – Project Manager, DSRIP</td> </tr> <tr> <td>4. Greg Kerr – Senior Vice President of Clinical Operation</td> <td>8. Darren Kaw – Project Manager, DSRIP</td> </tr> </table>	1. Wendy Goldstein – CEO NYU Lutheran Medical Center	5. Lisa Vancheri – Director, Long Range Financial Planning, NYU Langone	2. Larry McReynolds – Executive Sponsor	6. Kris Batchoo – Project Manager, DSRIP	3. Alessandra Taverna-Trani – Executive Director	7. Dina Budman – Project Manager, DSRIP	4. Greg Kerr – Senior Vice President of Clinical Operation	8. Darren Kaw – Project Manager, DSRIP
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4. Greg Kerr – Senior Vice President of Clinical Operation	8. Darren Kaw – Project Manager, DSRIP								
<ul style="list-style-type: none"> • Financially backed by NYU (NYU acquired Lutheran Medical Center and is now called NYU Lutheran) • NYU Lutheran has previously collaborated with HHC and Maimonides on almost all projects, looking to collaborate more with New York Presbyterian and ACP • Lowest attribution compared to other PPS in their service area (i.e. HHC and Maimonides) 									

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iii ED care triage for at-risk populations • 2.b.ix Implementation of observational programs in hospitals • 2.c.i Development of community-based health navigation services • 3.a.i Integration of primary care and behavioral health services • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.d.ii Expansion of asthma home-based self-management program • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health • 4.c.ii Increase early access to, and retention in, HIV care
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Brooklyn Bridges PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

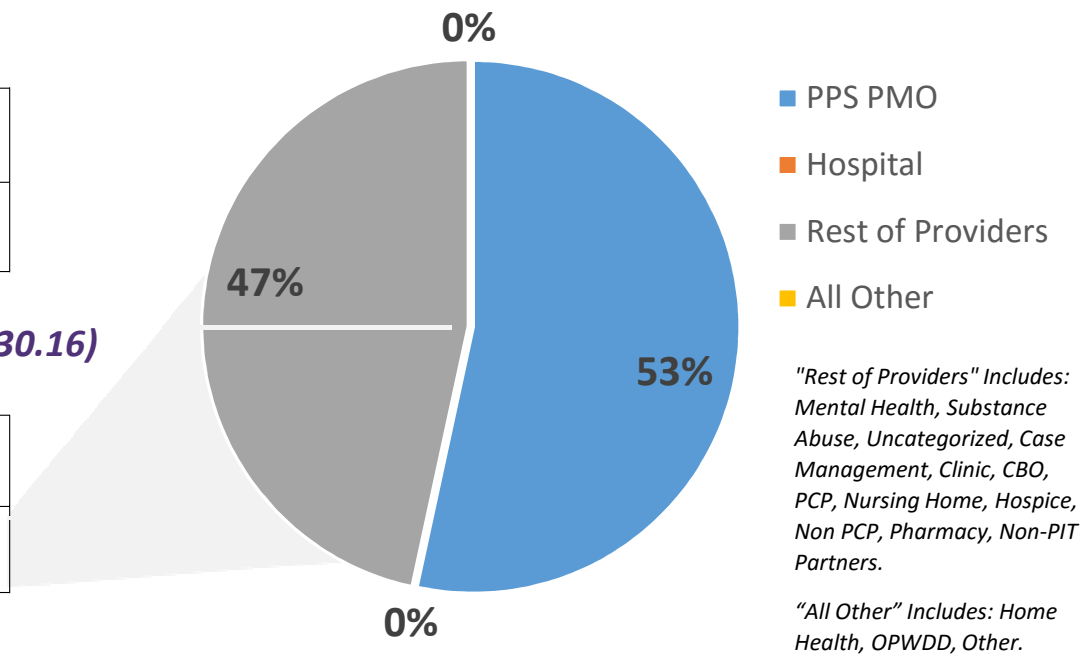
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$10,965,866	\$10,948,848	99.8%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$10,948,848	
Flowed	\$643,617	6%

Funds Flow by Provider Type



Brooklyn Bridges PPS: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 397,926.59	\$ 397,926.59	\$ -	\$ 397,926.59
2.b.iii	20.00	20.00	0.00	20.00	\$ 283,971.21	\$ 283,971.21	\$ -	\$ 283,971.21
2.b.ix	20.00	20.00	0.00	20.00	\$ 255,209.03	\$ 255,209.03	\$ -	\$ 255,209.03
2.c.i	20.00	20.00	0.00	20.00	\$ 267,352.09	\$ 267,352.09	\$ -	\$ 267,352.09
3.a.i	16.00	16.00	0.00	16.00	\$ 262,502.51	\$ 262,502.51	\$ -	\$ 262,502.51
3.c.i	12.00	12.00	0.00	12.00	\$ 197,266.11	\$ 197,266.11	\$ -	\$ 197,266.11
3.d.ii	10.00	9.00	0.00	9.00	\$ 204,227.56	\$ 187,208.60	\$ -	\$ 187,208.60
4.b.i	14.00	14.00	0.00	14.00	\$ 175,885.08	\$ 175,885.08	\$ -	\$ 175,885.08
4.c.ii	16.00	16.00	0.00	16.00	\$ 145,337.95	\$ 145,337.95	\$ -	\$ 145,337.95
AV Adjustments (Column F)								
Total	147.00	146.00	0.00	146.00	\$ 2,189,678	\$ 2,172,659	\$ -	\$ 2,172,659

Description of DY1Q4 Scorecard Missed AVs:

- **Patient Engagement**

DY2Q1 AV Progress Report:

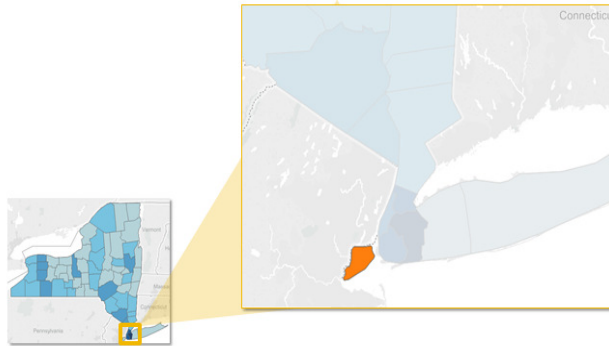
- **The PPS has earned all available AVs**



Integrating Behavioral Health and Primary Care for patients with diabetes

- PHQ 2 screening increased from 28% to 89% among 230 patients
- Improved warm handoff from ED to health center services
- Implemented a “Prescription for Health” personalized diet and exercise plan into the HER
- Pilot will be expanded to other sites

Staten Island PPS



<ul style="list-style-type: none"> • PPS Service Area: Staten Island (only PPS in SI) • Attribution for Performance: 76,295 • Attribution for Valuation: 180,268 • Attribution for 2.d.i: 96,782 • Total Award Dollars: \$217,087,986 	
Core Team:	<ol style="list-style-type: none"> 1. Joe Conte – Executive Director, DSRIP 2. Dr. Salvatore Volpe – CMO, DSRIP 3. William Myhre – Sr. Director of Workforce, DSRIP 4. Anyi Chen – IT, DSRIP 5. Victoria Njoku-Anokam – Director of Behavioral Health 6. Jessica Steinhart – Director of Ambulatory Initiatives 7. Mary Han – Project Lead, INTERACT and Palliative Care 8. Lashana Lewis – Finance Lead 9. Celina Ramsey – Dr. Health Literacy, Diversity and Outreach, DSRIP
<ul style="list-style-type: none"> • Staten Island PPS is a comparably smaller market for healthcare services in the NYC metropolitan area – this is especially true relative to the amount of providers on the island • The two major hospitals on SI are Richmond University Medical Center (RUMC) and Staten Island University Hospital (SIUH), which combined have 86% of all Medicaid discharges, and 90% of self-pay discharges • To implement and manage the SI PPS, a NewCo governance and management structure was formed • North Shore LIJ is involved in all governance and financial discussions/decisions • Staten Island PPS is the only PPS in this service area (Staten Island) and will receive all the Medicaid lives 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.iv Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.g.ii Integration of palliative care into nursing homes • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Staten Island PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

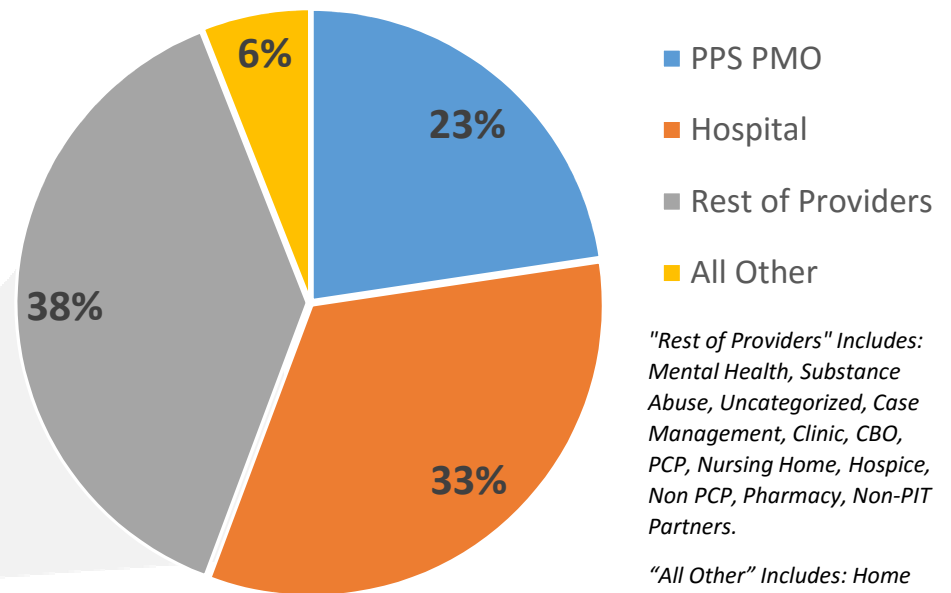
Funds Flow by Provider Type

Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$33,153,807	\$33,088,559	99.8%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$33,088,559	
Flowed	\$13,044,470	39%



Staten Island PPS: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.iii	20.00	20.00	0.00	20.00	\$ 782,984.28	\$ 782,984.28	\$ -	\$ 782,984.28
2.b.iv	20.00	20.00	0.00	20.00	\$ 745,320.57	\$ 745,320.57	\$ -	\$ 745,320.57
2.b.vii	20.00	20.00	0.00	20.00	\$ 693,509.13	\$ 693,509.13	\$ -	\$ 693,509.13
2.b.viii	20.00	20.00	0.00	20.00	\$ 772,526.24	\$ 772,526.24	\$ -	\$ 772,526.24
2.d.i	8.00	8.00	0.00	8.00	\$ 662,581.96	\$ 662,581.96	\$ -	\$ 662,581.96
3.a.i	16.00	16.00	0.00	16.00	\$ 662,319.34	\$ 662,319.34	\$ -	\$ 662,319.34
3.a.iv	16.00	16.00	0.00	16.00	\$ 633,931.07	\$ 633,931.07	\$ -	\$ 633,931.07
3.c.i	12.00	12.00	0.00	12.00	\$ 523,325.83	\$ 523,325.83	\$ -	\$ 523,325.83
3.g.ii	7.00	7.00	0.00	7.00	\$ 454,494.72	\$ 454,494.72	\$ -	\$ 454,494.72
4.a.iii	16.00	16.00	0.00	16.00	\$ 371,049.98	\$ 371,049.98	\$ -	\$ 371,049.98
4.b.ii	21.00	21.00	0.00	21.00	\$ 315,392.48	\$ 315,392.48	\$ -	\$ 315,392.48
AV Adjustments (Column F)								
Total	176.00	176.00	0.00	176.00	\$ 6,617,436	\$ 6,617,436	\$ -	\$ 6,617,436

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

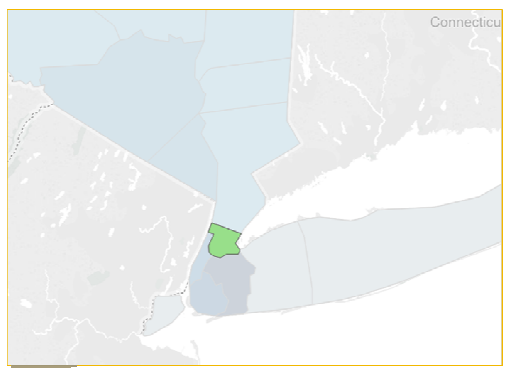
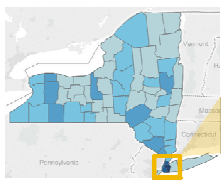
- The PPS has earned all available AVs



Telemedicine Expansion

- Focused on nursing home, disability and aging-in-place populations
- Perform medical evaluations via videoconferencing for patients, providing Weekend Coverage
- 65% improvement in Patient Transfer Rate in 2nd month of pilot
- Transfer rate per 1000 decreased from 2.53 to 1.53 and continued to 1.41 in the 3rd month

Bronx Health Access (Bronx Lebanon Hospital Center PPS)



<ul style="list-style-type: none"> • PPS Service Area: Bronx • Attribution for Performance: 142,054 • Attribution for Valuation: 70,861 • Total Award Dollars: \$153,930,779 	
Core Team:	<ol style="list-style-type: none"> 1. Dennis Maquiling – Executive Director, Bronx Lebanon 2. Doris Saintil – Site Director 3. Steven Maggio – Senior Project Manager 4. Dr. Isaac Dapkins- PPS Medical Director
<ul style="list-style-type: none"> • Bronx Lebanon Hospital Center (BLHC) is a 972 bed teaching hospital with a psychiatric facility, two long-term care facilities, a network of outpatient practices and the Bronx Health Home • Provides over 1 million outpatient visits annually and an ER volume of 141,000 visits in 2013. 80% of patient visits are from the Medicaid or uninsured population • BLHC is an investor and part of the governance structure of the HealthFirst MCO • Bronx Health Access is evolving from an interim governance structure and collaborative contracting model to an LLC under the Delegated Authority model • The PPS is backed financially by Mount Sinai PPS and is contracting with them for site director PMO • Collaborating on implementation with other Bronx PPS (e.g. St. Barnabas, HHC, ACP) 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.i Ambulatory Intensive Care Units (ICUs) • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 3.a.i Integration of primary care and behavioral health services • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.d.ii Expansion of asthma home-based self-management program • 3.f.i Increase support programs for maternal & child health (including high risk pregnancies) (Example: NurseFamily Partnership) • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.c.ii Increase early access to, and retention in, HIV care
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Bronx Health Access: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

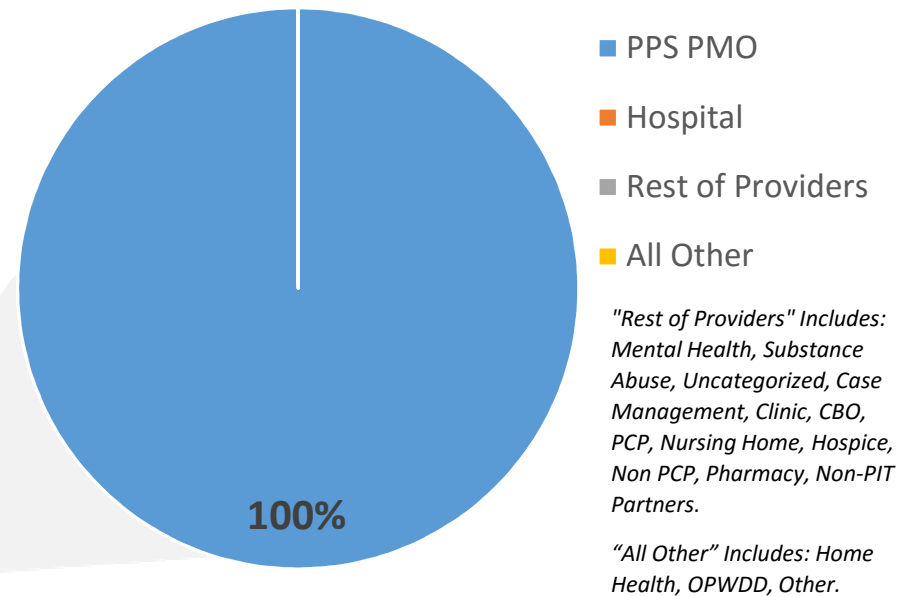
Funds Flow by Provider Type

Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$11,714,525	\$11,511,609	98.3%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$11,511,609	
Flowed	\$1,404,796	12%



Bronx Health Access: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 379,548.03	\$ 379,548.03	\$ -	\$ 379,548.03
2.a.iii	20.00	20.00	0.00	20.00	\$ 283,525.28	\$ 283,525.28	\$ -	\$ 283,525.28
2.b.i	20.00	20.00	0.00	20.00	\$ 232,844.50	\$ 232,844.50	\$ -	\$ 232,844.50
2.b.iv	20.00	20.00	0.00	20.00	\$ 278,332.71	\$ 278,332.71	\$ -	\$ 278,332.71
3.a.i	16.00	16.00	0.00	16.00	\$ 239,833.07	\$ 239,833.07	\$ -	\$ 239,833.07
3.c.i	12.00	12.00	0.00	12.00	\$ 190,231.02	\$ 190,231.02	\$ -	\$ 190,231.02
3.d.ii	10.00	10.00	0.00	10.00	\$ 203,601.75	\$ 203,601.75	\$ -	\$ 203,601.75
3.f.i	13.00	13.00	0.00	13.00	\$ 209,961.00	\$ 209,961.00	\$ -	\$ 209,961.00
4.a.iii	16.00	16.00	0.00	16.00	\$ 145,855.06	\$ 145,855.06	\$ -	\$ 145,855.06
4.c.ii	16.00	16.00	0.00	16.00	\$ 138,493.22	\$ 138,493.22	\$ -	\$ 138,493.22
AV Adjustments (Column F)								
Total	162.00	162.00	0.00	162.00	\$ 2,302,226	\$ 2,302,226	\$ -	\$ 2,302,226

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs

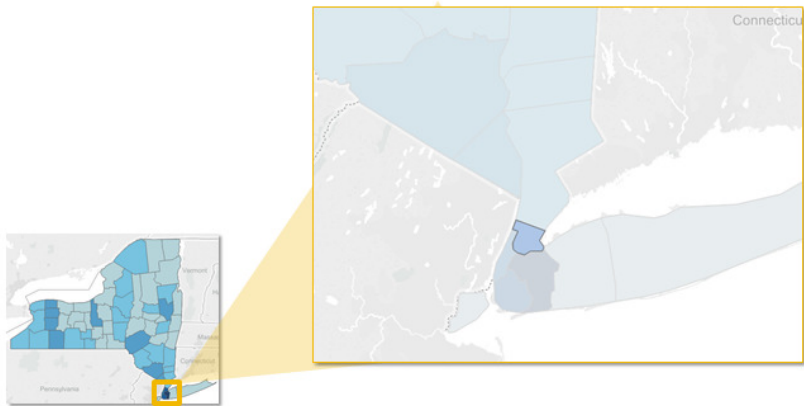
The logo for Bronx Health Access features a dark blue rectangular background. At the top, a light blue curved line arches over the text. The words "BRONX HEALTH ACCESS" are written in a bold, sans-serif font. "BRONX HEALTH" is in white, and "ACCESS" is in light blue.

BRONX HEALTH ACCESS

Connecting Providers

- 65% of key network partners are linked to RHIO
- Resources are allocated to develop system-wide reports to identify and link eligible patients with Health Homes and improve communication with PCPs around ED/IP admissions and missing services

Bronx Partners for Healthy Communities (St. Barnabas Hospital dba SBH Health System PPS)



<ul style="list-style-type: none"> • PPS Service Area: Bronx • Attribution for Performance: 356,863 • Attribution for Valuation: 159,201 • Total Award Dollars: \$384,271,362 	
Core Team:	<ol style="list-style-type: none"> 1. Leonard Walsh – Chief Operations Officer 2. Irene Kaufmann – Executive Director, DSRIP 3. J. Robin Moon – Senior Director, DSRIP Care Delivery & Practice Innovations 4. Dr. Amanda Ascher – Medical Director
<ul style="list-style-type: none"> • Collaborative Contracting Model • Representative consensus based governance (Executive Committee and 4 Committees) with CSO • Montefiore noted as fiduciary in event SBH cannot meet lead responsibilities • Network partners: 6,601 (~930 PCP, ~3300 non-PCP practitioners, 12 hospitals) 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.d.ii Expansion of asthma home-based self-management program • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.c.ii Increase early access to, and retention in, HIV care
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Bronx Partners for Healthy Communities: Payments and Funds Flow

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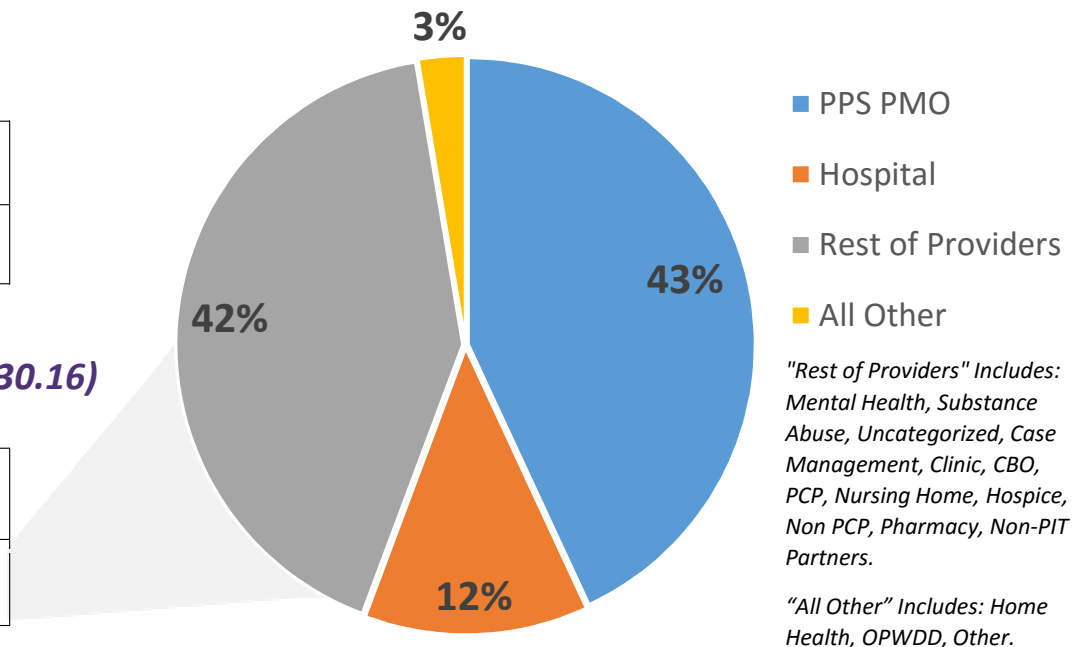
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$26,988,716	\$26,930,696	99.8%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$26,930,696	
Flowed	\$18,532,650	66%

Funds Flow by Provider Type



Bronx Partners for Healthy Communities: DY1Q4 Scorecard

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 864,652.92	\$ 864,652.92	\$ -	\$ 864,652.92
2.a.iii	20.00	19.00	0.00	19.00	\$ 696,245.27	\$ 638,224.83	\$ -	\$ 638,224.83
2.b.iii	20.00	20.00	0.00	20.00	\$ 627,976.34	\$ 627,976.34	\$ -	\$ 627,976.34
2.b.iv	19.00	19.00	0.00	19.00	\$ 636,235.68	\$ 636,235.68	\$ -	\$ 636,235.68
3.a.i	16.00	16.00	0.00	16.00	\$ 572,905.93	\$ 572,905.93	\$ -	\$ 572,905.93
3.b.i	13.00	13.00	0.00	13.00	\$ 431,514.01	\$ 431,514.01	\$ -	\$ 431,514.01
3.c.i	12.00	12.00	0.00	12.00	\$ 453,807.04	\$ 453,807.04	\$ -	\$ 453,807.04
3.d.ii	9.00	9.00	0.00	9.00	\$ 463,586.43	\$ 463,586.43	\$ -	\$ 463,586.43
4.a.iii	16.00	16.00	0.00	16.00	\$ 327,687.60	\$ 327,687.60	\$ -	\$ 327,687.60
4.c.ii	16.00	16.00	0.00	16.00	\$ 311,303.22	\$ 311,303.22	\$ -	\$ 311,303.22
AV Adjustments (Column F)								
Total	160.00	159.00	0.00	159.00	\$ 5,385,914	\$ 5,327,894	\$ -	\$ 5,327,894

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement**

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs**



BRONX PARTNERS FOR
HEALTHY COMMUNITIES



Implementing Community Health Programs

- Recognizing they know the community, speak the language, and have a strong track record of service delivery, BPHC has contracted with a.i.r. Bronx for the delivery of home-base asthma services
- Resourcing Health People Community Preventative Health Institute to deliver a Diabetes Self-Management Program, offering classes for 600-800 students from community hot spots delivered by coaches recruited from the community