

Achievement Value (AV) Scorecard Alliance for Better Health Care, LLC

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

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

Please note that there are no AV adjustments for Alliance for Better Health Care, LLC in DY1, Q3



Print Summary

Print All

Achievement Value (AV) Scorecard Alliance for Better Health Care, LLC

| | PPS Information |
|------------|---|
| Quarter | DY1, Q3 October 1, 2015 - December 31, 2015 |
| PPS | Alliance for Better Health Care, LLC |
| PPS Number | 3 |

| | Achiev | ement Value (| AV) Scorecard | Summary | | | | | | |
|--|---------------|---------------|------------------|--------------------|----------------------|-------------------|------------------------------|------------------------------|--|--|
| | | AV I | Data | | | Payme | nt Data | | | |
| Project Link (click on the purple link below to access each individual project report) | 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 | Organizat | - | e embedded w payment | mbedded within each yment | | |
| 2.a.i | 20.00 | 20.00 | 0.00 | 20.00 | \$ - | \$ - | \$ - | \$ - | | |
| 2.b.iii | 21.00 | 20.00 | 0.00 | 20.00 | \$ - | \$ - | \$ - | \$ - | | |
| 2.b.iv | 21.00 | 20.00 | 0.00 | 20.00 | \$ - | \$ - | \$ - | \$ - | | |
| 2.b.viii | 21.00 | 20.00 | 0.00 | 20.00 | \$ - | \$ - | \$ - | \$ - | | |
| 2.d.i | 10.00 | 10.00 | 0.00 | 10.00 | \$ - | \$ - | \$ - | \$ - | | |
| 3.a.i | 16.00 | 15.00 | 0.00 | 15.00 | \$ - | \$ - | \$ - | \$ - | | |
| 3.a.iv | 16.00 | 15.00 | 0.00 | 15.00 | \$ - | \$ - | \$ - | \$ - | | |
| 3.d.ii | 10.00 | 9.00 | 0.00 | 9.00 | \$ - | \$ - | \$ - | \$ - | | |
| 3.g.i | 11.00 | 10.00 | 0.00 | 10.00 | \$ - | \$ - | \$ - | \$ - | | |



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Achievement Value (AV) Scorecard Alliance for Better Health Care, LLC

| 4.a.iii | 16.00 | 16.00 | 0.00 | 16.00 | \$ - | \$ - | \$ - | \$ - |
|---------------------------|--------|--------|------|--------|---------|---------|---------|---------|
| 4.b.i | 14.00 | 14.00 | 0.00 | 14.00 | \$ - | \$ - | \$ - | \$ - |
| AV Adjustments (Column F) | | | | | | | | |
| Total | 176.00 | 169.00 | 0.00 | 169.00 | \$ - | \$ - | \$ - | \$ - |



Save & Return

Print

Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Domain 1 Organizational AVs

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

Net Organizational AVs Awarded: 5 out of 5

Hide Reviewer Comments

| | Workforce Strategy | | | | | | | | | |
|--------------------|--------------------|-----------|----------------------|-----------------------|---------------------|-----------------|------------|--|--|--|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |



| | Prin | t | Alliance for Better Health Care, LLC - Domain 1 Organi | | | | | |
|---|------|---|--|-----------|------------|----------------|--|--|
| | | | | | | | | |
| Additional Workforce Strategy | | Define target workforce state (in line with DSRIP program's goals) | N/A | 3/31/2016 | In Process | Pass & Ongoing | | |
| | | Create a workforce transition roadmap for achieving defined target workforce | N/A | 3/31/2016 | In Process | Pass & Ongoing | | |
| | | Perform detailed gap analysis between current state assessment of workforce and projected future state | N/A | 3/31/2016 | In Process | Pass & Ongoing | | |
| Budget Updates (non AV- driving) | | 4. Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements | N/A | 6/30/2016 | In Process | Pass & Ongoing | | |
| | | 5. Develop training strategy | N/A | 3/31/2016 | In Process | Pass & Ongoing | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | | |

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| | | | | | | |
| | Marketras | pendencies on Organizational | N/A | N/A | In Process | Pass & Ongoing |
| | | | | | | |
| | | Responsibilities | N/A | N/A | In Process | Pass & Ongoing |
| itional ·kforce | | | | | | |
| ategy oic Areas | Key Stake | nolders | N/A | N/A | In Process | Pass & Ongoing |
| | | | | - | | |
| | IT Expecta | tions | N/A | N/A | In Process | Pass & Ongoing |
| | | | | * | | |
| | Progress F | Reporting | N/A | N/A | In Process | Pass & Ongoing |
| | | | | | | |
| | | | Total | | | |

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



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|-----------------------|-------|---|-----------|-------|------------------|---------------------------------|------------|--|
| | | | | | | | | |
| Quarterly | | Module 1.2 - PPS Budget Report (Quarterly | y Ongoing | N/A | In Process | Pass & Ongoing | | |
| | | | | | | | | |
| Project Reports, | | Module 1.3 - PPS Flow of Funds (Baseline) | Ongoing | N/A | Completed | Pass & Complete | | |
| Project Budget and | | | | | | | 1 | |
| Flow of Funds | | Module 1.4 - PPS Flow of Funds (Quarterly | Ongoing | N/A | In Process | Pass (with Exception) & Ongoing | | |
| | | The amounts and percentages reported in the Provider Import/Export Tool does not align with the amounts and percentages reported in MAPP. Please update all amounts and percentages to ensure alignment and accuracy during the DY1, Q4 reporting period. | | | | | | |
| | | Quarterly Progress Reports | N/A | N/A | In Process | Pass & Ongoing | | |
| | | | | | | | | |
| | | | Total | | | | 1 | |

| | Section 02 - Governance | | | | | | | | | |
|--------------------|-------------------------|--|----------------------|-----------------------|---------------------|----------------------------------|------------|--|--|--|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded | | | |
| | | 1. Finalize governance structure and subcommittee structure | 9/30/2015 | 9/30/2015 | Completed | Pass (with Exception) & Complete | | | | |
| | | The milestone was Passed (withException) and Complete. The PPS demonstrated that is has created governance structure therfore meeting the intent of the Milestone requirement, however, the PPS did not comply with the IA | | | | | | | | |



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| Governance Structure | Establish a clinical governance structure, including clinical quality committees for each DSRIP project | 12/31/2015 | 12/31/2015 | Completed | Pass & Complete | | |
|---|---|------------|------------|------------|-----------------|--|--|
| Jpdates | | | | | | | |
| | 3. Finalize bylaws and policies or Committee Guidelines where applicable | 9/30/2015 | 9/30/2015 | Completed | Pass & Complete | | |
| | | | | | | | |
| Governance | Establish governance structure reporting and monitoring processes | 12/31/2015 | 12/31/2015 | Completed | Pass & Complete | | |
| Process Update | , <u> </u> | | | | | | |
| | 5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, | N/A | 12/31/2015 | Completed | Pass & Complete | | |
| | | | | | | | |
| | 6. Finalize partnership agreements or contracts with CBOs | N/A | 12/31/2015 | Completed | Pass & Ongoing | | |
| Additional | The IA has accepted the narrative indicating the intent of the PPS to have this milestone changed to "In process". In DY1Q4 please change your milestone Status to "In process" and update the milestone end date to align with the intent of your narrative submission | | | | | | |
| Governance Milestones (non AV- driving) | 7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and | N/A | 9/30/2016 | In Process | Pass & Ongoing | | |



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| | | 8. Finalize workforce communication and engagement plan | N/A | 6/30/2016 | In Process | Pass & Ongoing | |
|-------------|--|--|-----|------------|------------|-----------------|--|
| | | | | | | | |
| | | 9. Inclusion of CBOs in PPS Implementation | N/A | 12/31/2015 | Completed | Pass & Complete | |
| | | | | | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| dditional | | | | | | | |
| Topic Areas | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | |

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Domain 1 Organizational AVs

Total 1

| | | Sec | tion 03 - Financi | al Sustainability | | | |
|---|---------------|--|----------------------|-----------------------|---------------------|-----------------|-----------|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarde |
| Financial Stability | | 1. Finalize PPS finance structure, including reporting structure | 12/31/2015 | 12/31/2015 | Completed | Pass & Complete | |
| | | | | | | | |
| | | 2. Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | 3/31/2016 | 3/31/2016 | In Process | Pass & Ongoing | |
| Update | | | | | | | 1 |
| | | 3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d | 12/31/2015 | 12/31/2015 | Completed | Pass & Complete | |
| | | | | | | | |
| PPS Transition to Value Based Payment System | | 4. Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types | 9/30/2016 | 3/31/2016 | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | 5. Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest | 3/31/2017 | 12/31/2016 | In Process | Pass & Ongoing | |



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|----|--------|
| | |
| ng | N/A |
| | |
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| | N1 / A |
| | N/A |
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|--|-------|--------------------|-------|-------|-------------------|--------------------------------|
| | | | | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing |
| | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing |
| | | | | | | |
| | | | Total | | | |

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



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|------------------------|-------|----------------------------|-------|-----|------------|----------------|----|
| Additional | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| Cultural Competency | | | | | | | N |
| /Health Literacy | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | IN |
| Topic Areas | | | | | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | | Total | | | | |

| | | Sec | tion 05 - IT Syster | ns and Processes | S | | |
|---------|---------|--|---------------------|------------------|-----------------|-----------------|------------|
| Process | AV | Milestone | Required Due | Committed Due | Milestone | Reviewer Status | AV Awarded |
| Measure | Driving | Milestone | Date Date | Status | Reviewer Status | AV Awarueu | |
| | | 1. Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s). | N/A | 9/30/2015 | Completed | Pass & Complete | |
| | | | | | | | |



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| | 2. Develop an IT Change Management | N/A | 6/30/2016 | In Process | Pass & Ongoing | |
|----------------------------------|---|-----------|------------|------------|----------------|--|
| | Strategy. | | | | | |
| IT Systems – and Processes | Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | N/A | 3/31/2016 | In Process | Pass & Ongoing | |
| | | | | | | |
| | 4. Develop a specific plan for engaging attributed members in Qualifying Entities | N/A | 3/31/2017 | In Process | Pass & Ongoing | |
| | , , | | | | | |
| | 5. Develop a data security and confidentiality plan. | 6/30/2016 | 12/31/2016 | In Process | Pass & Ongoing | |
| | | | | | | |
| | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | |
| | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| Additional | | | | | | |
| Additional IT Systems | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| rocesses | | | | | | |
| Topic Areas | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | |

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

| | | Sec | ction 06 - Perform | nance Reporting | | | |
|--------------------|---------------|--|----------------------|-----------------------|---------------------|-----------------|------------|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
| | | Establish reporting structure for PPS-wide performance reporting and communication. | N/A | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| Performanc | | | | | | | |
| e Reporting | | 2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | N/A | 3/31/2016 | In Process | Pass & Ongoing | N/A |
| | | | | | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |



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| | PIIII | | | | | | |
|----------------------------|-------|----------------------------|-------|-----|------------|-----------------|---|
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| Additional Performanc | | | | | | | N |
| e Reporting Topic Areas | | Key Stakeholders | N/A | N/A | Completed | Pass & Complete | ľ |
| | | | | | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | • | | |
| | | | Total | | | | |

| | Section 07 - Practitioner Engagement | | | | | | | | |
|----------------------------|--------------------------------------|--|----------------------|-----------------------|---------------------|-----------------|------------|--|--|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded | | |
| | | 1. Develop Practitioners communication and engagement plan. | N/A | 12/31/2015 | Completed | Pass & Complete | | | |
| Practitioner Engagement | • | 2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda. | N/A | 3/31/2016 | In Process | Pass & Ongoing | N/A | | |



| | Print | | | | | | |
|----------------------------|-------|--|-------|-----|------------|----------------|-----|
| | | | | | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | N/A |
| | | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| Additional Practitioner | | | | | | | |
| Engagement Topic Areas | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | | Total | | | | 0 |

| Section 08 - Population Health Management | | | | | | | | |
|---|---------|------------|--------------|---------------|-----------|-----------------|----------------|--|
| Process | AV | Milestone | Required Due | Committed Due | Milestone | Reviewer Status | AV Awarded | |
| Measure | Driving | Milestolle | Date | Date | Status | | 71171111111111 | |



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| | Develop population health management roadmap. | N/A | 6/30/2016 | In Process | Pass & Ongoing | N/A |
|--------------------------|--|-----|-----------|------------|----------------|------|
| Population | | | | | | IN/A |
| Health | 2. Finalize PPS-wide bed reduction plan. | N/A | 6/30/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | IN/A |
| | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | |
| | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | |
| | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | N/A |
| Additional Population | | | | | | |
| Health Topic Areas | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | IN/A |
| | | | | | | |
| | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | |
| | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | |

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Alliance for Better Health Care, LLC - Domain 1 Organizational AVs

Total 0

| | | | Section 09 - Clinic | al Integration | | | |
|----------------------------|---------------|--|----------------------|-----------------------|---------------------|-----------------|------------|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
| | | 1. Perform a clinical integration 'needs assessment'. | N/A | 3/31/2016 | In Process | Pass & Ongoing | N/A |
| Clinical | | | | | | | NA |
| Integration | | 2. Develop a Clinical Integration strategy. | N/A | 3/31/2016 | In Process | Pass & Ongoing | N/A |
| | | | | | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| Additional Clinical | | | | | | | N/A |
| Integration Topic Areas | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | 14/7 |
| | | | | | | | |



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



Save & Return

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015
Alliance for Better Health Care, LLC AV Adjustments

| | AV | Adjustment | Scoresheet | | | | | |
|--|---------|------------|------------|-----------|------------|-----------------|---------|---------------|
| | AVs Per | Total | Total AVs | Total AVs | Awarded | Adjusted | Net A | Vs Awarded |
| Adjustment | Project | Projects | Available | Net | Percentage | Aujusteu AVs | Net | Dorcontago AV |
| | | Selected | ted | Awarded | AV | AVS | Awarded | Percentage AV |
| Organizational Adjustments (applied to all projects) | 5.00 | 11.00 | 55.00 | 55.00 | 100% | 0.00 | 55.00 | 100% |
| Project Adjustments (applied to one project only) | Various | 11.00 | 121.00 | 114.00 | 94% | 0.00 | 114.00 | 94% |
| Total | | | 176.00 | 169.00 | 96% | 0.00 | 169.00 | 96% |

Hide Reviewer Comments

Organizational

Project Adjustments

No AV Adjustments

Please note that there are no AV adjustments for Alliance for Better Health Care, LLC in DY1, Q3



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 2.a.i

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

| Payment Snapshot | | | | | | | | |
|--|----|--------------|--|--|--|--|--|--|
| Payment Available (DY1) | \$ | 5,408,205.11 | | | | | | |
| DY1 Initial Payment | \$ | 3,244,923.06 | | | | | | |
| DY1 Q2 Payment Earned | \$ | 1,081,641.02 | | | | | | |
| DY1 Payment Not Earned to Date | \$ | - | | | | | | |
| DY1 Funding Remaining | \$ | 1,081,641.02 | | | | | | |
| Funding Available for Distribution DY1Q3 | \$ | - | | | | | | |

| | | | 2.a.i Score | sheet | | | | | |
|----------------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY1) | Domain Funding % (DY1, Q3) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | 0% | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 80% | | - | - |
| | Patient Engagement Speed | N/A | 0.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 5.00 | 5.00 | 100% | 80% | 0% | - | - |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 15.00 | 15.00 | 100% | 20% | 0% | - | - |
| Domain 2 | Domain 2 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 0% | 0% | - | - |
| | Domain 2 Subtotal | | | 15.00 | 100% | 20% | 0% | - | - |
| Total Complete | | | 20.00 | 20.00 | 100% | 100% | 0% | - | - |

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

Hide Reviewer Comments

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



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| | Print | | | Amunce jo | r Better Health Care, LLC - | Project 2.u.i |
|------------|--|----------------------|-----------------------|---------------------|-----------------------------|---------------|
| | | | | | | |
| | | | | Dlanca | | |
| | | | | Select | | |
| | | | | | | |
| Total | | | | | | 0.00 |
| | Domain 1 Project Prescribed | Milestones - I | Proiect 2.a.i | | | |
| AV Driving | | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
| | 1. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | 2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | Ensure patients receive appropriate health care and community | | | | | |
| | support, including medical and behavioral health, post-acute care, long term care and public health services. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | |



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| • | 4. Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|---|--|-----------|-----------|------------|----------------|-----|
| | | ı | | | | |
| | 5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 7. Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 8. Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | |



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|--|-----------|-----------|--------------|-----------------------------|---------------|
| 10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| 11. Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | | | | | |
| Total | | | | | 0.00 |

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



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

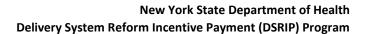


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| PDI 90– Composite of all measures +/- | Pass & Ongoing | 1 |
|---|----------------|-----|
| | | |
| Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange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



| Save & Return Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 1 Alliance for Better Health Care, LLC - Proj | | | | | |
|---|----------------|-------|--|--|--|
| | | | | | |
| Primary Care - Usual Source of Care - Q2 | Pass & Ongoing | 0.5 | | | |
| Total | | 15.00 | | | |



NEW YORK STATE Of Health Medicaid Redesign Team

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 2.b.iii

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

| Payment Snapshot | | | | | |
|--|----|--------------|--|--|--|
| Payment Available (DY1) | \$ | 4,122,057.29 | | | |
| DY1 Initial Payment | \$ | 2,473,234.37 | | | |
| DY1 Q2 Payment Earned | \$ | 755,710.50 | | | |
| DY1 Payment Not Earned to Date | \$ | 68,700.95 | | | |
| DY1 Funding Remaining | \$ | 824,411.46 | | | |
| Funding Available for Distribution DY1Q3 | \$ | - | | | |

| | | 2.b.iii Score | esheet | | | | | | | | | | | | | | | | | | |
|----------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY1) | Domain Funding % (DY1, Q3) | Payment Available (\$) | Net Payment Earned (\$) | | | | | | | | | | | | |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 80% | | | | | | | | | | | | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | | 80% 0% | - | - | | | | | | | | | | | | |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | | | | | | | | | | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 80% | 0% | - | - | | | | | | | | | | | | |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 15.00 | 15.00 | 100% | 20% | 0% | - | - | | | | | | | | | | | | |
| Domain 2 | Domain 2 Pay for Performance (P4P | N/A | N/A | N/A | N/A | 0% | 0% | - | - | | | | | | | | | | | | |
| | Domain 2 Subtotal | | 15.00 | 15.00 | 100% | 20% | 0% | - | - | | | | | | | | | | | | |
| | Total | Complete | 21.00 | 20.00 | 95% | 100% | 0% | - | - | | | | | | | | | | | | |

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

Hide Reviewer Comments

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



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|--|---------|-----|--------------|-----------------------------|-----------------|
| | | | | | |
| | | | | | |
| Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Fail | 0 |
| The PPS failed to meet at least 80% of its Actively Engaged commitments for DY1 Q3 | | | | | |
| Total | | | | | 0.00 |

| AV Driving Project Requirement and Mo 1. Establish ED care triage program for at | | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
|--|--|-------------------|--------------------|---------------------|-----------------|-------------|
| Establish ED care triage program for at | -risk populations | 2/24/2010 | | | | |
| | | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| 2. Participating EDs will establish partners care providers with an emphasis on those open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Ho Advanced Primary Care Model standards b. Develop process and procedures to estable emergency department and communications. | that are PCMHs and have ome standards or NYS by the end of DSRIP Year 3. ablish connectivity between | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |



| | Print | | | Alliance for | Better Health Care, LLC - P | roject 2.b.iii |
|-----|---|-----------|-----------|--------------|-----------------------------|----------------|
| | 3. For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 4. Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.) | 3/31/2017 | 3/31/2017 | On Hold | Pass & Ongoing | N/A |
| | | | | | | |
| 1 1 | 5. Use EHRs and other technical platforms to track all patients engaged in the project. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | Total | | | | | 0.00 |

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



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| Adult Access to Preventive or Ambulatory Care - 45 to 64 years | Pass & Ongoing | 0.3333333 |
|--|----------------|-----------|
| | | |
| Adult Access to Preventive or Ambulatory Care - 65 and older | Pass & Ongoing | 0.3333333 |
| | | |
| CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers | Pass & Ongoing | 1 |
| | | |
| Children's Access to Primary Care- 12 to 19 years | Pass & Ongoing | 0.25 |
| | | |
| Children's Access to Primary Care- 12 to 24 months | Pass & Ongoing | 0.25 |
| | | |
| Children's Access to Primary Care- 25 months to 6 years | Pass & Ongoing | 0.25 |
| | | |
| Children's Access to Primary Care- 7 to 11 years | Pass & Ongoing | 0.25 |
| | | |
| Getting Timely Appointments, Care and information (Q6, 8, 10, and 12) | Pass & Ongoing | 0.5 |



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| Helpful, Courteous, and Respectful Office Staff (Q24 and 25) | Pass & Ongoing | (|
|---|---|--|
| H_CAHDS _ Care Transition Metrics | Pace & Ongoing | |
| THEATIFS – Care Transition Metrics | r ass & Oligoling | |
| Medicaid Spending on ER and Inpatient Services ± | Pass & Ongoing | |
| Medicaid spending on Primary Care and community based behavioral health care | Pass & Ongoing | |
| | | |
| PDI 90– Composite of all measures +/- | Pass & Ongoing | |
| Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange | Pass & Ongoing | |
| Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards | Pass & Ongoing | |
| | H-CAHPS – Care Transition Metrics Medicaid Spending on ER and Inpatient Services ± Medicaid spending on Primary Care and community based behavioral health care PDI 90– Composite of all measures +/- Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange | H-CAHPS – Care Transition Metrics Pass & Ongoing Medicaid Spending on ER and Inpatient Services ± Pass & Ongoing Medicaid spending on Primary Care and community based behavioral health care Pass & Ongoing PDI 90 – Composite of all measures +/- Pass & Ongoing Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange |



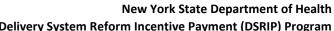
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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 2.b.iii

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| Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement | Pass & Ongoing | 1 |
|--|----------------|-------|
| | | |
| Potentially Avoidable Emergency Room Visits | Pass & Ongoing | 1 |
| | | |
| Potentially Avoidable Readmissions | Pass & Ongoing | 1 |
| | | |
| PQI 90 – Composite of all measures +/- | Pass & Ongoing | 1 |
| | | |
| Primary Care - Length of Relationship - Q3 | Pass & Ongoing | 0.5 |
| | | |
| Primary Care - Usual Source of Care - Q2 | Pass & Ongoing | 0.5 |
| | | |
| Total | | 15.00 |



Delivery System Reform Incentive Payment (DSRIP) Program

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Alliance for Better Health Care, LLC - Project 2.b.iv

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

Department Medicaid Redesign Team

| Payment Snapshot | | | | | |
|--|----|--------------|--|--|--|
| Payment Available (DY1) | \$ | 4,110,778.32 | | | |
| DY1 Initial Payment | \$ | 2,466,466.99 | | | |
| DY1 Q2 Payment Earned | \$ | 753,642.69 | | | |
| DY1 Payment Not Earned to Date | \$ | 68,512.97 | | | |
| DY1 Funding Remaining | \$ | 822,155.66 | | | |
| Funding Available for Distribution DY1Q3 | \$ | - | | | |

| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY1) | Domain Funding % (DY1, Q3) | Payment Available (\$) | Net Payment Earned (\$) | | |
|-------------------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|--|
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 80% | | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | | 0% | - | - | | |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 80% | 0% | - | - | | |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 15.00 | 15.00 | 100% | 20% | 0% | - | - | | |
| Domain 2 | Domain 2 Pay for Performance (P4P | N/A | N/A | N/A | N/A | 0% | 0% | - | - | | |
| Domain 2 Subtotal | | 15.00 | 15.00 | 100% | 20% | 0% | - | - | | | |
| | Total | Complete | 21.00 | 20.00 | 95% | 100% | 0% | - | - | | |

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

Hide Reviewer Comments

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



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| | Print | | | Alliance for | Better Health Care, LLC - P | roject 2.b.iv | |
|--|-------------------------------------|---------|-----|------------------|-----------------------------|---------------|--|
| | | | | | | | |
| | | | | Please Select | | | |
| | Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Fail | 0 | |
| The PPS failed to meet at least 80% of its Actively Engaged commitments for DY1 Q3 | | | | | | | |
| | Total | | | | | | |

| | Domain 1 Project Prescribed Milestones - Project 2.b.iv | | | | | | |
|------------|---|----------------------|-----------------------|---------------------|-----------------|-------------|--|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | |
| | Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A | |
| | 2. Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A | |
| | | | | | | | |
| | 3. Ensure required social services participate in the project. | 3/31/2017 | 3/31/2018 | In Process | Pass & Ongoing | N/A | |
| | | | | | | | |



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|---|-----------|-----------|--------------|-----------------------------|---------------|
| 4. Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | |
| 5. Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | |
| 6. Ensure that a 30-day transition of care period is established. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | |
| 7. Use EHRs and other technical platforms to track all patients engaged in the project. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | |
| Total | | | | | 0.00 |

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



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| Adult Access to Preventive or Ambulatory Care - 65 and older | Pass & Ongoing | 0.3333333 |
|--|----------------|-----------|
| | | |
| CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers | Pass & Ongoing | 1 |
| | | |
| Children's Access to Primary Care- 12 to 19 years | Pass & Ongoing | 0.25 |
| | | |
| Children's Access to Primary Care- 12 to 24 months | Pass & Ongoing | 0.25 |
| | | |
| Children's Access to Primary Care- 25 months to 6 years | Pass & Ongoing | 0.25 |
| | | |
| Children's Access to Primary Care- 7 to 11 years | Pass & Ongoing | 0.25 |
| | | |
| Getting Timely Appointments, Care and information (Q6, 8, 10, and 12) | Pass & Ongoing | 0.5 |
| | | |
| Helpful, Courteous, and Respectful Office Staff (Q24 and 25) | Pass & Ongoing | 0.5 |



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



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 2.b.iv

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



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 2.b.viii

| | Project Snapshot | | | | | |
|-----------------------|--|--|--|--|--|--|
| Project Domain | System Transformation Projects (Domain 2) | | | | | |
| Project ID | 2.b.viii | | | | | |
| Project Title | Hospital-Home Care Collaboration Solutions | | | | | |

| Payment Snapshot | | | | | |
|--|----|--------------|--|--|--|
| Payment Available (DY1) | \$ | 4,198,088.19 | | | |
| DY1 Initial Payment | \$ | 2,518,852.91 | | | |
| DY1 Q2 Payment Earned | \$ | 769,649.50 | | | |
| DY1 Payment Not Earned to Date | \$ | 69,968.14 | | | |
| DY1 Funding Remaining | \$ | 839,617.64 | | | |
| Funding Available for Distribution DY1Q3 | \$ | - | | | |

| | | | 2.b.viii Scor | esheet | | | | | |
|-------------------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY1) | Domain Funding % (DY1, Q3) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 80% | 0% | - | - |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 80% | 0% | - | - |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 15.00 | 15.00 | 100% | 20% | 20% 0% | | |
| Domain 2 | Domain 2 Pay for Performance (P4P | N/A | N/A | N/A | N/A | 0% | 0% | - | - |
| Domain 2 Subtotal | | 15.00 | 15.00 | 100% | 20% | 0% | - | - | |
| | Total | Complete | 21.00 | 20.00 | 95% | 100% | 0% | - | - |

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

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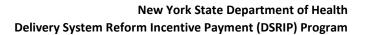
| Domain 1 Project Milestones - Project 2.b.viii | | | | | | |
|--|--|----------------------|-----------------------|---------------------|-----------------|-------------|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer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





| | Print | | | Alliance for E | Better Health Care, LLC - Pr | oject 2.b.viii |
|---|-------------------------------------|---------|-----|----------------|------------------------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | ı | ı | | |
| | Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Fail | 0 |
| The PPS failed to meet 80% of its actively engaged commitments for DY1,Q3 | | | | | | |
| | Total | | | | | 0.00 |

| Domain 1 Project Prescribed Milestones - Project 2.b.viii | | | | | | |
|---|--|----------------------|-----------------------|---------------------|-----------------|-------------|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
| | 1. Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 2. Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 3. Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |





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| 4. Educate all staff on care pathways and INTERACT-like principles. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|--|-----------|-----------|------------|----------------|-----|
| | | | | | |
| 5. Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N// |
| | | | | | |
| 6. Create coaching program to facilitate and support implementation. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/ |
| | | | | | |
| 7. Educate patient and family/caretakers, to facilitate participation in planning of care. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/ |
| | | | | | |
| 8. Integrate primary care, penavioral nealth, pharmacy, and other services into the model in order to enhance coordination of care and medication management | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N// |
| | | | | | |
| 9. Utilize telehealth/telemedicine to enhance hospital-home care collaborations. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | | | | | |
| 10. Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/ |





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

| | Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.viii (all Milestones are P4 | R in DY1) | |
|------------|--|-----------------|-------------|
| AV Driving | Measure | Reviewer Status | AVs Awarded |
| | Adult Access to Preventive or Ambulatory Care - 20 to 44 years | Pass & Ongoing | 0.3333333 |
| | | | |
| | Adult Access to Preventive or Ambulatory Care - 45 to 64 years | Pass & Ongoing | 0.3333333 |
| | | | |
| | Adult Access to Preventive or Ambulatory Care - 65 and older | Pass & Ongoing | 0.3333333 |
| | | | |
| | CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers | Pass & Ongoing | 1 |



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



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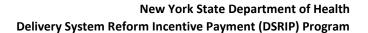
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| Medicaid Spending on ER and Inpatient Services ± | Pass & Ongoing | 1 |
|---|----------------|---|
| | | |
| Medicaid spending on Primary Care and community based behavioral health care | Pass & Ongoing | 1 |
| | | |
| PDI 90– Composite of all measures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



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| Print | etter Health Care, LLC - Fil | oject 2.b.viii |
|--|------------------------------|----------------|
| | | |
| PQI 90 – Composite of all measures +/- | Pass & Ongoing | 1 |
| | | |
| Primary Care - Length of Relationship - Q3 | Pass & Ongoing | 0.5 |
| | | |
| Primary Care - Usual Source of Care - Q2 | Pass & Ongoing | 0.5 |
| | | |
| Total | | 15.00 |



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Medicaid Redesign Team

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 2.d.i

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

| Payment Snapshot | | | | | |
|--|----|--------------|--|--|--|
| Payment Available (DY1) | \$ | 3,418,370.48 | | | |
| DY1 Initial Payment | \$ | 2,051,022.29 | | | |
| DY1 Q2 Payment Earned | \$ | 626,701.26 | | | |
| DY1 Payment Not Earned to Date | \$ | 56,972.84 | | | |
| DY1 Funding Remaining | \$ | 683,674.10 | | | |
| Funding Available for Distribution DY1Q3 | \$ | - | | | |

| | | | 2.d.i Score | sheet | | | | | | | |
|-------------------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|--|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY1) | Domain Funding % (DY1, Q3) | Payment Available (\$) | Net Payment Earned (\$) | | |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 80% | 0% | - | - | | |
| | Patient Engagement Speed | Complete | 1.00 | 1.00 | 100% | | | | | | |
| | Domain 1 Subtotal | | 6.00 | 6.00 | 100% | 80% | 0% | - | - | | |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 4.00 | 4.00 | 100% | 20% | 0% | - | - | | |
| Domain 2 | Domain 2 Pay for Performance (P4P | N/A | N/A | N/A | N/A | 0% | 0% | - | - | | |
| Domain 2 Subtotal | | 4.00 | 4.00 | 100% | 20% | 0% | - | - | | | |
| | Total | Complete | 10.00 | 10.00 | 100% | 100% | 0% | - | - | | |

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

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





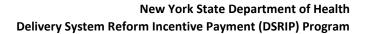
| Print | | | Alliance fo | r Better Health Care, LLC - | Project 2.d.i |
|-------------------------------------|---------|-----|-------------|-----------------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Pass & Ongoing | 1 |
| | | | | | |
| Total | | | | | 1.00 |

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



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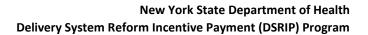
| 4. Survey the targeted population about healthcare needs in the PPS' region. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
|---|-----------|-----------|------------|----------------|-----|
| | | | | | |
| 5. Train providers located within "hot spots" on patient activation | 2/24/2247 | 2/24/2047 | | | |
| techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| incracy, and calculate competency. | | | | | |
| 6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs. | | | | | |
| Along with the member's MCO and assigned PCP, reconnect | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| beneficiaries to his/her designated PCP (see outcome measurements in | | | | | |
| | | | | | |
| 7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM® during the first year of the | | | | | |
| project and again, at set intervals. Baselines, as well as intervals | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| towards improvement, must be set for each cohort at the beginning of | 0,01,101 | 0,02,202 | | | ,, |
| each performance period. | | | | | |
| | | | | | |
| 8. Include beneficiaries in development team to promote preventive | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| care. | | | | | · |
| | 2/21/22:= | 2/24/22:= | | | |
| 9. Measure PAM® components | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | |
| 10. Increase the volume of non-emergent (primary, behavioral, dental) | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| care provided to UI, NU, and LU persons. | ' ' | ' ' | | | · ' |





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





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

| | Domain 2 Pay for Performance and Pay for Reporting - Project 2.d.i (all Milestones are P4R | in DY1) | |
|------------|--|-----------------|-------------|
| AV Driving | Measure | Reviewer Status | AVs Awarded |
| | C&G CAHPS by PPS for uninsured- Getting timely appointments, care, and information | Pass & Ongoing | 0.25 |
| | | | |
| | C&G CAHPS by PPS for uninsured- Patients' rating of the provider (or doctor) | Pass & Ongoing | 0.25 |
| | | | |
| | C&G CAHPS by PPS for uninsured- How well providers (or doctors) communicate with patients | Pass & Ongoing | 0.25 |
| | | | |
| | C&G CAHPS by PPS for uninsured- Helpful, courteous, and respectful office staff | Pass & Ongoing | 0.25 |
| | | | |
| | ED use by uninsured | Pass & Ongoing | 1 |
| | | | |



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



NEW YORK STATE of Health Medicaid Redesign Team

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 3.a.i

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

| Payment Snapshot | | | | | | | |
|--|----|--------------|--|--|--|--|--|
| Payment Available (DY1) | \$ | 3,499,172.47 | | | | | |
| DY1 Initial Payment | \$ | 2,099,503.48 | | | | | |
| DY1 Q2 Payment Earned | \$ | 699,834.49 | | | | | |
| DY1 Payment Not Earned to Date | \$ | 0.00 | | | | | |
| DY1 Funding Remaining | \$ | 699,834.49 | | | | | |
| Funding Available for Distribution DY1Q3 | \$ | - | | | | | |

| | | | 3.a.i Score | sheet | | | | | |
|------------------|----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain Component | | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY1) | Domain Funding % (DY1, Q3) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 80% 0% | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | | 0% | - | - |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | • | 6.00 | 5.00 | 83% | 80% | 0% | - | - |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 10.00 | 10.00 | 100% | 20% | 0% | - | - |
| Domain 5 | Domain 3 Pay for Performance N/A | | N/A | N/A | N/A | 0% | 0% | - | - |
| | Domain 3 Subtotal | | | 10.00 | 100% | 20% | 0% | - | - |
| | Total | Complete | 16.00 | 15.00 | 94% | 100% | 0% | - | - |

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Total Project 3.a.i AVs Awarded: 15 out of 16

| | Domain 1 Project Milestones - Project 3.a.i | | | | | | | | |
|---|---|--|----------------------|-----------------------|---------------------|-----------------|-------------|--|--|
| 4 | V Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | | |
| | | Module 1 - Major risks to implementation and mitigation strategies | Ongoing | N/A | In Process | Pass & Ongoing | N/A | | |



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|----------------------------|--|----------------|---------------|---------------|--------------------------------------|--------------|
| Print | | | | Alliance Jo | r Better Health Care, LLC - | Project 3.a. |
| | | | | | | |
| | | | | | | N/A |
| | | | | | | |
| Module 3 - Patient Engager | ment Speed | Ongoing | N/A | In Process | Fail | 0 |
| | The PPS failed to meet at least 80% of i | ts Actively En | gaged comm | itments for D | Y1 Q3 | |

Total

| | Domain 1 Project Prescribed Milestones - Project 3.a.i Models 1, 2 and 3 | | | | | | | | | |
|---------------|--|---|----------------------|-----------------------|---------------------|-----------------|-------------|--|--|--|
| | ✓ 3.a.i Model 1 ✓ 3.a.i Model 2 ✓ 3.a.i Model 3 | | | | | | | | | |
| Model | AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | | | |
| | | Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A | | | |
| | | | | | | | | | | |
| | | 2. Develop collaborative evidence-based standards of care including medication management and care engagement process. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A | | | |
| 3.a.i Model 1 | | | | | | | | | | |



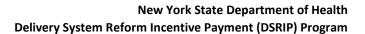
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|---------------|--------|--|-----------|-----------|------------|----------------|-----|
| | | 3. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | 3/31/2018 | 3/31/2019 | In Process | Pass & Ongoing | N/A |
| | | | | | | | |
| | | 4. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | | |
| | | 5. Co-locate primary care services at behavioral health sites. | 3/31/2018 | 3/31/2019 | In Process | Pass & Ongoing | N/A |
| | | | | | | | |
| | | 6. Develop collaborative evidence-based standards of care including medication management and care engagement process. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | | |
| 3.a.i Model 2 | | 7. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | 3/31/2018 | 3/31/2019 | In Process | Pass & Ongoing | N/A |
| | | | | | | | |
| | | 8. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | | |
| | | 9. Implement IMPACT Model at Primary Care Sites. | 3/31/2017 | 3/31/2020 | On Hold | Pass & Ongoing | N/A |

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|---------------|-------|--|-----------|-----------|---------|----------------|-----|
| | | | | | | | |
| | | 10. Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | 3/31/2017 | 3/31/2020 | On Hold | Pass & Ongoing | N/A |
| | | | | | | | |
| | | 11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | 3/31/2017 | 3/31/2020 | On Hold | Pass & Ongoing | N/A |
| | | | | | | | |
| 3.a.i Model 3 | | 12. Designate a Psychiatrist meeting requirements of the IMPACT Model. | 3/31/2017 | 3/31/2020 | On Hold | Pass & Ongoing | N/A |
| | | | | | | | |
| | | 13. Measure outcomes as required in the IMPACT Model. | 3/31/2018 | 3/31/2020 | On Hold | Pass & Ongoing | N/A |
| | | | | | | | |
| | | 14. Provide "stepped care" as required by the IMPACT Model. | 3/31/2018 | 3/31/2020 | On Hold | Pass & Ongoing | N/A |
| | | | | | | | |
| | | 15. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2020 | On Hold | Pass & Ongoing | N/A |
| | | | | | | | |
| | | Total | | | | | 0 |





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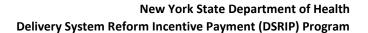
| AV Driving | Meas ure | Reviewer Status | AVs Awarded |
|------------|--|-----------------|-------------|
| | Adherence to Antipsychotic Medications for People with Schizophrenia | Pass & Ongoing | 1 |
| | | | |
| | Antidepressant Medication Management - Effective Acute Phase Treatment | Pass & Ongoing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



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| Total | | 10 |
|--|----------------|-----|
| | | |
| Screening for Clinical Depression and follow-up | Pass & Ongoing | 1 |
| | | |
| Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ± | Pass & Ongoing | 1 |
| | | |
| Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days) | Pass & Ongoing | 0.5 |
| | | |
| Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days) | Pass & Ongoing | 0.5 |
| | | |
| Follow-up care for Children Prescribed ADHD Medications - Initiation Phase | Pass & Ongoing | 0.5 |
| | | |
| Follow-up care for Children Prescribed ADHD Medications - Continuation Phase | Pass & Ongoing | 0.5 |
| | | |
| Follow-up after hospitalization for Mental Illness - within 7 days | Pass & Ongoing | 0.5 |
| Follow-up after hospitalization for Mental Illness - within 7 days | Pass & Ongoing | 0. |



YORK STATE of Health

Medicaid Redesign Team

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 3.a.iv

| | Project Snapshot |
|-----------------------|---|
| Project Domain | Clinical Improvement Projects (Domain 3) |
| Project ID | 3.a.iv |
| Project Title | Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs |

| Payment Snapshot | | | | | |
|--|----|--------------|--|--|--|
| Payment Available (DY1) | \$ | 3,529,661.90 | | | |
| DY1 Initial Payment | \$ | 2,117,797.14 | | | |
| DY1 Q2 Payment Earned | \$ | 647,104.68 | | | |
| DY1 Payment Not Earned to Date | \$ | 58,827.70 | | | |
| DY1 Funding Remaining | \$ | 705,932.38 | | | |
| Funding Available for Distribution DY1Q3 | \$ | - | | | |

| | 3.a.iv Scoresheet | | | | | | | | |
|----------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY1) | Domain Funding % (DY1, Q3) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 80% | 0% | - | - |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 80% | 0% | - | - |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 10.00 | 10.00 | 100% | 20% | 0% | - | - |
| Domain 5 | Domain 3 Pay for Performance (P4P | N/A | N/A | N/A | N/A | 0% | 0% | - | - |
| | Domain 2 Subtotal | | 10.00 | 10.00 | 100% | 20% | 0% | - | - |
| Total | | Complete | 16.00 | 15.00 | 94% | 100% | 0% | - | - |

Total Project 3.a.iv AVs Awarded: 15 out of 16

Hide Reviewer Comments

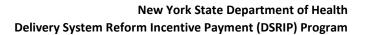
| Domain 1 Project Milestones - Project 3.a.iv | | | | | | |
|--|--|----------|-----------|-----------|-----------------|-------------|
| AV Driving | Project Requirement and Metric/Deliverable | Required | Committed | Milestone | Reviewer Status | AVs Awarded |
| AV DIIVIIIg | | Due Date | Due Date | Status | Reviewei Status | Avs Awarded |



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| Module 1 - Major risks to implementation and mitigation strategies | Ongoing | N/A | In Process | Pass & Ongoing | N/A |
|--|---------|-----|------------|----------------|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Fail | 0 |
| The PPS failed to meet at least 80% of its actively engaged commitments for DY1,Q3 | | | | | |
| Total | | | | | |

| | Domain 1 Project Prescribed Milestones - Project 3.a.iv | | | | | |
|------------|--|----------------------|-----------------------|---------------------|-----------------|-------------|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
| | 1. Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services. | 9/30/2017 | 9/30/2017 | In Process | Pass & Ongoing | N/A |
| | 2. Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols. | 9/30/2017 | 9/30/2017 | In Process | Pass & Ongoing | N/A |
| | 3. Include a project medical director, board certified in addiction | | | | | |
| | medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |





| Print | | | | | |
|--|-----------|-----------|------------|----------------|------|
| | | | | | |
| 4. Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics. | 9/30/2017 | 9/30/2017 | In Process | Pass & Ongoing | N/A |
| Develop community-based withdrawal management (ambulatory | 2/24/2247 | 2/24/2017 | | D 00 : | |
| detoxification) protocols based upon evidence based best practices and | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| 6. Develop care management services within the SUD treatment program. | 9/30/2017 | 9/30/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | |
| 7. Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | 9/30/2017 | 9/30/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | |
| 8. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | |
| Total | | | | | 0.00 |

| Domain 3 Pay for Performance and Pay for Reporting - Project 3.a.iv (all Milestones are P4R in DY1) | | | | | | | |
|---|---------|-----------------|-------------|--|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | | |



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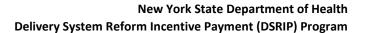
| Adherence to Antipsychotic Medications for People with Schizophrenia | Pass & Ongoing | 1 |
|--|----------------|-----|
| | | |
| Antidepressant Medication Management - Effective Acute Phase Treatment | Pass & Ongoing | 0.5 |
| | | |
| Antidepressant Medication Management - Effective Continuation Phase Treatment | Pass & Ongoing | 0.5 |
| | | |
| Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia | Pass & Ongoing | 1 |
| | | |
| Diabetes Monitoring for People with Diabetes and Schizophrenia | Pass & Ongoing | 1 |
| | | |
| Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication | Pass & Ongoing | 1 |
| | | |
| Follow-up after hospitalization for Mental Illness - within 30 days | Pass & Ongoing | 0.5 |
| | | |
| Follow-up after hospitalization for Mental Illness - within 7 days | Pass & Ongoing | 0.5 |



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| Follow-up care for Children Prescribed ADHD Medications - Continuation Phase | Pass & Ongoing | 0.5 |
|--|----------------|-------|
| | | |
| Follow-up care for Children Prescribed ADHD Medications - Initiation Phase | Pass & Ongoing | 0.5 |
| | | |
| Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days) | Pass & Ongoing | 0.5 |
| | | |
| Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days) | Pass & Ongoing | 0.5 |
| | | |
| Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ± | Pass & Ongoing | 1 |
| | | |
| Screening for Clinical Depression and follow-up | Pass & Ongoing | 1 |
| | | |
| Total | | 10.00 |



NEW YORK STATE Of Health Medicaid Redesign Team

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 3.d.ii

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

| Payment Snapshot | | | | | | |
|--|----|--------------|--|--|--|--|
| Payment Available (DY1) | \$ | 2,832,420.49 | | | | |
| DY1 Initial Payment | \$ | 1,699,452.29 | | | | |
| DY1 Q2 Payment Earned | \$ | 519,277.09 | | | | |
| DY1 Payment Not Earned to Date | \$ | 47,207.01 | | | | |
| DY1 Funding Remaining | \$ | 566,484.10 | | | | |
| Funding Available for Distribution DY1Q3 | \$ | - | | | | |

| 3.d.ii Scoresheet | | | | | | | | | |
|-------------------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY1) | Domain Funding % (DY1, Q3) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 80% | 30% 0% | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | | | - | - |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 80% | 0% | - | - |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 4.00 | 4.00 | 100% | 20% | 0% | - | - |
| Domain 5 | Domain 3 Pay for Performance (P4P | N/A | N/A | N/A | N/A | 0% | 0% | - | - |
| | Domain 2 Subtotal | | 4.00 | 4.00 | 100% | 20% | 0% | - | - |
| | Total | Complete | 10.00 | 9.00 | 90% | 100% | 0% | - | - |

Total Project 3.d.ii AVs Awarded: 9 out of 10

Hide Reviewer Comments

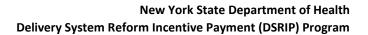
| Domain 1 Project Milestones - Project 3.d.ii | | | | | | | |
|---|--|----------------------|-----------------------|---------------------|-----------------|-------------|--|
| AV Driving Project Requirement and Metric/Deliverable | | Required Due Date | Committed Due Date | Milestone Status | Reviewer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



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| Print | | | Alliance for | Better Health Care, LLC - F | Project 3.d.ii | |
|---|---------|-----|--------------|-----------------------------|----------------|--|
| | | | | | | |
| | | | | | | |
| | I | | | | | |
| Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Fail | 0 | |
| The PPS failed to meet at least of 80% of its actively engaged commitments for DY1,Q3 | | | | | | |
| Total | | | | | 0.00 | |

| Domain 1 Project Prescribed Milestones - Project 3.d.ii | | | | | | |
|---|---|----------------------|-----------------------|---------------------|-----------------|-------------|
| AV Driving Project Requirement and Metric/Deliverable | | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
| | 1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | Develop and implement evidence-based asthma management guidelines. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | |





| | Print | | | Alliance for | Better Health Care, LLC - I | Project 3.d.ii |
|---|---|-----------|-----------|--------------|-----------------------------|----------------|
| • | 4. Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | I | | | | |
| | 5. Ensure coordinated care for asthma patients includes social services and support. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 6. Implement periodic follow-up services, particularly after ED or | | | | | |
| | hospital visit occurs, to provide patients with root cause analysis of | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | what happened and how to avoid future events. | | | | | |
| | 7. Ensure communication, coordination, and continuity of care with | | | | | |
| | Medicaid Managed Care plans, Health Home care managers, primary | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | care providers, and specialty providers. | | | | | |
| | 8. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | Total | | | | | 0.00 |

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



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Alliance for Better Health Care, LLC - Project 3.d.ii

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| Frevention Quanty malcator # 13 Touriger Addit Astrinia 1 | rass & Oligoling | 1 |
|---|--|---|
| Prevention Quality Indicator # 15 Younger Adult Asthma + | Pass & Ongoing | 1 |
| Pediatric Quality Indicator # 14 Pediatric Asthma ± | Pass & Ongoing | 1 |
| | | |
| Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered | Pass & Ongoing | 0.5 |
| | | |
| Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered | Pass & Ongoing | 0.5 |
| | | |
| Asthma Medication Ratio (5 – 64 Years) | Pass & Ongoing | 1 |
| | Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered | Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered Pass & Ongoing Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered Pass & Ongoing Pediatric Quality Indicator # 14 Pediatric Asthma ± Pass & Ongoing |



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 3.g.i

| Project Snapshot | | | | | | | |
|---|--|--|--|--|--|--|--|
| Project Domain Clinical Improvement Projects (Domain 3) | | | | | | | |
| Project ID | 3.g.i | | | | | | |
| Project Title | Integration of palliative care into the PCMH model | | | | | | |

| Payment Snapshot | | | | | | |
|--|----|--------------|--|--|--|--|
| Payment Available (DY1) | \$ | 2,144,873.02 | | | | |
| DY1 Initial Payment | \$ | 1,286,923.81 | | | | |
| DY1 Q2 Payment Earned | \$ | 428,974.60 | | | | |
| DY1 Payment Not Earned to Date | \$ | (0.00) | | | | |
| DY1 Funding Remaining | \$ | 428,974.60 | | | | |
| Funding Available for Distribution DY1Q3 | \$ | - | | | | |

| 3.g.i Scoresheet | | | | | | | | | |
|------------------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY1) | Domain Funding % (DY1, Q3) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 80% | 80% 0% | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | | | - | - |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.00 | 83% | 80% | 0% | - | - |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 5.00 | 5.00 | 100% | 20% | 0% | - | - |
| Domain 5 | Domain 3 Pay for Performance (P4P | N/A | N/A | N/A | N/A | 0% | 0% | - | - |
| | Domain 2 Subtotal | | 5.00 | 5.00 | 100% | 20% | 0% | - | - |
| | Total | Complete | 11.00 | 10.00 | 91% | 100% | 0% | - | - |

Total Project 3.g.i AVs Awarded: 10 out of 11

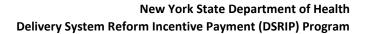
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| Domain 1 Project Milestones - Project 3.g.i | | | | | | |
|---|--|----------------------|-----------------------|---------------------|-----------------|-------------|
| AV Driving Project Requirement and Metric/Deliverable | | Required Due Date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



| Print | | | Alliance fo | r Better Health Care, LLC - | Project 3.g.i |
|--|----------------|-------------|--------------|-----------------------------|---------------|
| | | | | | |
| | | | | | |
| | I | | | | |
| Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Fail | 0 |
| The PPS failed to meet at least 80% of i | ts Actively En | gaged commi | tments for D | /1 Q3 | |
| Total | | | | | 0.00 |

| | Domain 1 Project Prescribed Milestones - Project 3.g.i | | | | | |
|------------|---|-----------|-----------------------|---------------------|-----------------|-------------|
| AV Driving | AV Driving Project Requirement and Metric/Deliverable | | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
| | 1. Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 2. Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 3. Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 4. Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | |





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| | 5. Engage with Medicaid Managed Care to address coverage of services. | 3/31/2018 | 3/31/2018 | In Process | Pass & Ongoing | N/A |
|-------|--|-----------|-----------|------------|----------------|-----|
| | | | | | | |
| | 6. Use EHRs or other IT platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| Total | | | | | 0.00 | |

| | Domain 3 Pay for Performance and Pay for Reporting - Project 3.g.i (all Milestones are P4R in DY1) | | | | | |
|------------|--|-----------------|-------------|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | |
| | Advanced Directives – Talked about Appointing for Health Decisions | Pass & Ongoing | 1 | | | |
| | | | | | | |
| | | Pass & Ongoing | 1 | | | |
| | | | | | | |
| | Percentage of members who had severe or more intense daily pain ± | Pass & Ongoing | 1 | | | |
| | | | | | | |
| | Percentage of members who remained stable or demonstrated improvement in pain | Pass & Ongoing | 1 | | | |
| | | | | | | |
| | Percentage of members whose pain was not controlled ± | Pass & Ongoing | 1 | | | |



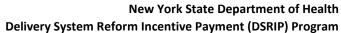
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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 3.g.i

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Total 5.00



Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Alliance for Better Health Care, LLC - Project 4.b.i

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

Department Medicaid Redesign Team

| Payment Snapshot | | | | |
|--|----|--------------|--|--|
| Payment Available (DY1) | \$ | 2,285,998.33 | | |
| DY1 Initial Payment | \$ | 1,371,599.00 | | |
| DY1 Q2 Payment Earned | \$ | 457,199.67 | | |
| DY1 Payment Not Earned to Date | \$ | - | | |
| DY1 Funding Remaining | \$ | 457,199.67 | | |
| Funding Available for Distribution DY1Q3 | \$ | - | | |

| | 4.b.i Scoresheet | | | | | | | | | | |
|-------------------|-----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|--|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY1) | Domain Funding % (DY1, Q3) | Payment Available (\$) | Net Payment Earned (\$) | | |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | 0% - | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 80% | | - | - | | |
| | Patient Engagement Speed | N/A | 0.00 | 0.00 | 0% | | | | | | |
| | Domain 1 Subtotal | | 5.00 | 5.00 | 100% | 80% | 0% | - | - | | |
| Domain 4 | Domain 4 Pay for Reporting (P4R) | Complete | 9.00 | 9.00 | 100% | 20% | 0% | - | - | | |
| Domain 4 | Domain 4 Pay for Performance (P4P | N/A | N/A | N/A | N/A | 0% | 0% | - | - | | |
| Domain 4 Subtotal | | 9.00 | 9.00 | 100% | 20% | 0% | - | - | | | |
| | Total | Complete | 14.00 | 14.00 | 100% | 100% | 0% | - | - | | |

Total Project 4.b.i AVs Awarded: 14 out of 14

Hide Reviewer Comments

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



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| Print Alliance for Better Health Care, LLC - Project | | | | |
|---|----------------|---|--|--|
| | | | | |
| Percentage of adults with health insurance - Aged 18- 64 years | Pass & Ongoing | 1 | | |
| | | | | |
| Percentage of cigarette smoking among adults | Pass & Ongoing | 1 | | |
| | | | | |
| Percentage of premature death (before age 65 years) | Pass & Ongoing | 1 | | |
| | | | | |
| Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics | Pass & Ongoing | 1 | | |
| | | | | |
| Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics | Pass & Ongoing | 1 | | |
| | | | | |
| Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years | Pass & Ongoing | 1 | | |
| | | | | |
| Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years | Pass & Ongoing | 1 | | |
| | | | | |



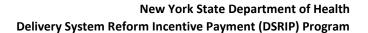
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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 4.b.i

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| Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics | | Pass & Ongoing | 1 |
|--|-------|----------------|------|
| | | | |
| | Total | | 9.00 |



NEW YORK STATE of Health Medicaid Redesign Team

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015

Alliance for Better Health Care, LLC - Project 4.a.iii

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

| Payment Snapshot | | | | |
|--|----|--------------|--|--|
| Payment Available (DY1) | \$ | 1,987,824.63 | | |
| DY1 Initial Payment | \$ | 1,192,694.78 | | |
| DY1 Q2 Payment Earned | \$ | 397,564.93 | | |
| DY1 Payment Not Earned to Date | \$ | (0.00) | | |
| DY1 Funding Remaining | \$ | 397,564.93 | | |
| Funding Available for Distribution DY1Q3 | \$ | - | | |

| 4.a.iii Scoresheet | | | | | | | | | |
|--------------------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY1) | Domain Funding % (DY1, Q3) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 80% 0% | 0% | - | - |
| | Patient Engagement Speed | N/A | 0.00 | 0.00 | 0% | | | | |
| Domain 1 Subtotal | | | 5.00 | 5.00 | 100% | 80% | 0% | - | - |
| Domain 4 | Domain 4 Pay for Reporting (P4R) | Complete | 11.00 | 11.00 | 100% | 20% | 0% | - | - |
| Domain 4 | Domain 4 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 0% | 0% | - | - |
| Domain 4 Subtotal | | | 11.00 | 11.00 | 100% | 20% | 0% | - | - |
| | Total | Complete | 16.00 | 16.00 | 100% | 100% | 0% | - | - |

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

Hide Reviewer Comments

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



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| Time | | |
|---|----------------|---|
| | | |
| Age-adjusted suicide death rate per 100,000 | Pass & Ongoing | 1 |
| | | |
| Percentage of adults with health insurance - Aged 18- 64 years | Pass & Ongoing | 1 |
| | | |
| Percentage of premature death (before age 65 years) | Pass & Ongoing | 1 |
| | | |
| Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics | Pass & Ongoing | 1 |
| | | |
| Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics | Pass & Ongoing | 1 |
| | | |
| Age-adjusted percentage of adult binge drinking during the past month | Pass & Ongoing | 1 |
| | | |
| Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years | Pass & Ongoing | 1 |
| | | |



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