

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

Achievement Value (AV) Scorecard Central New York Care Collaborative, Inc.

Print Summary Print All

	PPS Information
Quarter	DY1, Q3 October 1, 2015 - December 31, 2015
PPS	Central New York Care Collaborative, Inc.
PPS Number	8

	Achievo	ement Value (AV) Scorecard	Summary				
		AV [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	ithin each
2.a.i	20.00	20.00	0.00	20.00	\$ -	\$ -	\$ -	\$ -
2.a.iii	21.00	21.00	0.00	21.00	\$ -	\$ -	\$ -	\$ -
2.b.iii	20.00	20.00	0.00	20.00	\$ -	\$ -	\$ -	\$ -
2.b.iv	21.00	21.00	0.00	21.00	\$ -	\$ -	\$ -	\$ -
2.d.i	9.00	9.00	0.00	9.00	\$ -	\$ -	\$ -	\$ -
3.a.i	15.00	15.00	0.00	15.00	\$ -	\$ -	\$ -	\$ -
3.a.ii	16.00	15.00	0.00	15.00	\$ -	\$ -	\$ -	\$ -
3.b.i	12.00	12.00	0.00	12.00	\$ -	\$ -	\$ -	\$ -
3.g.i	10.00	10.00	0.00	10.00	\$ -	\$ -	\$ -	\$ -
4.a.iii	16.00	16.00	0.00	16.00	\$ -	\$ -	\$ -	\$ -
4.d.i	32.00	32.00	0.00	32.00	\$ -	\$ -	\$ -	\$ -



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

Achievement Value (AV) Scorecard Central New York Care Collaborative, Inc.

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AV Adjustments (Column F)								
Total	192.00	191.00	0.00	191.00 \$	- \$	- \$	- \$	



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

Central New York Care Collaborative, Inc. - Domain 1 Organizational AVs

Do	omain I Organizati	onal 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 S	Strategy			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarde
Workforce Strategy							
Budget Updates							
		Define target workforce state (in line with DSRIP program's goals)	N/A Page	3/31/2016	In Process	Pass & Ongoing	

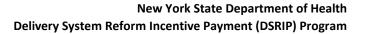


	Prin					bonum 1 org
Additional Workforce Strategy		Create a workforce transition roadmap for achieving defined target workforce	N/A	3/31/2016	In Process	Pass & Ongoing
		3. Perform detailed gap analysis between current state assessment of workforce and projected future state	N/A	3/31/2016	In Process	Pass & Ongoing
dget						
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
		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 orkforce						
Strategy Topic Areas		Key Stakeholders	N/A Page	N/A	In Process	Pass & Ongoing



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

			Section 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	
		Module 1.2 - PPS Budget Report (Quarterly	Ongoing	N/A	In Process	Pass & Ongoing	
Quarterly Project							
Reports, Project		Module 1.3 - PPS Flow of Funds (Baseline)	Ongoing	N/A	Completed	Pass & Complete	1
Budget and Flow of							
Funds		Module 1.4 - PPS Flow of Funds (Quarterly)	Ongoing	N/A	In Process	Pass & Ongoing	
		Quarterly Progress Reports	N/A	N/A	In Process	Pass & Ongoing	
			Page	5			





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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Central New York Care Collaborative, Inc. - Domain 1 Organizational AVs

Total 1

			Section 02 - Go	overnance			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize governance structure and subcommittee structure	9/30/2015	9/30/2015	Completed	Pass & Complete	
Governance Structure		Establish a clinical governance structure, including clinical quality committees for each DSRIP project	12/31/2015	12/31/2015	Completed	Pass & Complete	
Updates							1
		3. Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	9/30/2015	Completed	Pass & Complete	
Governance Process		4. Establish governance structure reporting and monitoring processes	12/31/2015	12/31/2015	Completed	Pass & Complete	
Update							
		5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,	N/A	3/31/2016	In Process	Pass & Ongoing	
		6. Finalize partnership agreements or contracts with CBOs	N/A	3/31/2016	In Process	Pass & Ongoing	
Additional							
Governance Milestones (non AV-		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 Page	6/30/2016	In Process	Pass & Ongoing	N/A



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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	3/31/2020	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	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Governance Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1



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		Sec	tion 03 - Financi	al Sustainability			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Av
		1. Finalize PPS finance structure, including reporting structure	12/31/2015	12/31/2015	Completed	Pass & Complete	
Financial Stability Update		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							
		3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d	12/31/2015	12/31/2015	Completed	Pass & Complete	1
							_
PPS Transition		4. Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types	3/31/2016	3/31/2016	In Process	Pass & Ongoing	
to Value							
Based Payment System		5. Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	3/31/2017	3/31/2016	In Process	Pass & Ongoing	
		6. Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	3/31/2018	3/31/2020	In Process	Pass & Ongoing	
Additional							



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PPS Transition to Value		7. Contract 50% of care-costs through Level 1 VBPs, and ≥ 30% of these costs through Level 2 VBPs or higher	3/31/2019	3/31/2020	In Process	Pass & Ongoing	N/A			
Based Payment										
System		8. ≥90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 70% of total costs	3/31/2020	N/A	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				
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing				
Additional Financial							N/A			
Stability Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A			
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing				
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing				
			Total				1			



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	Section 04 - Cultural Competency & Health Literacy										
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded				
		Finalize cultural competency / health literacy strategy.	12/31/2015	12/31/2015	Completed	Pass & Complete					
Cultural											
Competency /Health Literacy		2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	6/30/2016	6/30/2016	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					
Additional		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing					
Cultural Competency							N/A				
/Health Literacy		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	IN/A				
Topic Areas											
		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 Central New York Care Collaborative, Inc. - Domain 1 Organizational AVs

Total 1

		Sect	tion 05 - IT Syster	ns and Processes	5		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	N/A	3/31/2016	In Process	Pass & Ongoing	
IT Systems		Develop an IT Change Management					
		Strategy.	N/A	9/30/2016	In Process	Pass & Ongoing	
and Processes		3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	N/A	12/31/2016	In Process	Pass & Ongoing	N/A
		4. Develop a specific plan for engaging attributed members in Qualifying Entities	N/A	6/30/2016	In Process	Pass & Ongoing	
		5. Develop a data security and confidentiality plan.	6/30/2016	6/30/2016	In Process	Pass & Ongoing	
		This milestone is Pass an	d Ongoing pendir	ng final review of	security workb	ooks by DOH	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	



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

		Sec	ction 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	3/31/2016	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	
			Page 1	12			

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Topic Areas

Engagement

Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Central New York Care Collaborative, Inc. - Domain 1 Organizational AVs

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		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing
Additional Performanc						
e Reporting		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

professional groups, designed to educate

them about the DSRIP program and your PPS-specific quality improvement agenda.

Section 07 - Practitioner Engagement Process ΑV **Required Due Committed Due** Milestone Milestone **Reviewer Status AV Awarded** Driving Measure Date Date Status 1. Develop Practitioners communication N/A 6/30/2016 In Process Pass & Ongoing and engagement plan. 2. Develop training / education plan Practitioner N/A targeting practioners and other

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6/30/2016

Not Started

N/A

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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Central New York Care Collaborative, Inc. - Domain 1 Organizational AVs

		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 Practitioner							N/A
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	

	Section 08 - Population Health Management										
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded				
		Develop population health management roadmap.	N/A	9/30/2016	In Process	Pass & Ongoing	N/A				
Population							14/7				
Health		2. Finalize PPS-wide bed reduction plan.	N/A	3/31/2017	Not Started	Pass & Ongoing	N/A				

Total



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							19/75
		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	
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
-							
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				0

Section 09 - Clinical Integration											
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded				
		Perform a clinical integration 'needs assessment'.	N/A	9/30/2016	In Process	Pass & Ongoing	N/A				
Clinical							N/A				



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Integration	2. Develop a Clinical Integration strategy.	N/A	12/31/2016	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					
Additional Clinical						N/A				
Integration Topic Areas	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	IV/A				
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing					
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing					
		Total				0				

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

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AV Adjustment Scoresheet										
	AVs Per	Total	Total AVs	Total AVs	Awarded	Adjusted	Net A	Net AVs Awarded		
Adjustment	Projects		Available	Net	Percentage	Aujusteu	Net	Percentage AV		
	Troject	Selected	Available	Awarded	AV	AVS	Awarded	r ercentage 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	137.00	136.00	99%	0.00	136.00	99%		
Total			192.00	191.00	99%	0.00	191.00	99%		

Hid	de Reviewer Comments	Organizational	Project Adjustments			
	No AV Adjustments					
	Please note that there are no AV adjustments for Central New York Care Collaborative, Inc. in DY1, Q3					



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Central New York Care Collaborative, Inc. - Project 2.a.i

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

Payment Snapshot			
Payment Available (DY1)	\$	3,548,637.33	
DY1 Initial Payment	\$	2,129,182.40	
DY1 Q2 Payment Earned	\$	709,727.47	
DY1 Payment Not Earned to Date	\$	-	
DY1 Funding Remaining	\$	709,727.47	
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%	80%								
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		0%	-	-					
	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
					Pass & Ongoing	
		•	•			
Total	Page 1	8				0.00



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			Durait and Durait			
AV Driving	Domain 1 Project Prescribed Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	evolving into an IDS.					
	3. Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	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
	, ,					
	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.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
	Page 1	9				



Print		Cent	ral New York	Care Collaborative, Inc	Project 2.a.i
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.	3/31/2019	3/31/2017	Not Started	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
10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	3/31/2019	3/31/2019	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	3/31/2019	3/31/2019	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		



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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 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
	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 ± Page 21	Pass & Ongoing	1



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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
PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
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New York State Department of Health Delivery System Reform Incentive Payment (DSRIP) Program

Save & Return Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 3 Central New York Care Collaborative, Inc Projection			
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

Central New York Care Collaborative, Inc. - Project 2.a.iii

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

Payment Snapshot				
Payment Available (DY1)	\$	2,914,952.09		
DY1 Initial Payment	\$	1,748,971.26		
DY1 Q2 Payment Earned	\$	582,990.42		
DY1 Payment Not Earned to Date	\$	(0.00)		
DY1 Funding Remaining	\$	582,990.42		
Funding Available for Distribution DY1Q3	\$	-		

	2.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%	80%															
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		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	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	21.00	21.00	100%	100%	0%	-	-												

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

Hide Reviewer Comments

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



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Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
Total					1.00

	Domain 1 Project Prescribed I	Milestones - F	Project 2.a.iii					
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	1. Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A		
	2. Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and/or Advanced Primary Care accreditation by Demonstration Year (DY) 3.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A		
	3. Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	3/31/2017	3/31/2018	In Process	Pass & Ongoing	N/A		
	4. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	3/31/2017	3/31/2018	In Process	Pass & Ongoing	N/A		
	5. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	3/31/2017	3/31/2018	In Process	Pass & Ongoing	N/A		
	Page 25							



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6. Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	3/31/2017	3/31/2018	In Process	Pass & Ongoing	N/A
engage minyrier in care and to reduce patient risk factors.					
7. Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
8. Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A
9. Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A
Total					0.00

Domain 2 Pay for Performance and Pay for Reporting - Project 2.a.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			
	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			



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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
		0.0
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
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Save & Return Print

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
PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5



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

Save & Return Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - Decem Central New York Care Collaborative, Inc Inc.		
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 Central New York Care Collaborative, Inc. - 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)	\$	2,724,846.52		
DY1 Initial Payment	\$	1,634,907.91		
DY1 Q2 Payment Earned	\$	544,969.30		
DY1 Payment Not Earned to Date	\$	0.00		
DY1 Funding Remaining	\$	544,969.30		
Funding Available for Distribution DY1Q3	\$	-		

	2.b.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%		80% 0%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	80%		-	-		
	Patient Engagement Speed	Complete	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.b.iii AVs Awarded: 20 out of 20

Hide Reviewer Comments

	Domain 1 Project Milestones - Project 2.b.iii									
AV Driving	Project Requirement and Metric/Deliverable		Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded				
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A				
				Please Select						
	Page 3	3O								



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	Module 3 - Patient Engagement Speed		N/A	Not Started	Pass & Ongoing	N/A
Total						

	Domain 1 Project Prescribed N	/lilestones - F	Project 2.b.iii			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. Establish ED care triage program for at-risk populations	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. 	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
•	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	3/31/2017	3/31/2017	Not Started	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 1	3/31/2020	On Hold	Pass & Ongoing	N/A



Print		Centro	al New York (Care Collaborative, Inc F	Project 2.b.iii
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					

	Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.iii (all Milestones are P4F	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
	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 Page 32	Pass & Ongoing	0.25



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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
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



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	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1
	Detection Avaidable Engagement Deservicing	Dags & Ongoing	
	Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
	Potentially Avoidable Readmissions	Pass & Ongoing	1
	PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
	T QC 30 Composite of an incusaries 17	1 das & Oligonia	
	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

Central New York Care Collaborative, Inc. - Project 2.b.iv

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

Payment Snapshot						
Payment Available (DY1)	\$	2,722,790.65				
DY1 Initial Payment	\$	1,633,674.39				
DY1 Q2 Payment Earned	\$	544,558.13				
DY1 Payment Not Earned to Date	\$	0.00				
DY1 Funding Remaining	\$	544,558.13				
Funding Available for Distribution DY1Q3	\$	-				

	2.b.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%	80% 0%	% 0%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	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	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			21.00	21.00	100%	100%	0%	-	-		

Total Project 2.b.iv AVs Awarded: 21 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	
	Page 35						

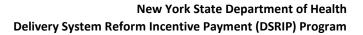


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	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
Total						1.00

	Domain 1 Project Prescribed I	Milestones - F	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.	3/31/2017	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
	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





Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Central New York Care Collaborative, Inc. - Project 2.b.iv

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	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 P4F	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
	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
	Page 37		



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A	Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.
,			
	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0
)	Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0
	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	
)			



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Total		15.00
	. 400 % 0.16011.6	0.5
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
, , , , , , , , , , , , , , , , , , , ,	0. 6	5.5
Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
Potentially Avoidable Readmissions	Pass & Ongoing	1
Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1



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

Central New York Care Collaborative, Inc. - 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)	\$ 2,356,103.33
DY1 Initial Payment	\$ 1,413,662.00
DY1 Q2 Payment Earned	\$ 471,220.67
DY1 Payment Not Earned to Date	\$ -
DY1 Funding Remaining	\$ 471,220.67
Funding Available for Distribution DY1Q3	\$ -

	2.d.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%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	80%	0%	-	-
	Patient Engagement Speed	Complete	0.00	0.00	0%	1			
	Domain 1 Subtotal		5.00	5.00	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	100%	20%	0%	-	-
Total Complete			9.00	9.00	100%	100%	0%	-	-

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

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



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Module 3 - Patient Engagement Speed	Ongoing	N/A	Not Started	Pass & Ongoing	N/A
Total					0.00

	Domain 1 Project Prescribed	Milestones -	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.	3/31/2018	3/31/2018	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
						,
	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 techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A

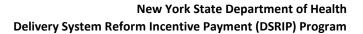


	Print		Cent	ral New York	Care Collaborative, Inc	Project 2.d.i
	6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A
•	7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM® during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	3/31/2018	3/31/2018	Not Started	Pass & Ongoing	N/A
	8. Include beneficiaries in development team to promote preventive care.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	9. Measure PAM® components	3/31/2018	3/31/2018	Not Started	Pass & Ongoing	N/A
	10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	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®. Page 4	3/31/2017 12	3/31/2017	In Process	Pass & Ongoing	N/A



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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	3/31/2018	3/31/2018	Not Started	Pass & Ongoing	N/A
15. Inform and educate pavigators about insurance entions and					
15. Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	3/31/2018	3/31/2018	Not Started	Pass & Ongoing	N/A
16. Ensure appropriate and timely access for navigators when					
attempting to establish primary and preventive services for a	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
17. Derform population health management by actively using EHPs and	I				
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				





Print Central New York Care Collaborative, Inc Project					
C&G CAHPS by PPS for uninsured- Helpful, courteous, and respectful office staff	Pass & Ongoing	0.25			
ED use by uninsured	Pass & Ongoing	1			
PAM Level	Pass & Ongoing	1			
Use of primary and preventive care services Percent of attributed Medicaid members with no claims hist for primary care and preventive services in measurement year compared to same in baseline year	Pass & Ongoing	1			
Total		4.00			



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Central New York Care Collaborative, Inc. - Project 3.a.i

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

Payment Snapshot						
Payment Available (DY1)	\$	2,471,372.43				
DY1 Initial Payment	\$	1,482,823.46				
DY1 Q2 Payment Earned	\$	494,274.49				
DY1 Payment Not Earned to Date	\$	(0.00)				
DY1 Funding Remaining	\$	494,274.49				
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%						
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		80% 0%	-	-			
	Patient Engagement Speed	Complete	0.00	0.00	0%							
	Domain 1 Subtotal		5.00	5.00	100%	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	15.00	15.00	100%	100%	0%	-	-			

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

	Domain 1 Project Milestones - Project 3.a.i							
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A		
	Page 4	15						



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	Module 3 - Patient Engagement Speed	Ongoing	N/A	Not Started	Pass & Ongoing	N/A
	Total					0

	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	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								
		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	3/31/2018	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	3/31/2018	In Process	Pass & Ongoing	N/A	
-		Page /	16					



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		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	3/31/2018	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.	3/31/2018	3/31/2020	On Hold	Pass & Ongoing	N/A
		10. Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	3/31/2017	3/31/2017	On Hold	Pass & Ongoing	N/A
		11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	3/31/2020	3/31/2020	On Hold	Pass & Ongoing	N/A
3.a.i Model 3		12. Designate a Psychiatrist meeting requirements of the IMPACT Model.	3/31/2020	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
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Print			Cent	ral New York	Care Collaborative, Inc	Project 3.a.i
	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.	3/31/2020	3/31/2020	On Hold	Pass & Ongoing	N/A
Total						0

	Domain 3 Pay for Performance and Pay for Reporting - Project 3.a.i (all Milestones are P4R	in DY1)	
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
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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
		0.0
Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Pass & Ongoing	0.5
Tollow up care for elimatent resembed Abrib Medications illitiation ringse	T uss & ongoing	0.5
Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5
	, c. cgcg	0.3
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 30 days	Pass & Ongoing	0.5



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

Central New York Care Collaborative, Inc. - Project 3.a.ii

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

Payment Snapshot				
Payment Available (DY1)	\$	2,344,635.38		
DY1 Initial Payment	\$	1,406,781.23		
DY1 Q2 Payment Earned	\$	468,927.08		
DY1 Payment Not Earned to Date	\$	0.00		
DY1 Funding Remaining	\$	468,927.08		
Funding Available for Distribution DY1Q3	\$	-		

	3.a.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%		0%					
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	80%		-	-			
	Patient Engagement Speed	Complete	1.00	0.00	0%							
	Domain 1 Subtotal		6.00	5.00	83%	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.ii AVs Awarded: 15 out of 16

	Domain 1 Project Milestones - Project 3.a.ii					
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A
	Page 5	50				_



Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Central New York Care Collaborative, Inc. - Project 3.a.ii

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Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0
Total					0.00

	Domain 1 Project Prescribed I	Milestones - I	Project 3.a.ii					
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	1. Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	NA		
	2. Establish clear linkages with Health Homes, ER and hospital services							
	to develop and implement protocols for diversion of patients from	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A		
	emergency room and inpatient services.							
	3. Establish agreements with the Medicaid Managed Care organizations							
	serving the affected population to provide coverage for the service array under this project.	3/31/2018	3/31/2018	Not Started	Pass & Ongoing	NA		
	4. Develop written treatment protocols with consensus from	3/31/2017	3/31/2017	In Process	Pass & Ongoing	NA		
	participating providers and facilities.	0,01,101	3,32,232					
	5. Include at least one hospital with specialty psychiatric services and				<u>.</u>			
	crisis-oriented psychiatric services; expansion of access to specialty	3/31/2017	3/31/2017	In Process	Pass & Ongoing	NA		
	psychiatric and crisis-oriented services.							
	Expand access to observation unit within hospital outpatient or at an							
	off campus crisis residence for stabilization monitoring services (up to 48 hours).	3/31/2018	3/31/2018	In Process	Pass & Ongoing	NA		
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	7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	NA
	8. Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	NA
	9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	3/31/2018	3/31/2018	Not Started	Pass & Ongoing	NA
	10. Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	NA
	11. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	NA
Total 0.0						0.00

	Domain 3 Pay for Performance and Pay for Reporting - Project 3.a.ii (all Milestones are P4R in DY1)				
AV Driving	Measure	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		
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	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
	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



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

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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



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

Central New York Care Collaborative, Inc. - Project 3.b.i

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

Payment Snapshot							
Payment Available (DY1)	\$	1,816,802.42					
DY1 Initial Payment	\$	1,090,081.45					
DY1 Q2 Payment Earned	\$	363,360.48					
DY1 Payment Not Earned to Date	\$	(0.00)					
DY1 Funding Remaining	\$	363,360.48					
Funding Available for Distribution DY1Q3	\$	-					

	3.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%	80%	80%							
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%			0%	-	-				
	Patient Engagement Speed	Complete	0.00	0.00	0%									
	Domain 1 Subtotal		5.00	5.00	100%	80%	0%	-	-					
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	7.00	7.00	100%	20%	0%	-	-					
Domain 5	Domain 3 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-					
	Domain 2 Subtotal			7.00	100%	20%	0%	-	-					
	Total	Complete	12.00	12.00	100%	100%	0%	-	-					

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

	Domain 1 Project Milestones - Project 3.b.i										
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded					
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A					
	Page 5	55									



Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Central New York Care Collaborative, Inc. - Project 3.b.i

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	Module 3 - Patient Engagement Speed	Ongoing	N/A	Not Started	Pass & Ongoing	N/A
Total						

	Domain 1 Project Prescribed	Milestones -	Project 3.b.i							
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded				
	Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		3/31/2017	In Process	Pass & Ongoing	N/A				
	2. Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A				
	3. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	3/31/2018	3/31/2018	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. Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A				
	6. Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A				
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7. Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
8. Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	3/31/2017	3/31/2018	Not Started	Pass & Ongoing	N/A
9. Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A
10. Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	3/31/2017	3/31/2018	In Process	Pass & Ongoing	N/A
11. 'Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A
12. Document patient driven self-management goals in the medical record and review with patients at each visit.	3/31/2017	3/31/2018	In Process	Pass & Ongoing	N/A
13. Follow up with referrals to community based programs to document participation and behavioral and health status changes.	3/31/2017	3/31/2018	Not Started	Pass & Ongoing	N/A
14. Develop and implement protocols for home blood pressure monitoring with follow up support.	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A
15. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	7 ^{3/31/2017}	3/31/2017	In Process	Pass & Ongoing	N/A



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16. Facilitate referrals to NYS Smoker's Quitline.	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A
17. Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk	3/31/2017	3/31/2018	Not Started	Pass & Ongoing	N/A
18. Adopt strategies from the Million Hearts Campaign.	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A
19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this	3/31/2017	3/31/2018	Not Started	Pass & Ongoing	N/A
20. Engage a majority (at least 80%) of primary care providers 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.b.i (all Milestones are P4R in DY1)								
AV Driving	Measure	Reviewer Status	AVs Awarded						
	Aspirin Use	Pass & Ongoing	0.5						
	Discussion of Risks and Benefits of Aspirin Use	Pass & Ongoing	0.5						
	Controlling High Blood Pressure Page 58	Pass & Ongoing	1						



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Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1
Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1
Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.3333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333
Prevention Quality Indicator # 13 (Angina without procedure) ±	Pass & Ongoing	1
Prevention Quality Indicator # 7 (HTN) ±	Pass & Ongoing	1
Total		7.00



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Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Central New York Care Collaborative, Inc. - 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)	\$	1,394,107.52					
DY1 Initial Payment	\$	836,464.51					
DY1 Q2 Payment Earned	\$	278,821.50					
DY1 Payment Not Earned to Date	\$	(0.00)					
DY1 Funding Remaining	\$	278,821.50					
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%							
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%			6 0%	-	-				
	Patient Engagement Speed	Complete	0.00	0.00	0%									
	Domain 1 Subtotal		5.00	5.00	100%	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	100%	20%	0%	-	-					
	Total	Complete	10.00	10.00	100%	100%	0%	-	-					

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

	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			
	Page €	50							



Achievement Value (AV) Scorecard DY1, Q3 October 1, 2015 - December 31, 2015 Central New York Care Collaborative, Inc. - Project 3.g.i

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Total	0.00

Domain 1 Project Prescribed Milestones - Project 3.g.i						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	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
	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



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AV Driving	Measure	Reviewer Status	AVs Awarded
	Advanced Directives – Talked about Appointing for Health Decisions	Pass & Ongoing	1
	Depressive feelings - percentage of members who experienced some depression feeling ±	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
	Total		5.00



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

Central New York Care Collaborative, Inc. - Project 4.a.iii

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

Payment Snapshot					
Payment Available (DY1)	\$	1,267,370.48			
DY1 Initial Payment	\$	760,422.29			
DY1 Q2 Payment Earned	\$	253,474.10			
DY1 Payment Not Earned to Date	\$	0.00			
DY1 Funding Remaining	\$	253,474.10			
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%	80%					
Domain 1	Project Implementation Speed	N/A	0.00	0.00	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	100%	20%	0%	-	-		
	Total	Complete	16.00	16.00	100%	100%	0%	-	-		

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

	Domain 4 Pay for Performance and Pay for Reporting - Project 4.a.iii (all Milestones are P4R in 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				
	Age-adjusted suicide death rate per 100,000	Pass & Ongoing	1				
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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
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
TotalPage 64		11.00



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

Central New York Care Collaborative, Inc. - Project 4.d.i

Project Snapshot					
Project Domain Domain 4: Population-wide Projects: New York's					
Project ID	4.d.i				
Project Title	Reduce Premature Births				

Payment Snapshot					
Payment Available (DY1)	\$	1,520,844.57			
DY1 Initial Payment	\$	912,506.74			
DY1 Q2 Payment Earned	\$	304,168.91			
DY1 Payment Not Earned to Date	\$	0.00			
DY1 Funding Remaining	\$	304,168.91			
Funding Available for Distribution DY1Q3	\$	-			

	4.d.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%	% 0%		
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%			-	-
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal			5.00	100%	80%	0%	-	-
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	27.00	27.00	100%	20%	0%	-	-
Domain 4	Domain 4 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal			27.00	100%	20%	0%	-	-
Total Complete		32.00	32.00	100%	100%	0%	-	-	

Total Project 4.d.i AVs Awarded: 32 out of 32

Domain 4 Pay for Performance and Pay for Reporting - Project 4.d.i (all Milestones are P4R in DY1)					
AV Driving	Measure	Reviewer Status	AVs Awarded		
	Adolescent pregnancy rate per 1,000 females - Aged 15- 17 years	Pass & Ongoing	1		
	Adolescent pregnancy rate per 1,000 females - Aged 15- 17 years – Ratio of Black non-Hispanics to White nonHispanics	Pass & Ongoing	1		
	Page 65				



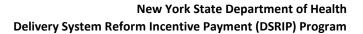
Save & Return Print

Adolescent pregnancy rate per 1,000 females - Aged 15- 17 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
Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
Maternal mortality rate per 100,000 births	Pass & Ongoing	1
Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
Percentage of children with any kind of health insurance - Aged under 19 years	Pass & Ongoing	1
Percentage of infants exclusively breastfed in the hospital	Pass & Ongoing	1



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Percentage of infants exclusively breastfed in the hospital – Ratio of Black nonHispanics to White nonHispanics	Pass & Ongoing	1
Percentage of infants exclusively breastfed in the hospital – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
Percentage of infants exclusively breastfed in the hospital – Ratio of Medicaid births to non-Medicaid births	Pass & Ongoing	1
Percentage of live births that occur within 24 months of a previous pregnancy	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
Percentage of preterm births	Pass & Ongoing	1
Percentage of preterm births – Ratio of Black nonHispanics to White nonHispanics	Pass & Ongoing	1





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	Total		27.00
_	Percentage of women with health coverage - Aged 18-64 years	Pass & Ongoing	1
	Percentage of unintended pregnancy among live births—Ratio of Medicaid births to non-Medicaid births	Pass & Ongoing	1
	Percentage of unintended pregnancy among live births—Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
		2 22	
	Percentage of unintended pregnancy among live births – Ratio of Black nonHispanics to White nonHispanics	Pass & Ongoing	1
	Percentage of unintended pregnancy among live births	Pass & Ongoing	1
	Percentage of preterm births – Ratio of Medicaid births to non-Medicaid births	Pass & Ongoing	1
	Percentage of preterm births – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1