

Print Summary

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Achievement Value (AV) Scorecard State University of New York at Stony Brook University Hospital

	PPS Information						
Quarter	DY1, Q2 July 1, 2015 - September 30, 2015						
PPS	State University of New York at Stony Brook University Hospital						
PPS Number	16						

	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	Organizational funds are embedded within each project's payment				
2.a.i	20.00	20.00	0.00	20.00	\$841,243.12	\$841,243.12		\$841,243.12	
2.b.iv	21.00	21.00	0.00	21.00	\$645,954.53	\$645,954.53	\$-	\$645,954.53	
2.b.vii	21.00	21.00	0.00	21.00	\$615,910.14	\$615,910.14	\$-	\$615,910.14	
2.b.ix	21.00	21.00	0.00	21.00	\$540,799.15	\$540,799.15	\$-	\$540,799.15	
2.d.i	10.00	10.00	0.00	10.00	\$587,774.77	\$587,774.77	\$-	\$587,774.77	
3.a.i	16.00	16.00	0.00	16.00	\$585,865.74	\$585,865.74	\$-	\$585,865.74	
3.b.i	13.00	13.00	0.00	13.00	\$446,079.88	\$446,079.88	\$-	\$446,079.88	
3.c.i	12.00	12.00	0.00	12.00	\$450,665.95	\$450,665.95	\$-	\$450,665.95	
3.d.ii	10.00	10.00	0.00	10.00	\$465,688.15	\$465,688.15	\$-	\$465,688.15	
4.a.ii	16.00	16.00	0.00	16.00	\$300,443.97	\$300,443.97	\$-	\$300,443.97	
4.b.ii	21.00	21.00	0.00	21.00	\$255,377.37	\$255,377.37	\$ -	\$255,377.37	

NEW YORK STATE of Health Medicaid Redesign Team	n New York State Department of Hea Delivery System Reform Incentive Payment (DSRIP) Progr						
Print Summary Print All				State University of I	Achievement V New York at Stony Brool	(alue (AV) Scorecard CUniversity Hospital	
AV Adjustments (Column F)							
Total	181.00	181.00	0.00	672.00 \$5,735,8	03 \$5,735,803 \$	- \$5,735,803	



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Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 State University of New York at Stony Brook University Hospital - Domain 1 Organizational

Do	main 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 Awarded
			<u> </u>				
		 Define target workforce state (in line with DSRIP program's goals) 	N/A Page	N/A	In Process	Pass & Ongoing	



Workforce

Topic Areas

Key Stakeholders

Strategy

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

Save & Return Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 State University of New York at Stony Brook University Hospital - Domain 1 Organizational Print 2. Create a workforce transition roadmap N/A N/A Not Started Pass & Ongoing for achieving defined target workforce 3. Perform detailed gap analysis between Additional current state assessment of workforce N/A N/A Pass & Ongoing Not Started Workforce and projected future state Strategy Budget Updates 4. Produce a compensation and benefit (non AVanalysis, covering impacts on both driving) retrained and redeployed staff, as well as N/A N/A Pass & Ongoing Not Started new hires, particularly focusing on full and partial placements 5. Develop training strategy N/A N/A Pass & Ongoing Not Started \bigcirc Major Risks to Implementation & Risk N/A N/A Pass & Ongoing In Process Mitigation Strategies Major Dependencies on Organizational N/A N/A In Process Pass & Ongoing Workstreams Roles and Responsibilities Pass & Ongoing N/A N/A In Process Additional

N/A

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N/A

In Process

N/A

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

Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015

State University of New York at Stony Brook University Hospital - Domain 1 Organizational Print N/A IT Expectations N/A Pass & Ongoing In Process \bigcirc N/A N/A Pass & Ongoing Progress Reporting In Process \bigcirc Total 1

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

			Section 02 - G	overnance			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize governance structure and sub- committee structure	9/30/2015	9/30/2015	Completed	Pass & Complete	
Governance Structure		2. Establish a clinical governance structure, including clinical quality committees for each DSRIP project	12/31/2015	9/30/2015	Completed	Pass & Complete	
Updates							1
		3. Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	6/30/2015	Completed	Pass & Complete	
Governance Process		4. Establish governance structure reporting and monitoring processes	12/31/2015	12/31/2015	In Process	Pass & Ongoing	
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	9/30/2016	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	6/30/2018	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						NI / A
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 Awarded
		1. Finalize PPS finance structure, including reporting structure	12/31/2015	12/31/2015	In Process	Pass & Ongoing	
Financial Stability		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							
-		 Finalize Compliance Plan consistent with New York State Social Services Law 363-d 	12/31/2015	12/31/2015	In Process	Pass & Ongoing	1
PPS		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	
Transition 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	12/31/2016	12/31/2016	In Process	Pass & Ongoing	
		6. Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	TBD	N/A	N/A	N/A	
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 	TBD	N/A	N/A	N/A	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	TBD	N/A	N/A	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 Financial						N/A
Stability Topic Areas	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	NA
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
		Total				1

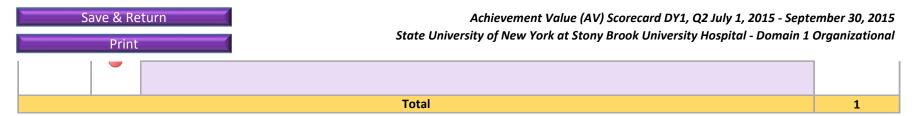


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		Section 04	- Cultural Compe	tency & Health I	_iteracy		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize cultural competency / health literacy strategy.	12/31/2015	12/31/2015	In Process	Pass & Ongoing	
Cultural							
Competency /Health Literacy		 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	N/A
Topic Areas							
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	





AV Driving	Milestone 1. Perform current state assessment of IT	Required Due Date	Committed Due	Milestone	Reviewer Status	
	1. Perform current state assessment of IT		Date	Status	Reviewer Status	AV Awarded
	capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	N/A	6/30/2016	In Process	Pass & Ongoing	
•	2. Develop an IT Change Management Strategy.	N/A	6/30/2016	In Process	Pass & Ongoing	
•	3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	N/A	3/31/2016	In Process	Pass & Ongoing	N/A
•	 Develop a specific plan for engaging attributed members in Qualifying Entities 	N/A	9/30/2016	In Process	Pass & Ongoing	
•	5. Develop a data security and confidentiality plan.	N/A	6/30/2016	In Process	Pass & Ongoing	
	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
	•	2. Develop an IT Change Management Strategy. 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network 4. Develop a specific plan for engaging attributed members in Qualifying Entities 5. Develop a data security and confidentiality plan. Major Risks to Implementation & Risk Mitigation Strategies	2. Develop an IT Change Management Strategy. N/A 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network N/A 4. Develop a specific plan for engaging attributed members in Qualifying Entities N/A 5. Develop a data security and confidentiality plan. N/A Major Risks to Implementation & Risk Mitigation Strategies N/A	2. Develop an IT Change Management Strategy. N/A 6/30/2016 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network N/A 3/31/2016 4. Develop a specific plan for engaging attributed members in Qualifying Entities N/A 9/30/2016 5. Develop a data security and confidentiality plan. N/A 6/30/2016	2. Develop an IT Change Management Strategy. N/A 6/30/2016 In Process 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network N/A 3/31/2016 In Process 4. Develop a specific plan for engaging attributed members in Qualifying Entities N/A 9/30/2016 In Process 5. Develop a data security and confidentiality plan. N/A 6/30/2016 In Process	Image: Strategy in the strategy



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

		Sec	tion 06 - Perforn	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	9/30/2015	Completed	Pass & Complete	N/A
Performanc							
e Reporting		2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	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	12			



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Í	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						NI / A
e Reporting Topic Areas	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
		-	-			
		Total				0

		Sec	tion 07 - Practitio	ner Engagement	t		
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	3/31/2016	In Process	Pass & Ongoing	
Practitioner Engagement		 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
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		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	
			Total				0

		Section	08 - Population	Health Managem	nent		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		 Develop population health management roadmap. 	N/A	6/30/2016	In Process	Pass & Ongoing	N/A
Population							NA
Health		2. Finalize PPS-wide bed reduction plan.	N/A	3/31/2017	In Process	Pass & Ongoing	NI/A



Save & Return Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 State University of New York at Stony Brook University Hospital - Domain 1 Organizational Print 11/7 Major Risks to Implementation & Risk N/A N/A In Process Pass & Ongoing Mitigation Strategies Major Dependencies on Organizational N/A N/A In Process Pass & Ongoing Workstreams Roles and Responsibilities N/A N/A In Process Pass & Ongoing Additional Population N/A Health Topic Key Stakeholders N/A N/A In Process Pass & Ongoing Areas N/A IT Expectations N/A Pass & Ongoing In Process

N/A N/A Pass & Ongoing **Progress Reporting** In Process Total 0 Section 09 - Clinical Integration Process AV Required Due **Committed Due** Milestone **Reviewer Status** Milestone AV Awarded

Measure	Driving	Whiestone	Date	Date	Status		Av Awaraca
		1. Perform a clinical integration 'needs assessment'.	N/A	3/31/2016	In Process	Pass & Ongoing	N/A
Clinical							N/A



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Integration	2. Develop a Clinical Integration strategy.	N/A	6/30/2016	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	N/A
Additional Clinical						
Integration 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



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	Project Snapshot	Payment Snapshot		
Project Domain	System Transformation Projects (Domain 2)	1	Payment Available (DY1)	\$ 4,206,215.58
Project ID	2.a.i	1	DY1 Payment Earned to Date	\$ 2,523,729.35
	Create an Integrated Delivery System focused on	1	DY1 Payment Not Earned to Date	\$ -
Project Title	Evidence Based Medicine and Population Health		DY1 Funding Remaining	\$ 1,682,486.23
	Management		Funding Available for Distribution DY1Q2	\$ 841,243.12

			2.a.i Score	sheet					
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q2)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	80%	10%	420,622	420,622
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal		5.00	5.00	100%	80%	10%	420,622	420,622
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	20%	10%	420,622	420,622
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%	10%	420,622	420,622
	Total	Complete	20.00	20.00	100%	100%	20%	841,243	841,243

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

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	Domain 1 Project Miles	tones - Proje	ct 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
Total						0.00
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	Domain 1 Project Prescribed	Milestone <u>s</u> - I	Project 2.a.i			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	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.	3/31/2018	3/31/2017	In Process	Pass & Ongoing	N/A
	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.	3/31/2018	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.	3/31/2018	3/31/2017	In Process	Pass & Ongoing	N/A



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	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	
		1					
	9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	3/31/2018	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.	3/31/2018	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							

	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 20	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
Page 21		

Department ORK OTATE Medicaid Redesign Team Of Health Medicaid Delivery System Reformation Delivery System Reformation	New York State Departmo rm Incentive Payment (DSI	
Save & Return Achievement Value (AV) Scorecard DY. Print ity of New York at Stony I	1, Q2 July 1, 2015 - Septem Brook University Hospital -	
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
Total		15.00



Save & Return Print Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 y of New York at Stony Brook University Hospital - Project 2.b.iv

Project Snapshot			Payment Snapshot					
Project Domain	System Transformation Projects (Domain 2)		Payment Available (DY1)	\$	3,229,772.67			
Project ID	2.b.iv		DY1 Payment Earned to Date	\$	1,937,863.60			
	Care transitions intervention patients with a care		DY1 Payment Not Earned to Date	\$	-			
Project Title	Care transitions intervention patients with a care transition plan developed prior to discharge.		DY1 Funding Remaining	\$	1,291,909.07			
			Funding Available for Distribution DY1Q2	\$	645,954.53			

	2.b.iv Scoresheet													
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q2)	Payment Available (\$)	Net Payment Earned (\$)					
	Domain 1 Organizational	Complete	5.00	5.00	100%									
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	80%	10%	322,977	322,977					
	Patient Engagement Speed	Complete	1.00	1.00	100%									
	Domain 1 Subtotal		6.00	6.00	100%	80%	10%	322,977	322,977					
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	20%	10%	322,977	322,977					
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%	10%	322,977	322,977					
	Total Complete			21.00	100%	100%	20%	645,955	645,955					

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

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

	Domain 1 Project Prescribed I	Vilestones - F	Project 2.b.iv			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. 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	3/31/2017	In Process	Pass & Ongoing	N/A
	3. Ensure required social services participate in the project.	3/31/2017	3/31/2017	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
	Dege					



Save & Return Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - Septem y of New York at Stony Brook University Hospital - I						
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7. Use EHRs and other techn in the project.	ical platforms to track all patients engaged	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	Total					0.00
	Totai					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
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New York State Department of Health Delivery System Reform Incentive Payment (DSRIP) Program

	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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_	Save & Return Achievement Value (AV) Score Print :y of New York at		Q2 July 1, 2015 - Septemi ok University Hospital - P	
	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of n reimbursement	on-FFS	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



Save & Return Print Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 y of New York at Stony Brook University Hospital - Project 2.b.ix

Project Snapshot			Payment Snapshot					
Project Domain	System Transformation Projects (Domain 2)	1	Payment Available (DY1)	\$	2,703,995.73			
Project ID	2.b.ix	1	DY1 Payment Earned to Date	\$	1,622,397.44			
		1	DY1 Payment Not Earned to Date	\$	-			
Project Title	Implementation of observational programs in		DY1 Funding Remaining	\$	1,081,598.29			
	hospitals	Funding Available for Distribution DY1Q2	\$	540,799.15				

			2.b.ix Score	esheet											
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q2)	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%		10%	270,400	270,400						
	Patient Engagement Speed	Complete	1.00	1.00	100%										
	Domain 1 Subtotal		6.00	6.00	100%	80%	10%	270,400	270,400						
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	20%	10%	270,400	270,400						
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%	10%	270,400	270,400						
	Total Complete			21.00	100%	100%	20%	540,799	540,799						

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

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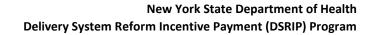
	Domain 1 Project Milestones - Project 2.b.ix								
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded			
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A			



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

	Domain 1 Project Prescribed I	Vilestones - F	Project 2.b.ix			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
	2. Create clinical and financial model to support the need for the unit.	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
	3. Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	9/30/2017	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 Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	9/30/2017	3/31/2018	In Process	Pass & Ongoing	N/A
		-				
	5. Use EHRs and other technical platforms to track all patients engaged in the project.	9/30/2017	3/31/2017	In Process	Pass & Ongoing	N/A
-						
	Total					0.00





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	Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.ix (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
	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) Page 30	Pass & Ongoing	0.5



Save & Return Print	Achievement Value (AV) Scorecard DY1 y of New York at Stony Br:		-
Helpful, Courteous, and Resp	pectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
H-CAHPS – Care Transition N	1etrics	Pass & Ongoing	1
Medicaid Spending on ER an	d Inpatient Services ±	Pass & Ongoing	1
Medicaid spending on Prima	ry Care and community based behavioral health care	Pass & Ongoing	1
PDI 90– Composite of all me	easures +/-	Pass & Ongoing	1
Percent of eligible providers able to participate in bidirec	with participating agreements with RHIOs, meeting Meaningful Use criteria and	Pass & Ongoing	1
Percent of PCP meeting PCN	IH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1
Percent of total Medicaid provide the second	ovider reimbursement received through sub-capitation or other forms of non-FFS	Pass & Ongoing	1
Potentially Avoidable Emerg	ency Room Visits	Pass & Ongoing	1



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

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Save & Return Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 y of New York at Stony Brook University Hospital - Project 2.b.ix Print 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



Save & Return Print Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 y of New York at Stony Brook University Hospital - Project 2.b.vii

Project Snapshot			Payment Snapshot	
Project Domain	System Transformation Projects (Domain 2)		Payment Available (DY1)	\$ 3,079,550.69
Project ID	2.b.vii		DY1 Payment Earned to Date	\$ 1,847,730.41
	Implementing the INITEDACT project (inpetient	1	DY1 Payment Not Earned to Date	\$ -
Project Title	Implementing the INTERACT project (inpatient		DY1 Funding Remaining	\$ 1,231,820.28
	transfer avoidance program for SNF)		Funding Available for Distribution DY1Q2	\$ 615,910.14

		2.b.vii Score	esheet						
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q2)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	80%	10%	307,955	307,955
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		6.00	6.00	100%	80%	10%	307,955	307,955
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	20%	10%	307,955	307,955
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%	10%	307,955	307,955
	Total	Complete	21.00	21.00	100%	100%	20%	615,910	615,910

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

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	Domain 1 Project Milestones - Project 2.b.vii							
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

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

	Domain 1 Project Prescribed N	Ailestones - P	roject 2.b.vii			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	2. Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	3. Implement 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
	4. Educate all staff on care pathways and INTERACT principles.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	5. Implement 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/A
	6. Create coaching program to facilitate and support implementation.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
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7. Educate patient and family/caretakers, to facilitate participation in planning of care.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
8. Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	3/31/2017	3/31/2018	In Process	Pass & Ongoing	N/A
9. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
10. 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.vii (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					
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New York State Department of Health Delivery System Reform Incentive Payment (DSRIP) Program

Achievement Val

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
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
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
TotalPage 37		15.00



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Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 ity of New York at Stony Brook University Hospital - Project 2.d.i

	Project Snapshot	Payment Snapshot	
Project Domain	System Transformation Projects (Domain 2)	Payment Available (DY1)	\$ 2,938,873.84
Project ID	2.d.i	DY1 Payment Earned to Date	\$ 1,763,324.30
	Implementation of Patient Activation Activities to	DY1 Payment Not Earned to Date	\$ -
Project Title	Engage, Educate and Integrate the uninsured and	DY1 Funding Remaining	\$ 1,175,549.54
Project Title	low/non-utilizing Medicaid populations into Community Based Care	Funding Available for Distribution DY1Q2	\$ 587,774.77

			2.d.i Score	sheet															
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q2)	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%		10%	293,887	293,887										
	Patient Engagement Speed	Complete	1.00	1.00	100%														
	Domain 1 Subtotal		6.00	6.00	100%	80%	10%	293,887	293,887										
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	20%	10%	293,887	293,887										
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%	10%	293,887	293,887										
Total Complete		10.00	10.00	100%	100%	20%	587,775	587,775											

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

	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	In Process	Pass & Ongoing	1
Total						1.00

Domain 1 Project Prescribed Milestones - Project 2.d.i						
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.	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A	
 Establish a PPS-wide training team, comprised of members with training in PAM[®] and expertise in patient activation and engagement. 	9/30/2018	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.	9/30/2018	3/31/2017	In Process	Pass & Ongoing	N/A	
4. Survey the targeted population about healthcare needs in the PPS' region.	9/30/2018	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.	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A	
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 Page 3	9/30/2018	3/31/2017	In Process	Pass & Ongoing	N/A	
	Project Requirement and Metric/Deliverable 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. 2. Establish a PPS-wide training team, comprised of members with training in PAM® and expertise in patient activation and engagement. 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. 4. Survey the targeted population about healthcare needs in the PPS' region. 5. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. 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	Project Requirement and Metric/DeliverableRequired Due Date1. 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.9/30/20182. Establish a PPS-wide training team, comprised of members with training in PAM® and expertise in patient activation and engagement.9/30/20183. 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.9/30/20184. Survey the targeted population about healthcare needs in the PPS' region.9/30/20185. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.9/30/20186. 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 in9/30/2018	Project Requirement and Metric/DeliverableRequired Due DateCommitted Due Date1. 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.9/30/20189/30/20182. Establish a PPS-wide training team, comprised of members with training in PAM® and expertise in patient activation and engagement.9/30/20183/31/20173. 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.9/30/20183/31/20174. Survey the targeted population about healthcare needs in the PPS' region.9/30/20183/31/20175. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.9/30/20189/30/20186. 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 in9/30/20183/31/2017	Project Requirement and Metric/DeliverableRequired Due DateCommitted Due DateMilestone Status1. 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.9/30/20189/30/2018In Process2. Establish a PPS-wide training team, comprised of members with training in PAM® and expertise in patient activation and engagement.9/30/20183/31/2017In Process3. 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.9/30/20183/31/2017In Process4. Survey the targeted population about healthcare needs in the PPS' region.9/30/20183/31/2017In Process5. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.9/30/20183/31/2017In Process6. 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 enduced PC (see outcome measurements in PC (see outcome measurements inPC PC (see outcome measurements in PC (see outcome measurements in PC (see outcome measurements in PC (see outcome measurements in PC (see outcome mea	Project Requirement and Metric/DeliverableRequired Due DateCommitted Due DateMilestone StatusReviewer Status1. 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.9/30/20189/30/2018In ProcessPass & Ongoing2. Establish a PPS-wide training team, comprised of members with training in PAM* and expertise in patient activation and engagement.9/30/20183/31/2017In ProcessPass & Ongoing3. 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.9/30/20183/31/2017In ProcessPass & Ongoing4. Survey the targeted population about healthcare needs in the PPS' region.9/30/20183/31/2017In ProcessPass & Ongoing5. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.9/30/20189/30/2018In ProcessPass & Ongoing6. 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 positions of PCPs assigned to PCP (see outcome measurements in pass & Ongoing9/30/20183/31/2017In ProcessPass & Ongoing	



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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.	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A
 8. Include beneficiaries in development team to promote preventive care.	9/30/2018	3/31/2017	In Process	Pass & Ongoing	N/A
	·	-			
9. Measure PAM [®] components	9/30/2018	3/31/2018	In Process	Pass & Ongoing	N/A
10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	9/30/2018	9/30/2018	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.	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A
12. Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	9/30/2018	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 [®] .	9/30/2018	3/31/2017	In Process	Pass & Ongoing	N/A



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

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4	
1	Ensure direct hand-offs
a	t "hot spots," partnered C
e	vents, so as to facilitate ed

Total 0.						0.00
	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.	9/30/2018	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	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A
	15. Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A
	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	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A

	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					



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	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 history for primary care and preventive services in measurement year compared to same in baseline year	Pass & Ongoing	1			
Total						



Save & Return Print Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 ity of New York at Stony Brook University Hospital - Project 3.a.i

	Project Snapshot	1	Payment Snapshot	
Project Domain	Clinical Improvement Projects (Domain 3)		Payment Available (DY1)	\$ 2,929,328.70
Project ID	3.a.i		DY1 Payment Earned to Date	\$ 1,757,597.22
	Integration of primary care and behavioral health		DY1 Payment Not Earned to Date	\$ -
Project Title			DY1 Funding Remaining	\$ 1,171,731.48
	services		Funding Available for Distribution DY1Q2	\$ 585,865.74

			3.a.i Score	sheet					
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q2)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	80%	10%	292,933	292,933
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		6.00	6.00	100%	80%	10%	292,933	292,933
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	10.00	10.00	100%	20%	10%	292,933	292,933
Domain 5	Domain 3 Pay for Performance	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 3 Subtotal			10.00	100%	20%	10%	292,933	292,933
	Total	Complete	16.00	16.00	100%	100%	20%	585,866	585,866

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

	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				
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Module 3 - Patient Engagement Speed

	Module 3 - Pat	ient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
		Total					1
		Domain 1 Project Prescribed Mileston	os - Project 2	a i Models 1	2 and 2		
				✓ 3.a.i Model 3			
Mod	lel AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
		1. Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	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.	3/31/2018	3/31/2017	In Process	Pass & Ongoing	N/A
3.a.i Mode	l 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.	3/31/2018	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



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		6. Develop collaborative evidence-based standards of care including medication management and care engagement process.	3/31/2018	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.	3/31/2018	3/31/2017	In Process	Pass & Ongoing	N/A
	•	9. Implement IMPACT Model at Primary Care Sites.	3/31/2018	3/31/2018	In Process	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.	3/31/2018	3/31/2017	In Process	Pass & Ongoing	N/A
		11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	3/31/2018	3/31/2017	In Process	Pass & Ongoing	N/A
3.a.i Model 3		12. Designate a Psychiatrist meeting requirements of the IMPACT Model.	3/31/2018	3/31/2017	In Process	Pass & Ongoing	N/A
		13. Measure outcomes as required in the IMPACT Model.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
		Page 4	15				



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	14. Provide "stepped care" as required by the IMPACT Model.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	15. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2018	3/31/2017	In Process	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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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
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) \pm	Pass & Ongoing	1
Screening for Clinical Depression and follow-up	Pass & Ongoing	1
Total		10



Save & Return Print Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 ity of New York at Stony Brook University Hospital - Project 3.b.i

	Project Snapshot		Payment Snapshot	
Project Domain	Clinical Improvement Projects (Domain 3)	1	Payment Available (DY1)	\$ 2,230,399.39
Project ID	3.b.i	1	DY1 Payment Earned to Date	\$ 1,338,239.63
	Evidence-based strategies for disease	1	DY1 Payment Not Earned to Date	\$ -
Project Title	management in high risk/affected populations.		DY1 Funding Remaining	\$ 892,159.76
	(adult only)		Funding Available for Distribution DY1Q2	\$ 446,079.88

			3.b.i Score	sheet					
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q2)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	80%	10%	223,040	223,040
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		6.00	6.00	100%	80%	10%	223,040	223,040
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	7.00	7.00	100%	20%	10%	223,040	223,040
Domain 5	Domain 3 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 2 Subtotal				100%	20%	10%	223,040	223,040
	Total	Complete	13.00	13.00	100%	100%	20%	446,080	446,080

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

	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			



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Module 3 - Patient Engagem

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

	Domain 1 Project Prescribed	Milestones -	Project 3.b.i						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded			
	 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting. 	3/31/2018	3/31/2018	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.	3/31/2018	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).	3/31/2018	3/31/2017	In Process	Pass & Ongoing	N/A			
	6. Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	3/31/2018	3/31/2017	In Process	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.	3/31/2018	3/31/2017	In Process	Pass & Ongoing	N/A
 8. Provide opportunities for follow-up blood pressure checks without a	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
copayment or advanced appointment.	3/31/2010	3/31/2018	in rocess		174
9. Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	3/31/2018	3/31/2017	In Process	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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
 11. 'Prescribe once-daily regimens or fixed-dose combination pills when	3/31/2018	3/31/2017	In Process	Pass & Ongoing	N/A
appropriate.	3/31/2018	3/31/2017	III FIOCESS		N/A
12. Document patient driven self-management goals in the medical record and review with patients at each visit.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
13. Follow up with referrals to community based programs to		1			
document participation and behavioral and health status changes.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
14. Develop and implement protocols for home blood pressure monitoring with follow up support.	3/31/2018	3/31/2017	In Process	Pass & Ongoing	N/A
					-
15. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit. Page	50 ^{3/31/2018}	3/31/2017	In Process	Pass & Ongoing	N/A



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Save & Return Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 ity of New York at Stony Brook University Hospital - Project 3.b.i Print 16. Facilitate referrals to NYS Smoker's Quitline. 3/31/2018 3/31/2017 In Process Pass & Ongoing N/A 17. Perform additional actions including "hot spotting" strategies in 3/31/2018 3/31/2017 In Process Pass & Ongoing N/A high risk neighborhoods, linkages to Health Homes for the highest risk 18. Adopt strategies from the Million Hearts Campaign. 3/31/2018 3/31/2017 In Process Pass & Ongoing N/A \square 19. Form agreements with the Medicaid Managed Care organizations 3/31/2018 3/31/2018 Pass & Ongoing In Process N/A serving the affected population to coordinate services under this 20. Engage a majority (at least 80%) of primary care providers in this 3/31/2018 3/31/2017 In Process Pass & Ongoing N/A project.

Total

 Domain 3 Pay for Performance and Pay for Reporting - Project 3.b.i (all Milestones are P4R in DY1)

 AV Driving
 Reviewer Status
 AVs Awarded

 AV Driving
 Aspirin Use
 Pass & Ongoing
 0.5

 Discussion of Risks and Benefits of Aspirin Use
 Pass & Ongoing
 0.5

 Discussion of Risks and Benefits of Aspirin Use
 Pass & Ongoing
 0.5

 Controlling High Blood Pressure
 Page 51
 Pass & Ongoing
 1



Save & Return Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 ity of New York at Stony Brook University Hospital - Project 3.b.i Print Flu Shots for Adults Ages 18 – 64 Pass & Ongoing 1 Pass & Ongoing Health Literacy (QHL13, 14, and 16) 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 Pass & Ongoing Prevention Quality Indicator # 13 (Angina without procedure) ± 1 Prevention Quality Indicator # 7 (HTN) ± Pass & Ongoing 1 Total 7.00



Save & Return Print Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 ity of New York at Stony Brook University Hospital - Project 3.c.i

Project Snapshot			Payment Snapshot	
Project Domain	Clinical Improvement Projects (Domain 3)	1	Payment Available (DY1)	\$ 2,253,329.77
Project ID	3.c.i	1	DY1 Payment Earned to Date	1351997.864
	Evidence-based strategies for disease	1	DY1 Payment Not Earned to Date	\$ -
Project Title	management in high risk/affected populations.		DY1 Funding Remaining	\$ 901,331.91
	(adult only)		Funding Available for Distribution DY1Q2	\$ 450,665.95

			3.c.i Score	sheet														
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q2)	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%		10%	225,333	225,333									
	Patient Engagement Speed	#REF!	1.00	1.00	100%													
	Domain 1 Subtotal		6.00	6.00	100%	80%	10%	225,333	225,333									
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	6.00	6.00	100%	20%	10%	225,333	225,333									
Domain 5	Domain 3 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-									
	Domain 2 Subtotal			6.00	100%	20%	10%	225,333	225,333									
	Total #REF!			12.00	100%	100%	20%	450,666	450,666									

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

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



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Module 3 - Patient Engagemer

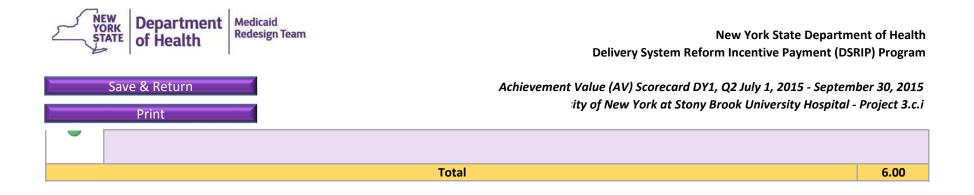
	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1	
	Total					1.00)

	Domain 1 Project Prescribed Milestones -	Project 3.c.i			
AV Driving	Project Requirement and Metric/Deliverable	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	3/31/2018	In Process	Pass & Ongoing	N/A
	2. Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	3/31/2017	In Process	Pass & Ongoing	N/A
	3. Develop care coordination teams (including diabetes educators, nursing staff, behavioral				
	health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	3/31/2017	In Process	Pass & Ongoing	N/A
	4. Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	3/31/2017	In Process	Pass & Ongoing	N/A
	5. Ensure coordination with the Medicaid Managed Care organizations serving the target population.	3/31/2018	In Process	Pass & Ongoing	N/A
	6. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	In Process	Pass & Ongoing	N/A
	7. Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net provides 54	3/31/2018	In Process	Pass & Ongoing	N/A



	Save & Return Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - So		ptember 30, 2015		
Print		ity of New York at Stony Brook University Hospital -	Project 3.c.i		
		Total	0.00		

	Domain 3 Pay for Performance and Pay for Reporting - Project 3.c.i (all Milestones are P4R	in DY1)	
AV Driving	Measure	Reviewer Status	AVs Awarded
	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) \pm	Pass & Ongoing	1
	Comprehensive Diabetes screening – All Four Tests	Pass & Ongoing	1
	(HbA1c, lipid profile, dilated eye exam, nephropathy monitor)		
	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 # 1 (DM Short term complication) ± Page 55	Pass & Ongoing	1





Save & Return Print Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 ty of New York at Stony Brook University Hospital - Project 3.d.ii

	Project Snapshot	Payment Snapshot	
Project Domain	Clinical Improvement Projects (Domain 3)	Payment Available (DY1)	\$ 2,328,440.77
Project ID	3.d.ii	DY1 Payment Earned to Date	\$ 1,397,064.46
	Expansion of asthma home-based self-	DY1 Payment Not Earned to Date	\$ -
Project Title		DY1 Funding Remaining	\$ 931,376.31
-	management program	Funding Available for Distribution DY1Q2	\$ 465,688.15

	3.d.ii Scoresheet											
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q2)	Payment Available (\$)	Net Payment Earned (\$)			
	Domain 1 Organizational	Complete	5.00	5.00	100%							
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	80%	10%	232,844	232,844			
	Patient Engagement Speed	Complete	1.00	1.00	100%							
	Domain 1 Subtotal		6.00	6.00	100%	80%	10%	232,844	232,844			
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	20%	10%	232,844	232,844			
Domain 5	Domain 3 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-			
	Domain 2 Subtotal			4.00	100%	20%	10%	232,844	232,844			
	Total Complete			10.00	100%	100%	20%	465,688	465,688			

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

	Domain 1 Project Milestones - Project 3.d.ii										
AV Driving	Project Requirement and Metric/Deliverable Required Due Date 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 Engageme

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

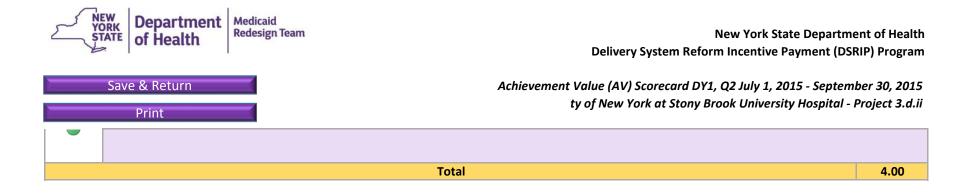
Domain 1 Project Prescribed N	Vilestones - F	Project 3.d.ii			
Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	3/31/2017	3/31/2017	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
3. Develop and implement evidence-based asthma management guidelines.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
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
5. Ensure coordinated care for asthma patients includes social services and support.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	Project Requirement and Metric/Deliverable 1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up. 2. Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce 3. Develop and implement evidence-based asthma management guidelines. 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. 5. Ensure coordinated care for asthma patients includes social services	Project Requirement and Metric/DeliverableRequired Due Date1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.3/31/20172. 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 reduce3/31/20173. Develop and implement evidence-based asthma management guidelines.3/31/20174. 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.3/31/20175. Ensure coordinated care for asthma patients includes social services3/31/2017	Project Requirement and Metric/DeliverableDue DateDue Date1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.3/31/20173/31/20172. 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 reduce3/31/20173/31/20173. Develop and implement evidence-based asthma management guidelines.3/31/20173/31/20173/31/20174. 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.3/31/20173/31/20175. Ensure coordinated care for asthma patients includes social services 3/31/20173/31/20173/31/2017	Project Requirement and Metric/DeliverableRequired Due DateCommitted Due DateMilestone Status1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.3/31/20173/31/2017In Process2. 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 reduce3/31/20173/31/2017In Process3. Develop and implement evidence-based asthma management guidelines.3/31/20173/31/2017In Process4. 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.3/31/20173/31/2017In Process	Project Requirement and Metric/DeliverableRequired Due DateCommitted Due DateMilestone Status1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.3/31/20173/31/2017In ProcessPass & Ongoing2. 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 reduce3/31/20173/31/2017In ProcessPass & Ongoing3. Develop and implement evidence-based asthma management guidelines.3/31/20173/31/2017In ProcessPass & Ongoing4. Implement training and asthma self-management education services, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.3/31/20173/31/2017In ProcessPass & Ongoing5. Ensure coordinated care for asthma patients includes social services ing written asthma action plans.3/31/20173/31/2017In ProcessPass & Ongoing



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6. Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
7. Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	3/31/2017	3/31/2017	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.d.ii (all Milestones are P4R in DY1)								
AV Driving	Measure	Reviewer Status	AVs Awarded						
	Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1						
	Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Pass & Ongoing	0.5						
	Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Pass & Ongoing	0.5						
	Pediatric Quality Indicator #14 Pediatric Asthma ±	Pass & Ongoing	1						
	Prevention Quality Indicator # 15 Younger Adult Asthma ± Page 59	Pass & Ongoing	1						





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Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 ty of New York at Stony Brook University Hospital - Project 4.a.ii

Project Snapshot		Payment Snapshot		
Project Domain	Domain 4: Population-wide Projects: New York's	1	Payment Available (DY1)	\$ 1,502,219.85
Project ID	4.a.ii	1	DY1 Payment Earned to Date	\$ 901,331.91
	Drovent Substance Abuse and Other Montal	1	DY1 Payment Not Earned to Date	\$ -
Project Title	Prevent Substance Abuse and Other Mental, Emotional and Behavioral Disorders		DY1 Funding Remaining	\$ 600,887.94
-	Emotional and Benavioral Disorders		Funding Available for Distribution DY1Q2	\$ 300,443.97

	4.a.ii Scoresheet										
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q2)	Payment Available (\$)	Net Payment Earned (\$)		
	Domain 1 Organizational	Complete	5.00	5.00	100%						
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	80% 10%		150,222	150,222		
	Patient Engagement Speed	N/A	0.00	0.00	0%						
	Domain 1 Subtotal		5.00	5.00	100%	80%	10%	150,222	150,222		
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	20%	10%	150,222	150,222		
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%	10%	150,222	150,222		
	Total Complete			16.00	100%	100%	20%	300,444	300,444		

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

	Domain 4 Pay for Performance and Pay for Reporting - Project 4.a.ii (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 edjusted proventable begnitalizations rate per 10,000 - Aged 18 - years - Datio of Plash new User arise to		
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
-	TotalPage 62		11.00
	I OTAIr age 02		11.00



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Achievement Value (AV) Scorecard DY1, Q2 July 1, 2015 - September 30, 2015 ty of New York at Stony Brook University Hospital - Project 4.b.ii

	Project Snapshot	Payment Snapshot	
Project Domain	Domain 4: Population-wide Projects: New York's	Payment Available (DY1)	\$ 1,276,886.87
Project ID	4.b.ii	DY1 Payment Earned to Date	\$ 766,132.12
	Increase Access to High Quality Chronic Disease	DY1 Payment Not Earned to Date	\$ -
Project Title	Preventive Care and Management in Both Clinical	DY1 Funding Remaining	\$ 510,754.75
	and Community Settings	Funding Available for Distribution DY1Q2	\$ 255,377.37

4.b.ii Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q2)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%	80%		10% 127,689	127,689
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		10%		
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal			5.00	100%	80%	10%	127,689	127,689
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	16.00	16.00	100%	20%	10%	127,689	127,689
Domain 4	Domain 4 Pay for Performance (P4P	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal			16.00	100%	20%	10%	127,689	127,689
	Total Complete			21.00	100%	100%	20%	255,377	255,377

Total Project 4.b.ii AVs Awarded: 21 out of 21

	Domain 4 Pay for Performance and Pay for Reporting - Project 4.b.ii (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			
	Asthma emergency department visit rate per 10,000	Pass & Ongoing	1			



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	Asthma emergency department visit rate per 10,000 - Aged 0-4 years	Pass & Ongoing	1
	Percentage of adults who are obese	Pass & Ongoing	1
	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Aged 50- 75 years	Pass & Ongoing	1
	Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
	Percentage of children and adolescents who are obese	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 heart attack hospitalization rate per 10,000	Pass & Ongoing	1



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Total				
	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	Pass & Ongoing	1	
	Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	Pass & Ongoing	1	
	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6- 17 years	Pass & Ongoing	1	
	Rate of hospitalizations for short-term complications of diabetes per 10,000 – Aged 18+ years	Pass & Ongoing	1	