

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

# Achievement Value (AV) Scorecard SBH Health System

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

	Functionality	
Step	Description/Link	Image
1. Print	All tabs include a print button in the upper left hand corner. The AV Scorecard Overview tab also includes a "Print All" button which will print all relevany reports.	Print All
Access Detailed Project Reports and return to AV Scorecard Overview	The AV Scorecard Overview tab is the landing page from which detailed project reports can be viewed. From the AV Scorecard Overview" click the relevant project button to access the project tab. From the project tab click "Save and Return" to access the AV Scorecard Overview	Project Link (Glick on the purple flink below to access each lookshads project report)  Domain 1- Organizational [All Projects]  All Adjustments (Joliumn 2)  2 a 11  2 a 11  2 a 10  2 a 10  2 a 10  2 a 10
3. Show or Hide reviewer comments	Each project tab includes a Show/Hide Reviewer Comments button on the left hand side of the screen. Click "Show Reviewer Comments" to show comments and "Hide Reviewer Comments" to hide comments.	Hide Reviewer Comments



Print Summary

Print All

Achievement Value (AV) Scorecard SBH Health System

	PPS Information
Quarter	DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
PPS	SBH Health System
PPS Number	36

	Achieve	ement Value (	AV) Scorecard	Summary				
		AV [	Data			Payme	ent 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	•	re embedded w s payment	ithin each
2.a.i	19.00	19.00	0.00	19.00	\$ -	\$ -	\$ -	\$ -
2.a.iii	20.00	20.00	0.00	20.00	\$ -	\$ -	\$ -	\$ -
2.b.iii	20.00	20.00	0.00	20.00	\$ -	\$ -	\$ -	\$ -
2.b.iv	20.00	20.00	0.00	20.00	\$ -	\$ -	\$ -	\$ -
3.a.i	16.00	16.00	0.00	16.00	\$ -	\$ -	\$ -	\$ -
3.b.i	13.00	13.00	0.00	13.00	\$ -	\$ -	\$ -	\$ -
3.c.i	12.00	12.00	0.00	12.00	\$ -	\$ -	\$ -	\$ -
3.d.ii	10.00	10.00	0.00	10.00	\$ -	\$ -	\$ -	\$ -
4.a.iii	16.00	16.00	0.00	16.00	\$ -	\$ -	\$ -	\$ -
4.c.ii	16.00	16.00	0.00	16.00	\$ -	\$ -	\$ -	\$ -
AV Adjustments (Column F)								
Total	162.00	162.00	0.00	162.00	\$ -	\$ -	\$ -	\$



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment SBH Health System - Domain 1 Organizational AVs

D	omain I Organizatio	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	trategy			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Workforce Strategy Budget Updates	6/30/2016	3/31/2016	In Process	Pass & Ongoing	
Vorkforce trategy		Workforce Impact Analysis and Updates	9/30/2016	6/30/2016	In Process	Pass & Ongoing	
udget pdates							
		New Hire Employment Analysis and Updates	9/30/2016	6/30/2016	In Process	Pass & Ongoing	
		Define target workforce state (in line with DSRIP program's goals)	9/30/2016	9/30/2016	In Process	Pass & Ongoing	
		Create a workforce transition roadmap for achieving defined target workforce	9/30/2016	9/30/2016	In Process	Pass & Ongoing	
Additional Workforce		3. Perform detailed gap analysis between current state assessment of workforce and	9/30/2016	9/30/2016	In Process	Pass & Ongoing	
Strategy Budget		projected future state					1
Ipdates non AV-		Produce a compensation and benefit					_
lriving)		analysis, covering impacts on both retrained and redeployed staff, as well as	6/30/2016	6/30/2016	Completed	Pass & Complete	
		new hires, particularly focusing on full and partial placements					
		5. Develop training strategy	9/30/2016	9/30/2016	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	



	Print				301111	ieaith System - Domain 1 Orgai	mzatic
Additional Vorkforce		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Strategy Fopic 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				

			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	
			Total				1

			Section 02 - Go	vernance			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize governance structure and subcommittee structure	6/30/2015	6/30/2015	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	
							1
		3. Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	9/30/2015	Completed	Pass & Complete	
Governance		Establish governance structure reporting and monitoring processes	12/31/2015	12/31/2015	Completed	Pass & Complete	



	Print								
Update									
	•	5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,	N/A	9/30/2015	Completed	Pass & Complete			
		6. Finalize partnership agreements or contracts with CBOs	N/A	6/30/2016	Completed	Pass & Complete			
Additional -									
Governance Milestones (non AV- driving)	•	7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and	N/A	12/31/2016	In Process	Pass & Ongoing	N/A		
		8. Finalize workforce communication and engagement plan	N/A	3/31/2016	Completed	Pass & Complete			
		9. Inclusion of CBOs in PPS Implementation	N/A	6/30/2016	Completed	Pass & Complete			
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing			
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing			
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing			
Additional Governance -							N/A		
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		

		Sec	tion 03 - Financia	l 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	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	Completed	Pass & Complete	
Opuate							1



Г		2. Finaliza Compliance Plan consistent	I				
	_	3. Finalize Compliance Plan consistent with New York State Social Services Law	12/31/2015	12/31/2015	Completed	Pass & Complete	
		With New York State Social Services Law	ı				
PS ransition							
Sased Additional PPS							
ransition o Value							N
Based Payment							
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
							N/A
	•	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
dditional inancial							
tability opic 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				:

Section 04 - Cultural Competency & Health Literacy							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarde
		1. Finalize cultural competency / health literacy strategy.	12/31/2015	12/31/2015	Completed	Pass & Complete	
Cultural							
Competenc y/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	Completed	Pass & Complete	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 Competenc							NI/A



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment

	VE & N		SBH Health System - Domain 1 Organ					
y/Health Literacy Fopic Areas	Print	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	19/7	
	•	IT Expectations	N/A	N/A	In Process	Pass & Ongoing		
	•	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing		
			Total				1	

		Secti	on 05 - IT System	ns and Processes	;				
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	12/31/2015	Completed	Pass & Complete			
		2. Davidan on IT Change Management							
		Develop an IT Change Management     Strategy.	N/A	3/31/2016	Completed	Pass & Complete			
IT Systems and Processes		Develop roadmap to achieving clinical							
		data sharing and interoperable systems across PPS network	N/A	3/31/2016	Completed	Pass (with Exception) & Ongoing	N/A		
		The IA does not consider this milestone complete. The PPS failed to provide evidence of a formal Board approval. In order to complete this milestone the PPS must obtain official Board approval of the Clinical Data Sharing and Interoperable Roadmap.							
		4. Develop a specific plan for engaging attributed members in Qualifying Entities	N/A	12/31/2015	Completed	Pass & Complete			
		5. Develop a data security and confidentiality plan.	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			
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			
		IT Syst	ems and Process	es			0		



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	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	6/30/2016	Completed	Pass & Complete	N/A
	•	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
	•	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
Additional	•	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Performanc 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

Section 07 - Practitioner Engagement								
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded	
		1. Develop Practitioners communication and engagement plan.	3/31/2016	3/31/2016	Completed	Pass & Complete		
Practitioner Engagemen t	•	2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	6/30/2016	6/30/2016	Completed	Pass & Complete	N/A	
		Major Risks to Implementation & Risk						
		Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing		
		Major Dependencies on Organizational	N/A	N/A	In Process	Pass & Ongoing		
		Workstreams	IN/A	N/A	III Process	rass & Oligoling		
Additional		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing		
Practitioner Engagemen							N/A	



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Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	111/7
	•	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				0

Section 08 - Population Health Management								
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded	
		Develop population health management roadmap.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A	
Population							14/71	
Health	•	2. Finalize PPS-wide bed reduction plan.	12/31/2018	12/31/2018	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		
ا ما باند : ما با		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing		
Additional Population			I				N/A	
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'.	12/31/2015	12/31/2015	Completed	Pass & Complete	N/A
Clinical							N/A
Integration	•	2. Develop a Clinical Integration strategy.	3/31/2016	3/31/2016	Completed	Pass & Complete	N/A
							N/A
		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	
	•	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



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

Save & Return

Print

AV Adjustment Scoresheet								
	AVs Per	Total	Total AVs	Total AV	Awarded	Adjusted	Net A	AVs Awarded
Adjustment	Project	Projects	Available	Net	Percentage	Aujusteu AVs	Net	Percentage AV
	Project	Selected	Available	Awarded	AV	AVS	Awarded	reiceillage AV
Organizational Adjustments (applied to all projects)	5.00	10.00	50.00	50.00	100%	0.00	50.00	100%
Project Adjustments (applied to one project only)	Various	10.00	112.00	112.00	100%	0.00	112.00	100%
Total			162.00	162.00	100%	0.00	162.00	100%

Hic	de Reviewer Comments	Organizational	Project Adjustments					
	No AV Adjustments							
	Please note that there are no AV adjustments for SBH Health System in DY2, Q1							



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 2.a.i

Project Snapshot							
<b>Project Domain</b>	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 (DY2)	\$	4,607,574.63			
Funding Available for Distribution DY2Q1		-			
Dollars Earned to Date (DY1)	\$	4,323,264.60			

	2.a.i Scoresheet																
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q1)	Payment Available (\$)	Net Payment Earned (\$)								
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%											
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		0% 0%	-	-								
	Patient Engagement Speed	N/A	0.00	0.00	0%												
	Domain 1 Subtotal		5.00	5.00	100%	60%	0%	-	-								
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-								
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-								
	Domain 2 Subtotal			14.00	100%	40%	0%	-	-								
	Total	Complete	19.00	19.00	100%	100%	0%	-	-								

Total Project 2.a.i AVs Awarded: 19 out of 19

### 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		N/A	In Process	Pass & Ongoing	N/A			



	Achievement valu	(1117 000700	, 4	.,, _o_o	SBH Health System			
	Print				3DIT HEARTH System	rroject z.u.i		
Total						0.00		
	Domain 1 Project Prescribed	Milestones - 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.	06/30/2016	3/31/2019	In Process	Pass & Ongoing	N/A		
	The PPS has extended the due date for this project to DY4 Qtr 4.							
	2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.		03/31/2016	Completed	Pass & Complete	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.	3/31/2017	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		



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	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.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	7. Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	8. Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	6/30/2016	6/30/2016	In Process	Pass & Ongoing	N/A
	10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A



Print

	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 appropriate.		12/31/2016	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	0.33333333
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.33333333
	Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.33333333
	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



Print	SBH Health System -	Project 2.a.i
Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5
H-CAHPS – Care Transition Metrics	Pass & Ongoing	1
Medicaid Spending on ER and Inpatient Services ±	Pass & Ongoing	1
Medicaid spending on Primary Care and community based behavioral health care	Pass & Ongoing	1
PDI 90– Composite of all measures +/-	Pass & Ongoing	1



Print	звн неакп system -	Project 2.a.i
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	NA
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



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

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
SBH Health System - Project 2.a.i

Print

Total 14.00



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 2.a.iii

Project Snapshot							
Project Domain         System Transformation Projects (Domain							
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 (DY2)	\$	3,710,161.58				
Funding Available for Distribution DY2Q1		-				
Dollars Earned to Date (DY1)	\$	3,423,205.92				

	2.a.iii Scoresheet											
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q1)	Payment Available (\$)	Net Payment Earned (\$)			
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%						
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		60% 0%	-	-			
	Patient Engagement Speed	Complete	1.00	1.00	100%							
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-			
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-			
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-			
	Domain 2 Subtotal			14.00	100%	40%	0%	-	-			
	Total Complete			20.00	100%	100%	0%	-	-			

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

## **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	



Print				SBH Health System - F	Project 2.a.iii
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1
The Actively Engaged data submitted with your DY2 Q1 quarterly report quarterly review. The DY2 Q1 Actively Engaged data will be subject to rea		•		•	-
Total					1.00

	Domain 1 Project Prescribed I	Milestones - P	roject 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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 2.a.iii

#### Print 4. Ensure that EHR systems used by participating safety net providers Pass & Ongoing 3/31/2018 3/31/2018 In Process N/A meet Meaningful Use and PCMH Level 3 standards and/or APCM. 5. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all Pass & Ongoing 3/31/2017 3/31/2017 In Process N/A participating safety net providers. 6. Develop a comprehensive care management plan for each patient to 3/31/2017 3/31/2017 In Process Pass & Ongoing N/A engage him/her 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 3/31/2017 Pass & Ongoing N/A 3/31/2017 In Process delineate roles and responsibilities for both parties. 8. Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. 12/31/2016 | 12/31/2016 | Pass & Ongoing N/A In Process Where necessary, the provider will work with local government units (such as SPOAs and public health departments). 9. Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic 3/31/2017 3/31/2017 Pass & Ongoing In Process N/A diseases. Develop educational materials consistent with cultural and linguistic needs of the population.



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 2.a.iii

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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	0.33333333
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.33333333
	Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.33333333
	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



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 2.a.iii

# Print 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 Pass & Ongoing Getting Timely Appointments, Care and information (Q6, 8, 10, and 12) 0.5 Helpful, Courteous, and Respectful Office Staff (Q24 and 25) Pass & Ongoing 0.5 Pass & Ongoing H-CAHPS – Care Transition Metrics 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



Print		
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	NA
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



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

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 2.a.iii

Total 14.00



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 2.b.iii

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

Payment Snapshot	
Payment Available (DY2)	\$ 3,346,369.14
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 3,139,881.70

			2.b.iii Score	esheet					
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q1)	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%	60%	0%	-	-
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 2 Subtotal		14.00	14.00	100%	40%	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	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded	
	Module 1 - Major risks to implementation and mitigation strategies	Ongoing	N/A	In Process	Pass & Ongoing	N/A	



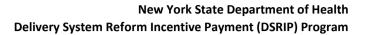
Print				SBH Health System - F	Project 2.b.iii
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1
The Actively Engaged data submitted with your DY2 Q1 quarterly report quarterly review. The DY2 Q1 Actively Engaged data will be subject to rea		•		•	-
Total					1.00

Domain 1 Project Prescribed Milestones - Project 2.b.iii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. Establish ED care triage program for at-risk populations	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
•	<ol> <li>Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling.</li> <li>Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.</li> <li>Develop process and procedures to establish connectivity between the emergency department and community primary care providers.</li> </ol>	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A



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•	3. For patients presenting with minor illnesses who do not have a primary care provider:  a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.  b. Patient navigator will assist the patient with identifying and accessing needed community support resources.  c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care	3/31/2018	3/31/2018	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.)	03/31/2020	03/31/2020	On Hold	Pass & Ongoing	N/A
	5. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	Total					0.00

	Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.iii (all Milestones are P4R in DY1)							
AV Driving	Measure	Reviewer Status	AVs Awarded					
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.33333333					





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Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.33333333
Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333
CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5



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1			
	Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	C
1	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	



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 2.b.iii

# Print Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS Pass & Ongoing NA reimbursement 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 14.00



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 2.b.iv

	Project Snapshot						
<b>Project Domain</b> 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 (DY2)	\$ 3,390,381.65
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 3,181,178.42

2.b.iv Scoresheet									
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q1)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%		60% 0%	-	
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	60%			-
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 2 Subtotal			14.00	100%	40%	0%	-	-
	Total Complete			20.00	100%	100%	0%	-	-

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

## **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	



Print				SBH Health System - F	Project 2.b.iv	
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1	
The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of th quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in DY2 Q						
Total					1.00	

	Domain 1 Project Prescribed I	Milestones - P	roject 2.b.iv			
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	<ol> <li>Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.</li> </ol>	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
	Ensure required social services participate in the project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
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	4. Transition of care protocols will include early notification of planned						
	discharges and the ability of the transition care manager to visit the	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A	
	patient in the hospital to develop the transition of care services.						
	5. Protocols will include care record transitions with timely updates	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A	
	provided to the members' providers, particularly primary care provider.	3/31/201/	3/31/2017	1111100033	1 033 & 011g0111g	14774	
	6. Ensure that a 30-day transition of care period is established.	3/31/2017	3/31/2017	Not Started	Pass & Ongoing	N/A	
	7. Use EHRs and other technical platforms to track all patients engaged	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A	
	in the project.						
	Total						

	Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.iv (all Milestones are P4R in DY1)							
AV Driving	Measure	Reviewer Status	AVs Awarded					
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.33333333					
•	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.33333333					



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	Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.33333333
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
	Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
	Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
	Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
	Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5



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	H-CAHPS – Care Transition Metrics	Pass & Ongoing	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
	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	NA



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Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
Potentially Avoidable Readmissions	Pass & Ongoing	1
PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
Total		14.00



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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - 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 (DY2)	\$	3,052,909.18			
Funding Available for Distribution DY2Q1		-			
Dollars Earned to Date (DY1)	\$	2,864,529.66			

	3.a.i Scoresheet													
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q1)	Payment Available (\$)	Net Payment Earned (\$)					
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	60%	60%						
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%				60% 0%	-	-			
	Patient Engagement Speed	Complete	1.00	1.00	100%									
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-					
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	10.00	10.00	100%	16%	0%	-	-					
Domain 5	Domain 3 Pay for Performance	N/A	N/A	N/A	N/A	24%	0%	-	-					
	Domain 3 Subtotal				100%	40%	0%	-	-					
	Total Complete				100%	100%	0%	-	-					

**Hide Reviewer Comments** 

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

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



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	Print					SBH Health System -	Project 3.a.i
	Module 3 - Patient Engager	nent Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1
The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of this quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in DY2 Q2							
		Total					1

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



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		3. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	3/31/2018	3/31/2018	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
		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	3/31/2018	In Process	Pass & Ongoing	N/A

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	Print					SBH Health System -	Project 3.a.i
	•	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	In Process	Pass & Ongoing	N/A
		11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
3.a.i Model 3		12. Designate a Psychiatrist meeting requirements of the IMPACT Model.	3/31/2017	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
		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.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
		Total					0



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 3.a.i

## Print Meas **AV Driving Reviewer Status AVs Awarded** ure Adherence to Antipsychotic Medications for People with Schizophrenia Pass & Ongoing 1 Antidepressant Medication Management - Effective Acute Phase Treatment Pass & Ongoing 0.5 Antidepressant Medication Management - Effective Continuation Phase Treatment Pass & Ongoing 0.5 Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia Pass & Ongoing 1 Diabetes Monitoring for People with Diabetes and Schizophrenia Pass & Ongoing 1 Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication Pass & Ongoing 1 Follow-up after hospitalization for Mental Illness - within 30 days Pass & Ongoing 0.5 Follow-up after hospitalization for Mental Illness - within 7 days Pass & Ongoing 0.5



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



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - 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 (DY2)	\$	2,299,457.90			
Funding Available for Distribution DY2Q1		-			
Dollars Earned to Date (DY1)	\$	2,157,570.04			

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q1)	Payment Available (\$)	Net Payment Earned (\$)	
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		6 0%	-	-	
	Patient Engagement Speed	Complete	1.00	1.00	100%					
	Domain 1 Subtotal		6.00	6.00	100%	60%	0%	-	-	
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	7.00	7.00	100%	16%	0%	-	-	
Domain 5	Domain 3 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	24%	0%	-	-	
	Domain 2 Subtotal		7.00	7.00	100%	40%	0%	-	-	
	Total	Complete	13.00	13.00	100%	100%	0%	-	-	

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

### Hide Reviewer Comments

	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	



Print				SBH Health System -	Project 3.b.i
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1
The Actively Engaged data submitted with your DY2 Q1 quarterly report quarterly review. The DY2 Q1 Actively Engaged data will be subject to rel		•		·	-
Total					1.00

	Domain 1 Project Prescribed I	Milestones - I	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



Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 3.b.i

### Print 4. Use EHRs or other technical platforms to track all patients engaged in 3/31/2017 3/31/2017 In Process Pass & Ongoing N/A this project. 5. Use the EHR to prompt providers to complete the 5 A's of tobacco Pass & Ongoing 3/31/2017 3/31/2017 N/A In Process control (Ask, Assess, Advise, Assist, and Arrange). 6. Adopt and follow standardized treatment protocols for hypertension Pass & Ongoing 3/31/2017 3/31/2017 In Process N/A and elevated cholesterol. 7. Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address 3/31/2017 Pass & Ongoing N/A 3/31/2017 In Process lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management. 8. Provide opportunities for follow-up blood pressure checks without a 3/31/2019 3/31/2019 In Process Pass & Ongoing N/A copayment or advanced appointment. 9. Ensure that all staff involved in measuring and recording blood Pass & Ongoing 3/31/2017 3/31/2017 In Process N/A pressure are using correct measurement techniques and equipment. 10. Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of 3/31/2017 Pass & Ongoing 3/31/2017 In Process N/A hypertension and schedule them for a hypertension visit.



Print				SBH Health System -	Project 3.b.i
11. 'Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	3/31/2017	3/31/2017	In Process	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	3/31/2017	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	3/31/2017	In Process	Pass & Ongoing	N/A
14. Develop and implement protocols for home blood pressure monitoring with follow up support.	3/31/2017	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.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
16. Facilitate referrals to NYS Smoker's Quitline.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
17. Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk	3/31/2020	3/31/2020	In Process	Pass & Ongoing	N/A
18. Adopt strategies from the Million Hearts Campaign.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A



Print				SBH Health System -	Project 3.b.i
19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	3/31/2020	3/31/2020	In Process	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	Pass & Ongoing	1					
	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1					



### Save & Return

Print	SBH Health System -	Project 3.b.i
Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1
Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.33333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.33333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.33333333
Prevention Quality Indicator # 13 (Angina without procedure) ±	Pass & Ongoing	1
Prevention Quality Indicator # 7 (HTN) ±	Pass & Ongoing	1
Total		7.00



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 3.c.i

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

Payment Snapshot	
Payment Available (DY2)	\$ 2,418,253.35
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 2,269,035.22

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q1)	Payment Available (\$)	Net Payment Earned (\$)	
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%				
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%	60%	0%	-	-	
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	6.00	6.00	100%	16%	0%	-	-	
Domain 5	Domain 3 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	24%	0%	-	-	
	Domain 2 Subtotal		6.00	6.00	100%	40%	0%	-	-	
	Total	Complete	12.00	12.00	100%	100%	0%	-	-	

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

### **Hide Reviewer Comments**

	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



Print				SBH Health System -	Project 3.c.i	
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1	
The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as part of quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported in DY						
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	3/31/2017	In Process	Pass & Ongoing	N/A			
	improve health literacy, patient self-efficacy, and patient self-management.	3/31/2017	III FIOCESS	1 ass & Oligonia	IN/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			



Print			SBH Health System -	Project 3.c.i
5. Ensure coordination with the Medicaid Managed Care organizations serving the target population.	3/31/2020	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 providers.	3/31/2018	In Process	Pass & Ongoing	N/A
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%) ±	Pass & Ongoing	1						
	Comprehensive Diabetes screening – All Four Tests (HbA1c, lipid profile, dilated eye exam, nephropathy monitor)	Pass & Ongoing	1						
	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1						



### Save & Return

Print		
Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1
Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.33333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.33333333
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.33333333
Prevention Quality Indicator # 1 (DM Short term complication) ±	Pass & Ongoing	1
Total		6.00



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 3.d.ii

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

Payment Snapshot	
Payment Available (DY2)	\$ 2,470,365.90
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 2,317,932.17

		3.d.ii Score	sheet											
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q1)	Payment Available (\$)	Net Payment Earned (\$)					
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	60%							
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%	60%	0%	-	-					
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	16%	0%	-	-					
Domain 5	Domain 3 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	24%	0%	-	-					
	Domain 2 Subtotal		4.00	4.00	100%	40%	0%	-	-					
	Total	Complete	10.00	10.00	100%	100%	0%	-	-					

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

### **Hide Reviewer Comments**

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



Print				SBH Health System - F	Project 3.d.ii
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass (with Exception) & Ongoing	1
The Actively Engaged data submitted with your DY2 Q1 quarterly reports is under review by the IA, and was not subject to remediation as p quarterly review. The DY2 Q1 Actively Engaged data will be subject to remediation in DY2 Q2 along with the Actively Engaged data reported					
Total					1.00

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



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•	4. Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	5. Ensure coordinated care for asthma patients includes social services	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
	and support.					
	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.	9/30/2017	9/30/2017	In Process	Pass & Ongoing	N/A
	8. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
	Total					0.00

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



Save & Return

	Total		4.00
			_
	Prevention Quality Indicator # 15 Younger Adult Asthma ±	Pass & Ongoing	1
•	Pediatric Quality Indicator # 14 Pediatric Asthma ±	Pass & Ongoing	1
	Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Pass & Ongoing	0.5
	Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Pass & Ongoing	0.5
	Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1
	Print	•	-



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 4.a.iii

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

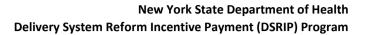
Payment Snapshot	
Payment Available (DY2)	\$ 1,746,186.28
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 1,638,438.00

			4.a.iii Score	esheet					
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q1)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	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	5.00	100%	60%	0%	-	-
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	40%	0%	-	-
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal		11.00	11.00	100%	40%	0%	-	-
	Total C		16.00	16.00	100%	100%	0%	-	-

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

### **Hide Reviewer Comments**

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





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



11.00

### Save & Return

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 4.a.iii

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

Total



Print

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)

SBH Health System - Project 4.c.ii

Project Snapshot					
<b>Project Domain</b> Domain 4: Population-wide Projects: New					
Project ID	4.c.ii				
Project Title	Increase early access to, and retention in, HIV care				

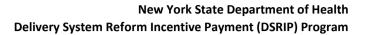
Payment Snapshot	
Payment Available (DY2)	\$ 1,658,876.97
Funding Available for Distribution DY2Q1	-
Dollars Earned to Date (DY1)	\$ 1,556,516.10

			4.c.ii Score	sheet					
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q1)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	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	5.00	100%	60%	0%	-	-
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	40%	0%	-	-
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal		11.00	11.00	100%	40%	0%	-	-
	Total Complete		16.00	16.00	100%	100%	0%	-	-

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

### Hide Reviewer Comments

Domain 4 Pay for Performance and Pay for Reporting - Project 4.c.ii (all Milestones are P4R in 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		





Print	•	•
Newly diagnosed HIV case rate per 100,000	Pass & Ongoing	1
Newly diagnosed HIV case rate per 100,000—Difference in rates (Black and White) of new HIV diagnoses	Pass & Ongoing	1
Newly diagnosed HIV case rate per 100,000—Difference in rates (Hispanic and White) of new HIV diagnoses	Pass & Ongoing	1
Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
Percentage of premature death (before age 65 years)	Pass & Ongoing	1
Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1



### Save & Return

Print Print		Project 4.c.ii	
•	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
Total			11.00