General Instructions		
Step	**Description/Link**	**Image**
1. Enable Content	Click "Enable Content" at the top of the screen to enable macros.	
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.	
2. 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	
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.	

Print Summary

Print All

PPS Information	
Quarter	DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
PPS	Suffolk County Collaborative
PPS Number	16

Achievement Value (AV) Scorecard Summary								
	AV Data				Payment 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	19.00	19.00	0.00	19.00	$ -	$ -	$ -	$ -
2.b.iv	20.00	20.00	0.00	20.00	$ -	$ -	$ -	$ -
2.b.vii	20.00	20.00	0.00	20.00	$ -	$ -	$ -	$ -
2.b.ix	20.00	20.00	0.00	20.00	$ -	$ -	$ -	$ -
2.d.i	8.00	8.00	0.00	8.00	$ -	$ -	$ -	$ -
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	$ -	$ -	$ -	$ -

Achievement Value (AV) Scorecard
Suffolk County Collaborative

Print Summary											
Print All											
4.a.ii	16.00	16.00	0.00	16.00	$ -	$ -	$ -	$ -
4.b.ii	21.00	21.00	0.00	21.00	$ -	$ -	$ -	$ -
AV Adjustments (Column F)								
Total	**175.00**	**175.00**	**0.00**	**175.00**	**$ -**	**$ -**	**$ -**	**$ -**

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

Net Organizational AVs Awarded: 5 out of 5

Hide Reviewer Comments

Workforce Strategy							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Workforce Strategy Budget Updates		Workforce Strategy Budget Updates	6/30/2016	3/31/2016	Completed	Pass & Complete	
		Workforce Impact Analysis and Updates	9/30/2016	6/30/2016	In Process	Pass & Ongoing	

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		New Hire Employment Analysis and Updates	9/30/2016	6/30/2016	In Process	Pass & Ongoing	
Additional Workforce Strategy Budget Updates (non AV-driving)	●	1. Define target workforce state (in line with DSRIP program's goals)	6/30/2016	6/30/2016	Completed	Pass & Complete	1
	●	2. Create a workforce transition roadmap for achieving defined target workforce	9/30/2016	6/30/2016	In Process	Pass & Ongoing	
	●	3. Perform detailed gap analysis between current state assessment of workforce and projected future state	6/30/2016	3/31/2016	Completed	Pass & Complete	
	●	4. Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements	6/30/2016	6/30/2016	Completed	Pass & Complete	
	●	5. Develop training strategy	3/31/2016	3/31/2016	Completed	Pass & Complete	
	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	

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Additional Workforce Strategy Topic Areas	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing
	●	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

N/A

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	Completed	Pass & Complete	

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Process Measure	AV Driving	Milestone			Milestone Status	Reviewer Status	AV Awarded
Quarterly Project Reports, Project Budget and Flow of Funds	●	Module 1.2 - PPS Budget Report (Quarterly	Ongoing	N/A	In Process	Pass & Ongoing	1
	●	Module 1.3 - PPS Flow of Funds (Baseline)	Ongoing	N/A	Completed	Pass & Complete	
	●	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 - Governance							
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	

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Governance Structure Updates	●	2. Establish a clinical governance structure, including clinical quality committees for each DSRIP project	12/31/2015	9/30/2015	Completed	Pass & Complete	1
	●	3. Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	6/30/2015	Completed	Pass & Complete	
Governance Process Update	●	4. Establish governance structure reporting and monitoring processes	12/31/2015	12/31/2015	Completed	Pass & Complete	
Additional Governance Milestones (non AV-driving)	●	5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,	3/31/2016	3/31/2016	Completed	Pass & Complete	N/A
	●	6. Finalize partnership agreements or contracts with CBOs	6/30/2018	6/30/2018	In Process	Pass & Ongoing	
	●	7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and	9/30/2016	9/30/2016	In Process	Pass & Ongoing	
	●	8. Finalize workforce communication and engagement plan	6/30/2016	6/30/2016	Completed	Pass & Complete	

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	●						
	●	9. Inclusion of CBOs in PPS Implementation	6/30/2018	6/30/2018	In Process	Pass & Ongoing	
Additional Governance Topic Areas	●	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	
	●	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							1

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Section 03 - Financial Sustainability							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Financial Stability Update	🟢	1. Finalize PPS finance structure, including reporting structure	12/31/2015	12/31/2015	Completed	Pass & Complete	1
	🟢	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	
	🟢	3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d	12/31/2015	12/31/2015	Completed	Pass & Complete	
Additional Financial	🔴	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	

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Stability Topic Areas	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**1**

Section 04 - Cultural Competency & Health Literacy							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Cultural Competency /Health Literacy	●	1. Finalize cultural competency / health literacy strategy.	12/31/2015	12/31/2015	Completed	Pass & Complete	1
	●	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	
	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	

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Additional Cultural Competency /Health Literacy Topic Areas	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing
	●	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							1

Section 05 - IT Systems 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	6/30/2016	Completed	Pass & Complete	

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IT Systems and Processes	●	2. Develop an IT Change Management Strategy.	N/A	6/30/2016	Completed	Pass & Complete	N/A
	●	3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	N/A	3/31/2016	Completed	Pass & Complete	
	●	4. 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	
Additional IT Systems and	●	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

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and Processes Topic Areas	●		N/A				N/A
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**0**

Section 06 - Performance Reporting							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Performance Reporting	●	1. Establish reporting structure for PPS-wide performance reporting and communication.	9/30/2015	9/30/2015	Completed	Pass & Complete	N/A
	●	2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	3/31/2016	3/31/2016	Completed	Pass & Complete	N/A
	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	

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Additional Performance Reporting Topic Areas	🔴	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	N/A
	🔴	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	🔴	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 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	

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Practitioner Engagement	●	2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	3/31/2016	3/31/2016	Completed	Pass & Complete	N/A
Additional Practitioner Engagement Topic Areas	●	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	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	

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Total	0

Section 08 - Population Health Management

Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Population Health	●	1. Develop population health management roadmap.	6/30/2016	6/30/2016	Completed	Pass & Complete	N/A
	●	2. Finalize PPS-wide bed reduction plan.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
Additional Population Health Topic Areas	●	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	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	

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	●						
	●	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**
Clinical Integration	●	1. Perform a clinical integration 'needs assessment'.	3/31/2016	3/31/2016	Completed	Pass & Complete	N/A
	●	2. Develop a Clinical Integration strategy.	6/30/2016	6/30/2016	Completed	Pass & Complete	N/A
Additional Clinical	●	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

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Integration 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

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Suffolk County Collaborative AV Adjustments

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AV Adjustment Scoresheet								
Adjustment	**AVs Per Project**	**Total Projects Selected**	**Total AVs Available**	**Total AVs Awarded**		**Adjusted AVs**	**Net AVs Awarded**	
				Net Awarded	**Percentage AV**		**Net Awarded**	**Percentage AV**
Organizational Adjustments (applied to all projects)	5.00	11.00	55.00	55.00	100%	0.00	55.00	100%
Project Adjustments (applied to one project only)	Various	11.00	120.00	120.00	100%	0.00	120.00	100%
Total			**175.00**	**175.00**	**100%**	**0.00**	**175.00**	**100%**

Hide Reviewer Comments

☐ Organizational   ☐ Project Adjustments

No AV Adjustments
🔴   *Please note that there are no AV adjustments for Suffolk County Collaborative in DY2, Q1*

🟢

New York State Department of Health
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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 2.a.i

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

Payment Snapshot		
Payment Available (DY2)	$	4,482,828.13
Funding Available for Distribution DY2Q1		-
Dollars Earned to Date (DY1)	$	4,206,215.58

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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	-	-
	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 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-
	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**	**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	Ongoing	N/A	In Process	Pass & Ongoing	N/A

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Print

Total						**0.00**

	Domain 1 Project Prescribed Milestones - 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.	03/31/2018	03/31/2018	In Process	Pass & Ongoing	N/A
●	2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	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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Suffolk County Collaborative - Project 2.a.i

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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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
●	9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	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

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●	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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A

Total	0.00

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

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

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 2.a.i

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Measure	Status	Value
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

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

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 2.a.i

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	Measure	Status	Value
	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

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 2.a.i

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| Total | 14.00 |

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

Payment Snapshot		
Payment Available (DY2)	$	3,442,171.60
Funding Available for Distribution DY2Q1		-
Dollars Earned to Date (DY1)	$	3,229,772.67

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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	-	-
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**6.00**	**100%**	**60%**	**0%**	**-**	**-**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-
	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.iv AVs Awarded: 20 out of 20

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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

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

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 2.b.iv

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●	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 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						**1.00**

Domain 1 Project Prescribed Milestones - Project 2.b.iv						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
●	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

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

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

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

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 2.b.ix

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Project Snapshot	
Project Domain	System Transformation Projects (Domain 2)
Project ID	2.b.ix
Project Title	Implementation of observational programs in hospitals

Payment Snapshot		
Payment Available (DY2)	$	2,881,818.08
Funding Available for Distribution DY2Q1		-
Dollars Earned to Date (DY1)	$	2,703,995.73

2.b.ix 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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	-	-
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**6.00**	**100%**	**60%**	**0%**	**-**	**-**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-
	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.ix AVs Awarded: 20 out of 20

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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

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

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 2.b.ix

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●						
●	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 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						**1.00**

Domain 1 Project Prescribed Milestones - 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.	09/30/2017	09/30/2017	In Process	Pass & Ongoing	N/A
●	2. Create clinical and financial model to support the need for the unit.	09/30/2017	09/30/2017	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.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A

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●	4. Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	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.ix (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

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

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 2.b.ix

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

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●	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
●	Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
●	Potentially Avoidable Readmissions	Pass & Ongoing	1

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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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Project Snapshot	
Project Domain	System Transformation Projects (Domain 2)
Project ID	2.b.vii
Project Title	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)

Payment Snapshot		
Payment Available (DY2)	$	3,282,070.59
Funding Available for Distribution DY2Q1		-
Dollars Earned to Date (DY1)	$	3,079,550.69

2.b.vii 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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	-	-
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**6.00**	**100%**	**60%**	**0%**	**-**	**-**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	14.00	14.00	100%	40%	0%	-	-
	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.vii AVs Awarded: 20 out of 20

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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

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

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 2.b.vii

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●	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 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						**1.00**

Domain 1 Project Prescribed Milestones - Project 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

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

Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 2.b.vii

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●	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
●	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.	3/31/2018	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						0.00

Domain 2 Pay for Performance and Pay for Reporting - Project 2.b.vii (all Milestones are P4R in DY1)

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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
🟢	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

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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

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 2.b.vii

●	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
Total			**14.00**

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

Payment Snapshot		
Payment Available (DY2)	$	3,132,142.44
Funding Available for Distribution DY2Q1		-
Dollars Earned to Date (DY1)	$	2,938,873.84

2.d.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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	-	-
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		**6.00**	**6.00**	**100%**	**60%**	**0%**	**-**	**-**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	40%	0%	-	-
	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 2 Subtotal		**2.00**	**2.00**	**100%**	**40%**	**0%**	**-**	**-**
	Total	**Complete**	**8.00**	**8.00**	**100%**	**100%**	**0%**	**-**	**-**

Total Project 2.d.i AVs Awarded: 8 out of 8

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

New York State Department of Health
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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
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●	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 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						**1.00**

Domain 1 Project Prescribed Milestones - Project 2.d.i						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
●	1. Contract or partner with community-based organizations (CBOs) to engage target populations using PAM® and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A
●	2. Establish a PPS-wide training team, comprised of members with training in PAM® and expertise in patient activation and engagement.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	3. Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A

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●	4. Survey the targeted population about healthcare needs in the PPS' region.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	5. Train providers located within "hot spots" on patient activation 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	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM® during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A
●	8. Include beneficiaries in development team to promote preventive care.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	9. Measure PAM® components	3/31/2018	3/31/2018	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

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●	11. Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	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.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	13. Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM®.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	14. Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and	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
●	16. Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community	9/30/2018	9/30/2018	In Process	Pass & Ongoing	N/A

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

Total	0.00

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

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●	PAM Level	Pass & Ongoing	NA
●	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			**2.00**

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - 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)	$	3,121,969.59
Funding Available for Distribution DY2Q1		-
Dollars Earned to Date (DY1)	$	2,929,328.70

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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	-	-
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**6.00**	**100%**	**60%**	**0%**	**-**	**-**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	10.00	10.00	100%	16%	0%	-	-
	Domain 3 Pay for Performance	N/A	N/A	N/A	N/A	24%	0%	-	-
Domain 3 Subtotal			**10.00**	**10.00**	**100%**	**40%**	**0%**	**-**	**-**
Total		**Complete**	**16.00**	**16.00**	**100%**	**100%**	**0%**	**-**	**-**

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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	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**
	⬤	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
3.a.i Model 1	⬤	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

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
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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
3.a.i Model 2	●	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
	●	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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3.a.i Model 3	●	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
	●	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**

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

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 3.a.i

AV Driving	Measure	Reviewer Status	AVs Awarded
●	Adherence to Antipsychotic Medications for People with Schizophrenia	Pass & Ongoing	1
●	Antidepressant Medication Management - Effective Acute Phase Treatment	Pass & Ongoing	0.5
●	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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	Measure	Status	AV
	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**

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Suffolk County Collaborative - Project 3.b.i

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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)	$	2,377,076.72
Funding Available for Distribution DY2Q1		-
Dollars Earned to Date (DY1)	$	2,230,399.39

3.b.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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	-	-
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**6.00**	**100%**	**60%**	**0%**	**-**	**-**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	7.00	7.00	100%	16%	0%	-	-
	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

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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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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 3.b.i

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●						
●	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 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						**1.00**

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**
●	1. 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

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●	4. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	5. Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	6. Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	7. Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	8. Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
●	9. Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	3/31/2017	3/31/2017	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

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●	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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
●	13. Follow up with referrals to community based programs to document participation and behavioral and health status changes.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
●	14. Develop and implement protocols for home blood pressure monitoring with follow up support.	3/31/2017	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	3/31/2017	3/31/2017	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

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●						
●	19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	3/31/2018	3/31/2018	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

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●	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**

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - 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)		$	2,401,515.07
Funding Available for Distribution DY2Q1			-
Dollars Earned to Date (DY1)		$	2,253,329.77

3.c.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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	-	-
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**6.00**	**100%**	**60%**	**0%**	**-**	**-**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	6.00	6.00	100%	16%	0%	-	-
	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

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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

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🟢	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 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					**1.00**

	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

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●	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 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

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●	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**

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Suffolk County Collaborative - Project 3.d.ii

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

Payment Snapshot		
Payment Available (DY2)	$	2,481,565.57
Funding Available for Distribution DY2Q1		-
Dollars Earned to Date (DY1)	$	2,328,440.77

3.d.ii 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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	-	-
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**6.00**	**100%**	**60%**	**0%**	**-**	**-**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	16%	0%	-	-
	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

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

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	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 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						**1.00**

Domain 1 Project Prescribed Milestones - Project 3.d.ii						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	3/31/2017	3/31/2017	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
	3. Develop and implement evidence-based asthma management guidelines.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A

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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 and support.	3/31/2017	3/31/2017	In Process	Pass & Ongoing	N/A
●	6. Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of 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**

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●	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 ±	Pass & Ongoing	1
	Total		**4.00**

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 4.a.ii

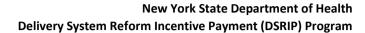| Project Snapshot	
Project Domain	Domain 4: Population-wide Projects: New York's
Project ID	4.a.ii
Project Title	Prevent Substance Abuse and Other Mental, Emotional and Behavioral Disorders

Payment Snapshot		
Payment Available (DY2)	$	1,601,010.05
Funding Available for Distribution DY2Q1		-
Dollars Earned to Date (DY1)	$	1,502,219.85

4.a.ii 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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	-	-
	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 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.a.ii AVs Awarded: 16 out of 16

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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

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 4.a.ii

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

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 4.a.ii

●	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	Pass & Ongoing	1
●	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years	Pass & Ongoing	1
●	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
	Total		**11.00**

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Project Snapshot	
Project Domain	Domain 4: Population-wide Projects: New York's
Project ID	4.b.ii
Project Title	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Payment Snapshot		
Payment Available (DY2)	$	1,360,858.54
Funding Available for Distribution DY2Q1		-
Dollars Earned to Date (DY1)	$	1,276,886.87

4.b.ii 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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	-	-
	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	16.00	16.00	100%	40%	0%	-	-
	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal		**16.00**	**16.00**	**100%**	**40%**	**0%**	**-**	**-**
Total		**Complete**	**21.00**	**21.00**	**100%**	**100%**	**0%**	**-**	**-**

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

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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

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	Metric	Status	Value
	Asthma emergency department visit rate per 10,000	Pass & Ongoing	1
	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

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●	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
●	Rate of hospitalizations for short-term complications of diabetes per 10,000 – 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
●	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

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Achievement Value (AV) Scorecard DY2, Q1 April 1, 2016 - June 30, 2016 (Non-Payment Quarter)
Suffolk County Collaborative - Project 4.b.ii

Total	16.00