

Print All

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

> Achievement Value (AV) Scorecard Adirondack Health Institute, Inc.

| | PPS Information | | | | |
|------------|--|--|--|--|--|
| Quarter | DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) | | | | |
| PPS | Adirondack Health Institute, Inc. | | | | |
| PPS Number | 23 | | | | |

| Achiev | ement Value | AV) Scorecard | l Summary | | | |
|---|---------------|---------------|------------------|--------------------|---------------------------------------|-----------------------------|
| | | AV [| 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 | DY2 Q4 Payment Available | DY2 Q4 Payment Earned |
| Domain I Organizational (All Projects) | 5.00 | 5.00 | 0.00 | 5.00 | Organization embedded project's | within each |
| 2.a.i | 21.00 | 20.67 | 0.00 | 20.67 | \$2,423,887 | \$2,343,090 |
| 2.a.ii | 22.00 | 21.00 | 0.00 | 21.00 | \$1,633,854 | \$1,493,809 |
| 2.a.iv | 21.00 | 21.00 | 0.00 | 21.00 | \$2,287,671 | \$2,287,671 |
| 2.b.viii | 21.00 | 19.43 | 0.00 | 19.43 | \$1,834,950 | \$1,587,794 |
| 2.d.i | 11.00 | 9.94 | 0.00 | 9.94 | \$1,654,308 | \$1,504,169 |
| 3.a.i | 17.00 | 12.88 | 0.00 | 12.88 | \$2,057,351 | \$1,633,446 |
| 3.a.ii | 17.00 | 12.00 | 0.00 | 12.00 | \$1,931,375 | \$1,422,002 |
| 3.a.iv | 17.00 | 12.00 | 0.00 | 12.00 | \$1,865,692 | \$1,373,642 |

| | Department of Health | Medicaid Redesign Team |
|--|-------------------------|---------------------------|
|--|-------------------------|---------------------------|

| Print Summary Print All | Achievement Value (AV) Scorecard Adirondack Health Institute, Inc. | | | | | | |
|----------------------------|---|--------|------|--------|--------------|--------------|--|
| 3.g.i | 8.00 | 7.00 | 0.00 | 7.00 | \$ 883,503 | \$ 807,774 | |
| 4.a.iii | 16.00 | 16.00 | 0.00 | 16.00 | \$ 872,612 | \$ 872,612 | |
| 4.b.ii | 21.00 | 21.00 | 0.00 | 21.00 | \$ 750,690 | \$ 750,690 | |
| AV Adjustments (Column F) | | | | | | | |
| Total | 192.00 | 172.92 | 0.00 | 172.92 | \$18,195,892 | \$16,076,698 | |



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

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Adirondack Health Institute, Inc. - Domain 1 Organizational AVs

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

Net Organizational AVs Awarded: 5 out of 5

Hide Reviewer Comments

| | | | Workforce S | Strategy | | | |
|--|---------------|--|----------------------|-----------------------|---------------------|-----------------|------------|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
| | | Workforce Strategy Spending (Baseline) | | | Completed | Pass & Complete | |
| Workforce Strategy Budget Updates | | | | | | | |



| S | ave & R | eturn | Achievem | | | Q4 January 1, 2017 - March 31, | | | |
|-------------------------|---------|--|----------|-----|------------------|--------------------------------|--|--|--|
| | Prin | t | | AC | lironaack Health | Institute, Inc Domain 1 Orge | | | |
| | | | | | | | | | |
| | | | | | 1 | | | | |
| | | 1. Define target workforce state (in line with DSRIP program's goals) | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| Additional Workforce | | 2. Create a workforce transition roadmap for achieving defined target workforce | N/A | N/A | In Process | Pass & Ongoing | | | |
| | | | | | | | | | |
| | | 3. Perform detailed gap analysis between current state assessment of workforce and projected future state | N/A | N/A | In Process | Pass & Ongoing | | | |
| Strategy Budget | | | 1 | 1 | 1 | 1 | | | |
| Updates (non AV- | | 4. Produce a compensation and benefit | | | | | | | |
| driving) | | analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements | N/A | N/A | Completed | Pass & Complete | | | |
| | | | | | | 1 | | | |
| | | 5. Develop training strategy | N/A | N/A | In Process | Pass & Complete | | | |
| | | | | | | | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | | | |



| Sa | ave & Re | eturn | Achievem | | | 4 January 1, 2017 - March 31, . | |
|----------------------------------|----------|---|----------|-----|----------------|---------------------------------|-------|
| | Print | | | Ad | пгопааск неанп | Institute, Inc Domain 1 Orgo | anizo |
| | • | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| ditional | • | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| orkforce rategy 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 01 Budget **Required Due Committed Due** Process AV Milestone **Reviewer Status** AV Awarded Milestone Measure Driving Date Date Status Pass & Complete Module 1.1 - PPS Budget Report (Baseline) Ongoing N/A Completed



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

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Adirondack Health Institute, Inc. - Domain 1 Organizational AVs

| 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 G | overnance | | | |
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
| | | 1. Finalize governance structure and sub- committee structure | 9/30/2015 | 9/30/2015 | Completed | Pass & Complete | |
| | | | | | | | |

2. Establish a clinical governance structure, including clinical quality Pass & Complete Governance 12/31/2015 12/31/2015 Completed Structure committees for each DSRIP project



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Adirondack Health Institute, Inc. - Domain 1 Organizational AVs

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



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

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment

Adirondack Health Institute, Inc. - Domain 1 Organizational AVs Print 9. Inclusion of CBOs in PPS Pass & Complete N/A 12/31/2015 Completed Implementation Major Risks to Implementation & Risk N/A N/A Pass & Ongoing In Process Mitigation Strategies Major Dependencies on Organizational N/A N/A Pass & Ongoing In Process Workstreams Roles and Responsibilities N/A N/A Pass & Ongoing In Process Additional Governance N/A Key Stakeholders N/A Topic Areas N/A Pass & Ongoing In Process IT Expectations N/A N/A Pass & Ongoing In Process Pass & Ongoing N/A N/A Progress Reporting In Process Total 1

Section 03 Financial Sustainability



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Adirondack Health Institute, Inc. - Domain 1 Organizational AVs

| 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 | | | | | | | |
| | • | 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 | |
| | | | | | | | |
| | | Finalize Compliance Plan consistent with New York State Social Services Law 363-d | 12/31/2015 | 12/31/2015 | Completed | Pass & Complete | |
| Stability Update | | | | | | | 1 |
| | | 4. Develop a Value Based Needs Assessment ("VNA") | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | |
| | | | | | | | |
| | | 5. Develop an implementation plan geared towards addressing the needs identified within your VNA | 6/30/2017 | 6/30/2017 | Not Started | Pass & Ongoing | |
| | | | | | | | |
| | | 6. Develop partner engagement schedule for partners for VBP education and training | 12/31/2017 | 12/31/2017 | In Process | Pass & Ongoing | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | |



| Sa | Key Stakeholders | | Achievem | Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2 | | | | | | |
|--|------------------|----------------------------|---|--|------------|----------------|--|--|--|--|
| | Print | | Adironaack Health Institute, Inc Domain 1 Organiz | | | | | | | |
| Print Adirondack Health Institute, Inc Domain Major Dependencies on Organizational N/A N/A In Process Pass & Ongoing Workstreams Vorkstreams Vorkstreams Vorkstreams Vorkstreams | | | | | | | | | | |
| | | | N/A | N/A | In Process | Pass & Ongoing | | | | |
| | | | | | | | | | | |
| | • | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | | | | |
| Financial | | | | | | | | | | |
| | | 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 **Required Due Committed Due** Process AV Milestone Milestone **Reviewer Status** AV Awarded Measure Driving Date Date Status 1. Finalize cultural competency / health Pass & Complete 12/31/2015 12/31/2015 Completed literacy strategy. Cultural



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| | Prin | t | | Ad | irondack Health | Institute, Inc Domain 1 Orga | nizational AVs |
|-----------------------------------|------|--|-----------|-----------|-----------------|------------------------------|----------------|
| Competency /Health Literacy | | Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language- appropriate material). | 6/30/2016 | 6/30/2016 | 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 Competency | | | | | | | |
| /Health Literacy | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | N/A |
| Topic Areas | | | | | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | | Total | | | | 1 |

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Adirondack Health Institute, Inc. - Domain 1 Organizational AVs



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Adirondack Health Institute, Inc. - Domain 1 Organizational AVs

| | | Sect | tion 05 IT Syster | ms and Processes | 5 | | |
|--------------------------------|---------------|--|----------------------|-----------------------|---------------------|-----------------|------------|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
| | • | 1. Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s). | 9/30/2016 | 9/30/2016 | Completed | Pass & Complete | |
| | | 2. Develop an IT Change Management | 9/30/2016 | 9/30/2016 | Completed | Pass & Complete | |
| | • | Strategy. | 9/30/2016 | 9/30/2016 | Completed | | |
| IT Systems and Processes | | 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | N/A | 6/30/2016 | In Process | Pass & Ongoing | N/A |
| | | | | | | | N/A |
| | | 4. Develop a specific plan for engaging attributed members in Qualifying Entities | N/A | 6/30/2016 | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | 5. Develop a data security and confidentiality plan. | N/A | 9/30/2016 | Completed | Pass & Ongoing | |
| | | | | | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | |



| Sa | ive & Re | eturn | Achievem | | | 24 January 1, 2017 - March 31, 2 |
|------------------------------|----------|--------------------------------------|----------|-----|-----------------|----------------------------------|
| | Print | | | Ad | irondack Health | Institute, Inc Domain 1 Orgo |
| | • | Major Dependencies on Organizational | | | | |
| | | Workstreams | N/A | N/A | In Process | Pass & Ongoing |
| dditional F Systems nd | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing |
| rocesses opic Areas | | | | | | |
| | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing |
| | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing |
| | | | | | | |
| | | | Total | | | |

| | Section 06 Performance Reporting | | | | | | | | |
|--------------------|----------------------------------|--|----------------------|-----------------------|---------------------|-----------------|------------|--|--|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded | | |
| | | Establish reporting structure for PPS- wide performance reporting and communication. | 6/30/2016 | 3/31/2016 | In Process | Pass & Ongoing | N/A | | |
| Derformanc | | | | | | | | | |



| Sa | ave & Re | turn | Achievem | | | Q4 January 1, 2017 - March 31, 2 | |
|----------------------------|----------|--|-----------|-----------|-----------------|----------------------------------|-----------------|
| | Print | | | Ad | irondack Health | n Institute, Inc Domain 1 Orgo | inizational AVs |
| e Reporting | • | 2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | 6/30/2016 | 3/31/2016 | In Process | Pass & Ongoing | N/A |
| | | | | | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | |
| - | | | | | | | |
| | • | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| Additional Performanc | | | | | | | N1 (A |
| e Reporting Topic Areas | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | N/A |
| | | | | | | | |
| | | IT Expectations | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Progress Reporting | N/A | N/A | In Process | Pass & Ongoing | |
| | - | | | | | | |
| | | | Total | | | | 0 |



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Adirondack Health Institute, Inc. - Domain 1 Organizational AVs

| | | Sec | tion 07 Practitio | ner 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. | 6/30/2016 | 3/31/2016 | Completed | Pass & Complete | |
| | | | | | | | |
| Practitioner Engagement | • | Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda. | N/A | 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 | |
| | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| Additional Practitioner | | | | | | | N/A |
| Engagement Topic Areas | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |



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

Adirondack Health Institute, Inc. - Domain 1 Organizational AVs

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment

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

Section 08 Population Health Management Process AV **Required Due** Committed Due Milestone Milestone **Reviewer Status** AV Awarded Measure Driving Date Date Status 1. Develop population health Pass & Ongoing N/A 6/30/2016 In Process management roadmap. (N/A Population Health 2. Finalize PPS-wide bed reduction plan. N/A 3/31/2017 Pass & Ongoing In Process N/A Major Risks to Implementation & Risk N/A N/A Pass & Ongoing In Process Mitigation Strategies Major Dependencies on Organizational N/A Pass & Ongoing N/A In Process Workstreams Roles and Responsibilities N/A N/A In Process Pass & Ongoing



| Sa | ive & Re | eturn | Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Paymer | | | | | |
|---|---|--------------------|---|-----|------------|----------------|-----|--|
| | Print Adirondack Health Institute, Inc Domain 1 Organ | | | | | | | |
| Additional Population Health Topic Areas | - | | | | | | N/A | |
| | | 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 09 Clinic | al Integration | | | |
|--------------------|---------------|---|----------------------|-----------------------|---------------------|-----------------|------------|
| Process Measure | AV Driving | Milestone | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AV Awarded |
| | | 1. Perform a clinical integration 'needs assessment'. | 9/30/2016 | 3/31/2016 | Completed | Pass & Complete | N/A |
| Clinical | | | | | | | |
| Integration | • | 2. Develop a Clinical Integration strategy. | 12/31/2016 | 3/31/2016 | In Process | Pass & Ongoing | N/A |
| | | | | | | | |
| | | Major Risks to Implementation & Risk Mitigation Strategies | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment

| | Print | | | Ad | irondack Health | Institute, Inc Domain 1 Orga | nizational AVs |
|----------------------------|-------|---|-------|-----|-----------------|------------------------------|----------------|
| | | Major Dependencies on Organizational Workstreams | N/A | N/A | In Process | Pass & Ongoing | |
| | | | | | | | |
| | | Roles and Responsibilities | N/A | N/A | In Process | Pass & Ongoing | |
| Additional Clinical | | | | | | | N/A |
| Integration Topic Areas | | Key Stakeholders | N/A | N/A | In Process | Pass & Ongoing | 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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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. AV Adjustments

| AV Adjustment Scoresheet | | | | | | | | | |
|--|---------|----------|-----------|-------------------|------------|-----------------|---------|-----------------|--|
| | AVs Per | Total | Total AVs | Total AVs Awarded | | Adjusted | Net A | Net AVs Awarded | |
| Adjustment | Project | Projects | | Net | Percentage | Aujusteu AVs | Net | Percentage AV | |
| | Project | Selected | Available | Awarded | AV | AVS | Awarded | Percentage AV | |
| Organizational Adjustments (applied to all projects) | 5.00 | 11.00 | 55.00 | 55.00 | 100% | 0.00 | 55.00 | 100% | |
| Project Adjustments (applied to one project only) | Various | 11.00 | 137.00 | 117.92 | 86% | 0.00 | 117.92 | 86% | |
| Total | | | 192.00 | 172.92 | 90% | 0.00 | 172.92 | 90% | |

Hide Reviewer Comments

Organizational

Project Adjustments

| No AV Adjustments | | | | | | | |
|---|--|--|--|--|--|--|--|
| Please note that there are no AV adjustments for Adirondack Health Institute, Inc. in DY2, Q1 | | | | | | | |
| | | | | | | | |



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

Adirondack Health Institute, Inc. - Project 2.a.i

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

| Payment Snapsł | not | |
|--------------------------|-----|-----------|
| DY2 Q4 Payment Available | \$ | 2,423,887 |
| DY2 Q4 Payment Earned | \$ | 2,343,090 |

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)

| | 2.a.i Scoresheet | | | | | | | | |
|----------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q4) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | 1,454,332 | |
| Domain 1 | Project Implementation Speed | Complete | 1.00 | 0.67 | 67% | 60% | 30% | | 1,373,536 |
| | Patient Engagement Speed | N/A | 0.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 6.00 | 5.67 | 95% | 60% | 30% | 1,454,332 | 1,373,536 |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 15.00 | 15.00 | 100% | 40% | 20% | 969,555 | 969,555 |
| Domain 2 | Domain 2 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 0% | 0% | - | - |
| | Domain 2 Subtotal | | | 15.00 | 100% | 40% | 20% | 969,555 | 969,555 |
| | Total | Complete | 21.00 | 20.67 | 98% | 100% | 50% | 2,423,887 | 2,343,090 |

Total Project 2.a.i AVs Awarded: 20.67 out of 21

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 | | | |
| | Enter Reviewer Comment | | | | | | | | |



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| Print | |

| | Module 2 - Project Implementation Speed | Ongoing | N/A | In Process | Pass & Ongoing | 0.67 | |
|------------------------|---|---------|-----|------------|----------------|------|--|
| Enter Reviewer Comment | | | | | | | |
| | Total | | | | | 0.67 | |

| | Domain 1 Project Prescribed N | lilestones P | roject 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. | | | In Process | Pass & Ongoing | N/A | | | |
| | Enter Revie | wer Commer | t | | | | | | |
| | 2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | 6/30/2016 | 3/31/2016 | Completed | Pass & Complete | 0.33 | | | |
| | Enter Reviewer Comment | | | | | | | | |
| | 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 | Completed | Pass & Complete | 0.33 | | | |
| | Enter Reviewer Comment | | | | | | | | |
| • | 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. | | | In Process | Pass & Ongoing | N/A | | | |



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| Enter Revie | wer Commen | t | | | |
|--|------------|------------|------------|----------------|------|
| 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. | | | In Process | Pass & Ongoing | N/A |
| Enter Revie | wer Commen | t | | | |
| 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. | | | In Process | Pass & Ongoing | N/A |
| Enter Revie | wer Commen | t | | | |
| 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. | | | In Process | Pass & Ongoing | N/A |
| Enter Revie | wer Commen | t | | | |
| 8. Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | | | In Process | Pass & Ongoing | N/A |
| Enter Revie | wer Commen | t | | | |
| 9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | 12/31/2016 | 12/31/2016 | Completed | Fail | 0.00 |
| Enter Reviewer Comment | | | | | |
| 10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | | | In Process | Pass & Ongoing | N/A |
| Enter Revie | wer Commen | t | | | |



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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 | | In Process | Pass & Ongoing | N/A | | | |
|--|--|------------|----------------|-----|--|--|--|
| Enter Reviewer Comment | | | | | | | |
| Total | | | | | | | |

| | Domain 2 Pay for Performance and Pay for Reporting Project 2.a.i (all Milestones are P4R in DY2) | | | | | | |
|------------|--|-----------------|----------------|--|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | | |
| | Adult Access to Preventive or Ambulatory Care - 20 to 44 years | Pass & Ongoing | 0.3333333 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | Adult Access to Preventive or Ambulatory Care - 45 to 64 years | Pass & Ongoing | 0.3333333 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | Adult Access to Preventive or Ambulatory Care - 65 and older | Pass & Ongoing | 0.33333333 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers | Pass & Ongoing | 1 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | Children's Access to Primary Care- 12 to 24 months | Pass & Ongoing | 0.25 | | | | |
| | Enter Reviewer Comment | | | | | | |



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



Save & Return Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.a.i Print Enter Reviewer Comment PDI 90- Composite of all measures +/-Pass & Ongoing 1 Enter Reviewer Comment Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able Pass & Ongoing 1 to participate in bidirectional exchange Enter Reviewer Comment Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards Pass & Ongoing 1 Enter Reviewer Comment Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS Pass & Ongoing 1 reimbursement Enter Reviewer Comment Potentially Avoidable Emergency Room Visits Pass & Ongoing 1 Enter Reviewer Comment Potentially Avoidable Readmissions Pass & Ongoing 1 Enter Reviewer Comment PQI 90 – Composite of all measures +/-Pass & Ongoing 1 Enter Reviewer Comment

| NY S | EW ORK TATE of Health | Medicaid Redesign Team | | New York State Departme m Incentive Payment (DSF | |
|--|--------------------------------|---------------------------|------------------------|---|-------|
| Save & Return Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Qu Print Adirondack Health Institute, Inc Project | | | | | |
| | Primary Care - Length o | of Relationship - Q3 | | Pass & Ongoing | 0.5 |
| | | | Enter Reviewer Comment | | |
| | Primary Care - Usual So | ource of Care - Q2 | | Pass & Ongoing | 0.5 |
| | | | Enter Reviewer Comment | | |
| | | | Total | | 15.00 |



Save & Return Print Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.a.ii

| Project Snapshot | | | | |
|--|--|--|--|--|
| Project Domain System Transformation Projects (Domain 2) | | | | |
| Project ID | 2.a.ii | | | |
| | Increase Certification of Primary Care Practitioners | | | |
| Project Title | with PCMH Certification and/or Advanced Primary | | | |
| | Care Models (as developed under the New York | | | |

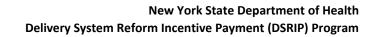
| Payment Snapshot | |
|--------------------------|-----------------|
| DY2 Q4 Payment Available | \$ 1,633,854 |
| DY2 Q4 Payment Earned | \$ 1,493,809 |

| | 2.a.ii Scoresheet | | | | | | | | |
|------------|--|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q4) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 60% | 30% | 980,312 | 840,268 |
| Domain 1 | Project Implementation Speed | Complete | 1.00 | 1.00 | 100% | | | | |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 7.00 | 6.00 | 86% | 60% | 30% | 980,312 | 840,268 |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 15.00 | 15.00 | 100% | 40% | 20% | 653,541 | 653,541 |
| Donialii Z | Domain 2 Pay for Performance (P4P) N/A | | N/A | N/A | N/A | 0% | 0% | - | - |
| | Domain 2 Subtotal | | | 15.00 | 100% | 40% | 20% | 653,541 | 653,541 |
| | Total Complete | | | 21.00 | 95% | 100% | 50% | 1,633,854 | 1,493,809 |

Total Project 2.a.ii AVs Awarded: 21 out of 22

Hide Reviewer Comments

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



1.00

0

1.00

Print Enter Reviewer Comment Module 2 - Project Implementation Speed N/A Pass & Ongoing Ongoing In Process Enter Reviewer Comment Module 3 - Patient Engagement Speed Fail Ongoing N/A In Process Enter Reviewer Comment Total

| | Domain 1 Project Prescribed Milestones Project 2.a.ii | | | | | | | |
|------------|---|----------------------|-----------------------|---------------------|-----------------|----------------|--|--|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | | |
| | 1. Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 | | | | | | | |
| | PCMH accreditation and/or meet state-determined criteria for Advanced | | | In Process | Pass & Ongoing | N/A | | |
| | Primary Care Models by the end of DSRIP Year 3. | | | | | | | |
| | Enter Reviewer Comment | | | | | | | |
| | 2. Identify a physician champion with knowledge of PCMH/APCM | 3/31/2017 | 3/31/2017 | In Process | Pass & Complete | 0.33 | | |
| | implementation for each primary care practice included in the project. | 5/51/2017 | 5/51/2017 | 111100035 | | 0.55 | | |
| | Enter Reviewer Comment | | | | | | | |
| | 3. Identify care coordinators at each primary care site who are | | | | | | | |
| | responsible for care connectivity, internally, as well as connectivity to | 3/31/2017 | 3/31/2017 | In Process | Pass & Complete | 0.33 | | |
| | care managers at other primary care practices. | | | | | | | |
| | Enter Reviewer Comment | | | | | | | |

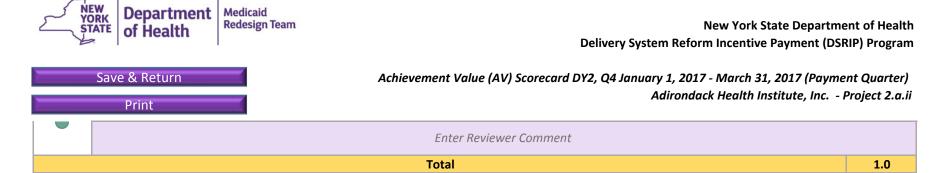
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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.a.ii

NEW
YORK
STATEDepartment
Of HealthMedicaid
Redesign Team



| | Save & Return | Achievement Value (| AV) Scorecard | d DY2, Q4 Jan | | - March 31, 2017 (Payme | |
|------------------------|-------------------------------|---|---------------|---------------|------------|---------------------------|----------------|
| | Print | | | | Adirondac | k Health Institute, Inc F | Project 2.a.ii |
| • | with local health information | oviders are actively sharing EHR systems exchange/RHIO/SHIN-NY and sharing health rtners, including direct exchange (secure record look up by the end of | | | In Process | Pass & Ongoing | N/A |
| | | Enter Revie | wer Commer | nt | | | |
| | | ed by participating safety net providers /H Level 3 standards and/or APCM by the | | | In Process | Pass & Ongoing | N/A |
| | | Enter Revie | wer Commer | nt - | | | |
| | | management by actively using EHRs and use of targeted patient registries, for all ers. | | | In Process | Pass & Ongoing | N/A |
| | | Enter Revie | wer Commer | nt | | | |
| | | ned on PCMH or Advanced Primary Care used preventive and chronic disease | | | In Process | Pass & Ongoing | N/A |
| | | Enter Revie | wer Commer | t | | | |
| | health screenings (PHQ-2 or 9 | screening protocols including behavioral for those screening positive, SBIRT) for all eds. A process is developed for assuring a timely manner. | 3/31/2017 | 3/31/2017 | In Process | Pass & Complete | 0.33 |
| Enter Reviewer Comment | | | | | | | |
| | 9. Implement open access sch | eduling in all primary care practices. | | | In Process | Pass & Ongoing | N/A |



| | Domain 2 Pay for Performance and Pay for Reporting Project 2.a.ii (all Milestones are P4R in DY2) | | | | | | |
|------------|--|-----------------|----------------|--|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | | |
| | Adult Access to Preventive or Ambulatory Care - 20 to 44 years | Pass & Ongoing | 0.3333333 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | Adult Access to Preventive or Ambulatory Care - 45 to 64 years | Pass & Ongoing | 0.3333333 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | Adult Access to Preventive or Ambulatory Care - 65 and older | Pass & Ongoing | 0.3333333 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers | Pass & Ongoing | 1 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | Children's Access to Primary Care- 12 to 19 years | Pass & Ongoing | 0.25 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | Children's Access to Primary Care- 12 to 24 months | Pass & Ongoing | 0.25 | | | | |
| | Enter Reviewer Comment | | | | | | |



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|---|-------|--------|--|
| | | | |
| | Pr | int | |

| Children's Access to Primary Care- 25 months to 6 years | Pass & Ongoing | 0.25 |
|--|----------------|------|
| Enter Reviewer Comment | | |
| Children's Access to Primary Care- 7 to 11 years | Pass & Ongoing | 0.25 |
| Enter Reviewer Comment | | |
| Getting Timely Appointments, Care and information (Q6, 8, 10, and 12) | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | | |
| Helpful, Courteous, and Respectful Office Staff (Q24 and 25) | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | | |
| H-CAHPS – Care Transition Metrics | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Medicaid Spending on ER and Inpatient Services ± | Pass & Ongoing | 1 |
| Enter Reviewer Comment | · | |
| Medicaid spending on Primary Care and community based behavioral health care | Pass & Ongoing | 1 |
| Enter Reviewer Comment | · | |
| PDI 90– Composite of all measures +/- | Pass & Ongoing | 1 |



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

| NY S | EW DRK TATEDepartment Medicaid Redesign TeamIATE Pof Health | New York State Department of Health Delivery System Reform Incentive Payment (DSRIP) Program | | | | |
|------|--|---|---|-------|--|--|
| | Save & Return Print | Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 Adironda | - March 31, 2017 (Payme ck Health Institute, Inc I | | | |
| | Primary Care - Usual Source of Care - Q2 | | Pass & Ongoing | 0.5 | | |
| | | Enter Reviewer Comment | | | | |
| | | Total | | 15.00 | | |



Save & Return Print Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.a.iv

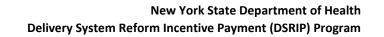
| | Project Snapshot | Payment Snaps | hot | |
|-----------------------|---|--------------------------|-----|-----------|
| Project Domain | System Transformation Projects (Domain 2) | DY2 Q4 Payment Available | \$ | 2,287,671 |
| Project ID | 2.a.iv | DY2 Q4 Payment Earned | \$ | 2,287,671 |
| | Create a medical village using existing hospital infrastructure | | | |

| | 2.a.iv Scoresheet | | | | | | | | | |
|----------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q4) | Payment Available (\$) | Net Payment Earned (\$) | |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | | | |
| Domain 1 | Project Implementation Speed | Complete | 1.00 | 1.00 | 100% | 60% | 30% | 1,372,602 | 1,372,602 | |
| | Patient Engagement Speed | N/A | 0.00 | 0.00 | 0% | | | | | |
| | Domain 1 Subtotal | | 6.00 | 6.00 | 100% | 60% | 30% | 1,372,602 | 1,372,602 | |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 15.00 | 15.00 | 100% | 40% | 20% | 915,068 | 915,068 | |
| Domain 2 | Domain 2 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 0% | 0% | - | - | |
| | Domain 2 Subtotal | | | 15.00 | 100% | 40% | 20% | 915,068 | 915,068 | |
| | Total | Complete | 21.00 | 21.00 | 100% | 100% | 50% | 2,287,671 | 2,287,671 | |

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

Hide Reviewer Comments

| Domain 1 Project Milestones Project 2.a.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 Of Health Medicaid Redesign Team

> Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.a.iv

| Enter Reviewer Comment | | | | | |
|---|---------|-----|------------|----------------|------|
| Module 2 - Project Implementation Speed | Ongoing | N/A | In Process | Pass & Ongoing | 1.00 |
| Enter Reviewer Comment | | | | | |
| Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Pass & Ongoing | N/A |
| Enter Reviewer Comment | | | | | |
| Total | | | | | 1.00 |

| | Domain 1 Project Prescribed M | ilestones Pr | oject 2.a.iv | | | | |
|------------|---|----------------------|-----------------------|---------------------|-----------------|----------------|--|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | |
| | 1. Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. | | | In Process | Pass & Ongoing | N/A | |
| | Enter Reviewer Comment | | | | | | |
| | 2. Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.33 | |
| | Enter Reviewer Comment | | | | | | |
| | 3. Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | | | In Process | Pass & Ongoing | N/A | |
| | Enter Reviewer Comment | | | | | | |

Save & Return

Print



| | Save & Return Achievement Value | AV) Scorecar | d DY2, Q4 Jar | | - March 31, 2017 (Payme k Health Institute, Inc P | |
|---|---|--------------|---------------|------------|--|------|
| | Print | | | | | |
| • | 4. Ensure that all safety net providers participating in Medical Villages 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. | | | In Process | Pass & Ongoing | N/A |
| | Enter Revi | ewer Commer | nt | | | |
| | 5. Use EHRs and other technical platforms to track all patients engaged in the project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.33 |
| | Enter Revi | ewer Commer | nt | | | |
| | 6. Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2 | | | In Process | Pass & Ongoing | N/A |
| | Enter Revi | ewer Commer | nt | | | |
| | 7. Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.33 |
| | Enter Revi | ewer Commer | nt | | | |
| | Total | | | | | 1.0 |

| | Domain 2 Pay for Performance and Pay for Reporting Project 2.a.iv (all Milestones are P4R in DY2) | | | | | | |
|------------|---|-----------------|----------------|--|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | | |
| | Adult Access to Preventive or Ambulatory Care - 20 to 44 years | Pass & Ongoing | 0.3333333 | | | | |
| | Enter Reviewer Comment | | | | | | |
| | Adult Access to Preventive or Ambulatory Care - 45 to 64 years | Pass & Ongoing | 0.3333333 | | | | |



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

Adirondack Health Institute, Inc. - Project 2.a.iv

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)

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



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| | Pri | nt | |

| Helpful, Courteous, and Respectful Office Staff (Q24 and 25) | Pass & Ongoing | 0.5 |
|---|----------------|-----|
| Enter Reviewer Comment | | |
| H-CAHPS – Care Transition Metrics | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Medicaid Spending on ER and Inpatient Services ± | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Medicaid spending on Primary Care and community based behavioral health care | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| PDI 90– Composite of all measures +/- | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement | Pass & Ongoing | 1 |



Primary Care - Usual Source of Care - Q2

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

Pass & Ongoing

1

1

1

0.5

0.5

15.00

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|---|------------------------|
| | Enter Reviewer Comment |
| Potentially Avoidable Emergency Room Visits | |
| | Enter Reviewer Comment |
| Potentially Avoidable Readmissions | |
| | Enter Reviewer Comment |
| PQI 90 – Composite of all measures +/- | |
| | Enter Reviewer Comment |
| Primary Care - Length of Relationship - Q3 | |

Enter Reviewer Comment

Enter Reviewer Comment

Total



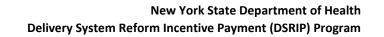
Save & Return Print Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.b.viii

| | Project Snapshot | | Payment Snapshot | |
|-----------------------|--|---|--------------------------|-----------------|
| Project Domain | System Transformation Projects (Domain 2) | | DY2 Q4 Payment Available | \$ 1,834,950 |
| Project ID | 2.b.viii | 1 | DY2 Q4 Payment Earned | \$ 1,587,794 |
| Project Title | Hospital-Home Care Collaboration Solutions | | | |

| | 2.b.viii Scoresheet | | | | | | | | | |
|----------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|---------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q4) | Payment Available (\$) | Net Payment Earned (\$) | |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | | | |
| Domain 1 | Project Implementation Speed | Complete | 1.00 | 0.43 | 43% | 60% | 60% | 30% | 1,100,970 | 853,814 |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | | |
| | Domain 1 Subtotal | | 7.00 | 5.43 | 78% | 60% | 30% | 1,100,970 | 853,814 | |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 14.00 | 14.00 | 100% | 40% | 20% | 733,980 | 733,980 | |
| 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% | 20% | 733,980 | 733,980 | |
| | Total | Complete | 21.00 | 19.43 | 93% | 100% | 50% | 1,834,950 | 1,587,794 | |

Total Project 2.b.viii AVs Awarded: 19.43 out of 21

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



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YORK
STATEDepartment
of HealthMedicaid
Redesign Team

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.b.viii

| | Enter Reviewer Comment | | | | | |
|------------------------|---|---------|-----|------------|----------------|------|
| | Module 2 - Project Implementation Speed | Ongoing | N/A | In Process | Pass & Ongoing | 0.43 |
| Enter Reviewer Comment | | | | | - | |
| | Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Fail | 0 |
| | Enter Reviewer Comment | | | | | |
| Total 0. | | | | | | 0.43 |

| | Domain 1 Project Prescribed Milestones Project 2.b.viii | | | | | | | |
|------------|---|----------------------|-----------------------|---------------------|-----------------|----------------|--|--|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | | |
| | Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice. | | | In Process | Pass & Ongoing | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | 2. Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management. | 9/30/2016 | 9/30/2016 | Completed | Fail | 0.00 | | |
| | Enter Reviewer Comment | | | | | | | |
| | 3. Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | 9/30/2016 | 9/30/2016 | Completed | Fail | 0.00 | | |

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| | Enter Reviewer Comment | | | | | | | |
|------------------------|---|------------|-----------|------------|-----------------|------|--|--|
| | 4. Educate all staff on care pathways and INTERACT-like principles. | 9/30/2016 | 9/30/2016 | Completed | Fail | 0.00 | | |
| | Enter Revie | wer Commen | t | | | | | |
| | 5. Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. | 6/30/2016 | 6/30/2016 | Completed | Pass & Complete | 0.14 | | |
| | Enter Revie | wer Commen | t | | | | | |
| | 6. Create coaching program to facilitate and support implementation. | 3/31/2017 | 3/31/2017 | Completed | Fail | 0.00 | | |
| | Enter Reviewer Comment | | | | | | | |
| | 7. Educate patient and family/caretakers, to facilitate participation in planning of care. | 6/30/2016 | 6/30/2016 | Completed | Pass & Complete | 0.14 | | |
| | Enter Reviewer Comment | | | | | | | |
| | 8. Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management. | | | In Process | Pass & Ongoing | N/A | | |
| | Enter Reviewer Comment | | | | | | | |
| | 9. Utilize telehealth/telemedicine to enhance hospital-home care collaborations. | | | In Process | Pass & Ongoing | N/A | | |
| Enter Reviewer Comment | | | | | | | | |



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| 10. Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services. | | | In Process | Pass & Ongoing | N/A |
|--|------------|-----------|------------|-----------------|------|
| Enter Reviewer Comment | | | | | |
| 11. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | | | In Process | Pass & Ongoing | N/A |
| Enter Revie | wer Commen | t | | | |
| 12. Use EHRs and other technical platforms to track all patients engaged in the project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.14 |
| Enter Reviewer Comment | | | | | |
| Total | | | | | |

| | Domain 2 Pay for Performance and Pay for Reporting Project 2.b.viii (all Milestones are P4F | l in DY2) | |
|------------|---|-----------------|----------------|
| AV Driving | Measure | Reviewer Status | AVs Awarded |
| | Adult Access to Preventive or Ambulatory Care - 20 to 44 years | Pass & Ongoing | 0.3333333 |
| | Enter Reviewer Comment | | |
| | Adult Access to Preventive or Ambulatory Care - 45 to 64 years | Pass & Ongoing | 0.3333333 |
| | Enter Reviewer Comment | | |
| | Adult Access to Preventive or Ambulatory Care - 65 and older | Pass & Ongoing | 0.3333333 |
| | Enter Reviewer Comment | | |



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| CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers | Pass & Ongoing | 1 |
|--|----------------|------|
| Enter Reviewer Comment | | |
| Children's Access to Primary Care- 12 to 19 years | Pass & Ongoing | 0.25 |
| Enter Reviewer Comment | | |
| Children's Access to Primary Care- 12 to 24 months | Pass & Ongoing | 0.25 |
| Enter Reviewer Comment | | |
| Children's Access to Primary Care- 25 months to 6 years | Pass & Ongoing | 0.25 |
| Enter Reviewer Comment | | |
| Children's Access to Primary Care- 7 to 11 years | Pass & Ongoing | 0.25 |
| Enter Reviewer Comment | | |
| Getting Timely Appointments, Care and information (Q6, 8, 10, and 12) | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | | |
| Helpful, Courteous, and Respectful Office Staff (Q24 and 25) | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | | |
| H-CAHPS – Care Transition Metrics | Pass & Ongoing | 1 |



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

|) | Print Adirondack | Health Institute, Inc Pr | oject 2.b.viii |
|---|---|--------------------------|----------------|
| | Enter Reviewer Comment | | |
| | Medicaid Spending on ER and Inpatient Services ± | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Medicaid spending on Primary Care and community based behavioral health care | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | PDI 90– Composite of all measures +/- | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Percent of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional exchange | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement | Pass & Ongoing | N/A |
| | Enter Reviewer Comment | | |
| | Potentially Avoidable Emergency Room Visits | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)

| NEW YORK STATE of Health Medicaid Redesign Team | New York State Departme Delivery System Reform Incentive Payment (DSR | | | |
|---|--|-------|--|--|
| Save & Return Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc Project 2.b.viii Print | | | | |
| Potentially Avoidable Readmissions | Pass & Ongoing | 1 | | |
| Enter Reviewer Comm | ent | | | |
| PQI 90 – Composite of all measures +/- | Pass & Ongoing | 1 | | |
| Enter Reviewer Comm | ent | | | |
| Primary Care - Length of Relationship - Q3 | Pass & Ongoing | 0.5 | | |
| Enter Reviewer Comm | ent | | | |
| Primary Care - Usual Source of Care - Q2 | Pass & Ongoing | 0.5 | | |
| Enter Reviewer Comm | ent | | | |
| Total | | 14.00 | | |



Save & Return Print Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 2.d.i

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

| Payment Snapshot | |
|--------------------------|-----------------|
| DY2 Q4 Payment Available | \$ 1,654,308 |
| DY2 Q4 Payment Earned | \$ 1,504,169 |

| | 2.d.i Scoresheet | | | | | | | | |
|----------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q4) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | | |
| Domain 1 | Project Implementation Speed | Complete | 1.00 | 0.94 | 94% | 60% | 30% | 992,585 | 842,446 |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 7.00 | 5.94 | 85% | 60% | 30% | 992,585 | 842,446 |
| Domain 2 | Domain 2 Pay for Reporting (P4R) | Complete | 4.00 | 4.00 | 100% | 40% | 20% | 661,723 | 661,723 |
| Domain 2 | Domain 2 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 0% | 0% | - | - |
| | Domain 2 Subtotal | | 4.00 | 4.00 | 100% | 40% | 20% | 661,723 | 661,723 |
| | Total | Complete | 11.00 | 9.94 | 90% | 100% | 50% | 1,654,308 | 1,504,169 |

Total Project 2.d.i AVs Awarded: 9.94 out of 11

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



Print Enter Reviewer Comment Module 2 - Project Implementation Speed Pass & Complete 3/31/2017 3/31/2017 Completed 0.94 Enter Reviewer Comment Module 3 - Patient Engagement Speed Fail Ongoing N/A In Process 0 Enter Reviewer Comment Total 0.94

| | Domain 1 Project Prescribed M | lilestones P | roject 2.d.i | | | |
|------------------------|--|----------------------|-----------------------|---------------------|-----------------|----------------|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
| • | Contract or partner with community-based organizations (CBOs) to engage target populations using PAM[®] and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.06 |
| Enter Reviewer Comment | | | | | | |
| | 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 | Completed | Pass & Complete | 0.06 |
| | Enter Reviewer Comment | | | | | |
| | 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 | Completed | Pass & Complete | 0.06 |
| | Enter Revie | wer Commen | nt | | | |

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| | 4. Survey the targeted population about healthcare needs in the PPS' region. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.06 |
|---|--|------------|-----------|-----------|-----------------|------|
| | Enter Revie | wer Commen | t | | | |
| | 5. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.06 |
| | Enter Revie | wer Commen | t | | | |
| | 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 #10). | 3/31/2017 | 3/31/2017 | Completed | Fail | 0.00 |
| _ | Enter Revie | wer Commen | t | | | |
| • | 7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM [®] during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.06 |
| | Enter Revie | wer Commen | t | | | |
| | 8. Include beneficiaries in development team to promote preventive care. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.06 |
| | Enter Revie | wer Commen | t | | | |
| | 9. Measure PAM [®] components | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.06 |
| | Enter Revie | wer Commen | t | | | |
| | 10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.06 |



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| - | | wer Commen | t | | | | | | | | |
|---|--|------------|-----------|-----------|-----------------|------|--|--|--|--|--|
| | 11. Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.06 | | | | | |
| | Enter Revie | wer Commen | t | | | | | | | | |
| | 12. Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. | 6/30/2016 | 6/30/2016 | Completed | Pass & Complete | 0.06 | | | | | |
| | Enter Revie | wer Commen | t | | | | | | | | |
| | 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 | Completed | Pass & Complete | 0.06 | | | | | |
| | Enter Reviewer Comment | | | | | | | | | | |
| | 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 | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.06 | | | | | |
| | Enter Revie | wer Commen | t | | | | | | | | |
| | 15. Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.06 | | | | | |
| | Enter Revie | wer Commen | t | | | | | | | | |
| | 16. Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.06 | | | | | |
| | Enter Revie | wer Commen | t | | | | | | | | |



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| | | | |
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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.3/31/20173/31/2017Pass & Complete | | | | | | |
|---------|--|------------|----|--|--|--|--|
| | Enter Revie | wer Commen | it | | | | |
| Total 0 | | | | | | | |

| | Domain 2 Pay for Performance and Pay for Reporting Project 2.d.i (all Milestones are P4R i | in DY2) | |
|------------|--|------------------------|----------------|
| AV Driving | Measure | Reviewer Status | AVs Awarded |
| | C&G CAHPS by PPS for uninsured- Getting timely appointments, care, and information | Pass & Ongoing | 0.25 |
| | Enter Reviewer Comment | | |
| | C&G CAHPS by PPS for uninsured- Patients' rating of the provider (or doctor) | Pass & Ongoing | 0.25 |
| | Enter Reviewer Comment | | |
| | C&G CAHPS by PPS for uninsured- How well providers (or doctors) communicate with patients | Pass & Ongoing | 0.25 |
| | Enter Reviewer Comment | | |
| | C&G CAHPS by PPS for uninsured- Helpful, courteous, and respectful office staff | Pass & Ongoing | 0.25 |
| | Enter Reviewer Comment | | |
| | ED use by uninsured | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |

| NI YC ST | | lew York State Departmo n Incentive Payment (DSI | |
|----------------|--|--|------|
|) | Save & Return Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 Print Adirondad | - March 31, 2017 (Payme k Health Institute, Inc. - | |
| | PAM Level | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | 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 |
| | Enter Reviewer Comment | | |
| | Total | | 4.00 |



Save & Return Print Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.a.i

| | Project Snapshot | Payment Snapshot | | | | |
|----------------|--|--------------------------|----|-----------|--|--|
| Project Domain | Clinical Improvement Projects (Domain 3) | DY2 Q4 Payment Available | \$ | 2,057,351 | | |
| Project ID | 3.a.i | DY2 Q4 Payment Earned | \$ | 1,633,446 | | |
| Project Title | Integration of primary care and behavioral health services | | | | | |

| | | 3 | .a.i Scoreshe | et | | | | | |
|----------------|----------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q4) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | | |
| Domain 1 | Project Implementation Speed | Complete | 1.00 | 0.88 | 88% | 60% | 30% | 949,547 | 932,590 |
| | Patient Engagement Speed | Complete | 1.00 | 1.00 | 100% | | | | |
| | Domain 1 Subtotal | | 7.00 | 6.88 | 98% | 60% | 30% | 949,547 | 932,590 |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 2.00 | 2.00 | 100% | 9.9% | 4.9% | 158,258 | 158,258 |
| Domain 5 | Domain 3 Pay for Performance | Complete | 7.00 | 4.00 | 57% | 30.1% | 30% | 949,547 | 542,598 |
| | Domain 3 Subtotal | | | 6.00 | 67% | 40% | 35% | 1,107,804 | 700,856 |
| Total Complete | | | | 12.88 | 80% | 100% | 65% | 2,057,351 | 1,633,446 |
| | | • | 16.00 | | | | | _,, | _,, |

Total Project 3.a.i AVs Awarded: 12.875 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 | | | | |
| | Enter Review | er Comment | | | | | | | | |



| Save & Return | Achievement Value (J | Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter Adirondack Health Institute, Inc Project 3.a | | | | | | |
|----------------------------|----------------------|--|-----|------------|--------------------------|--------------|--|--|
| Print | | | | Adıronda | ck Health Institute, Inc | Project 3.a. | | |
| Module 2 - Project Impleme | ntation Speed | Ongoing | N/A | In Process | Pass & Ongoing | 0.88 | | |
| | Enter Review | er Comment | | | | | | |
| Module 3 - Patient Engagen | nent Speed | Ongoing | N/A | In Process | Pass & Ongoing | 1 | | |
| | Enter Review | er Comment | | | | | | |
| | Total | | | | | 1.875 | | |

| | Domain 1 Project Prescribed Milestones Project 3.a.i Models 1, 2 and 3 | | | | | | | | |
|---------------|--|--|----------------------|-----------------------|---------------------|-----------------|----------------|--|--|
| | | ✓ 3.a.i Model 1 | 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. | | | In Process | Pass & Ongoing | N/A | | |
| | | Ent | ter Reviewer | Comment | | | | | |
| | 1 1 3. Conduct preventive carr health screenings (PHQ-2 of | 2. Develop collaborative evidence-based standards of care including medication management and care engagement process. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.125 | | |
| 3.a.i Model 1 | | Ent | ter Reviewer | Comment | | | | | |
| | | 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. | | | In Process | Pass & Ongoing | N/A | | |
| | | Ent | ter Reviewer | Comment | · | | | | |



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

| | 4. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.125 |
|---------------|--|------------------------|-----------|------------|-----------------|-------|
| | En | ter Reviewer | Comment | | | |
| | 5. Co-locate primary care services at behavioral health sites. | | | In Process | Pass & Ongoing | N/A |
| | En | ter Reviewer | Comment | | | |
| | Develop collaborative evidence-based standards of care including medication management and care engagement process. | 3/31/2017 | 3/31/2017 | Completed | Fail | 0 |
| | En | ter Reviewer | Comment | | | |
| 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. | | | In Process | Pass & Ongoing | N/A |
| | En | ter Reviewer | Comment | | | |
| | 8. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.125 |
| | En | ter Reviewer | Comment | | | |
| | 9. Implement IMPACT Model at Primary Care Sites. | | | In Process | Pass & Ongoing | N/A |
| | En | Enter Reviewer Comment | | | | |
| | 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 | Completed | Pass & Complete | 0.125 |
| | En | ter Reviewer | Comment | | | |



| Save & | Save & Return Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Q | | | | | | | | |
|---------------|--|--|------------------------|-----------|------------|--------------------------|---------------|--|--|
| Pr | int | | | | Adironda | ck Health Institute, Inc | Project 3.a.i | | |
| | | 11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.125 | | |
| | | En | ter Reviewer | Comment | | | | | |
| 3.a.i Model 3 | | 12. Designate a Psychiatrist meeting requirements of the IMPACT Model. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.125 | | |
| | | Enter Reviewer Comment | | | | | | | |
| | | 13. Measure outcomes as required in the IMPACT Model. | | | In Process | Pass & Ongoing | N/A | | |
| | | En | Enter Reviewer Comment | | | | | | |
| | | 14. Provide "stepped care" as required by the IMPACT Model. | | | In Process | Pass & Ongoing | N/A | | |
| | Enter Reviewer Comment | | | | | | | | |
| | | 15. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.125 | | |
| | | En | Enter Reviewer Comment | | | | | | |
| | | Total | | | | | 0.875 | | |

| Domain 3 Pay for Performance and Pay for Reporting | | | | | | |
|--|--|-----------------|----------------|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | |
| | Adherence to Antipsychotic Medications for People with Schizophrenia | Pass & Ongoing | 1 | | | |
| | P4P Measure DY2Q4 | | | | | |
| | Antidepressant Medication Management - Effective Acute Phase Treatment | Fail | 0 | | | |
| | P4P Measure DY2Q4 | | | | | |



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

| Antidepressant Medication Management - Effective Continuation Phase Treatment Fail 0 P4P Measure DY2Q4 Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia N/A N/A P4P Measure DY2Q4 N/A N/A Diabetes Monitoring for People with Diabetes and Schizophrenia Pass & Ongoing 1 P4P Measure DY2Q4 Pass Pail 0 P4P Measure DY2Q4 Pail 0 0.5 <t< th=""><th></th><th></th><th></th></t<> | | | |
|---|--|----------------|-----|
| Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia N/A N/A P4P Measure DY2Q4 P4P Measure DY2Q4 1 Diabetes Monitoring for People with Diabetes and Schizophrenia Pass & Ongoing 1 P4P Measure DY2Q4 P4P Measure DY2Q4 1 Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication Pass & Ongoing 1 P4P Measure DY2Q4 P4P Measure DY2Q4 1 P4P Measure DY2Q4 1 0 | Antidepressant Medication Management - Effective Continuation Phase Treatment | Fail | 0 |
| P4P Measure DY2Q4 Pass & Ongoing 1 P4P Measure DY2Q4 Pass & Ongoing 1 P4P Measure DY2Q4 Pass & Ongoing 1 P4P Measure DY2Q4 Pass & Ongoing 1 P4P Measure DY2Q4 Pass & Ongoing 1 P4P Measure DY2Q4 Pass & Ongoing 1 P4P Measure DY2Q4 Pass & Ongoing 1 P4P Measure DY2Q4 Fail 0 P4P Measure DY2Q4 Fail 0 <td>P4P Measure DY2Q4</td> <td></td> <td></td> | P4P Measure DY2Q4 | | |
| Diabetes Monitoring for People with Diabetes and Schizophrenia Pass & Ongoing 1 P4P Measure DY2Q4 P4P Measure DY2Q4 1 Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication Pass & Ongoing 1 P4P Measure DY2Q4 P4P Measure DY2Q4 1 P4P Measure DY2Q4 P4P Measure DY2Q4 1 P4P Measure DY2Q4 Fail 0 P4P Measure DY2Q4 5 0.5 | Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia | N/A | N/A |
| P4P Measure DY2Q4 Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication Pass & Ongoing 1 P4P Measure DY2Q4 P4P Measure DY2Q4 1 P4P Measure DY2Q4 Fail 0 P4P Measure DY2Q4 P4P Measure DY2Q4 1 P4P Measure DY2Q4 Fail 0 P4P Measure DY2Q4 P4P Measure DY2Q4 1 P4P Measure DY2Q4 Fail 0 P4P Measure DY2Q4 5 5 P4P Measure DY2Q4 5 5 | P4P Measure DY2Q4 | | |
| Image: Constraint of the constraint | Diabetes Monitoring for People with Diabetes and Schizophrenia | Pass & Ongoing | 1 |
| P4P Measure DY2Q4 Follow-up after hospitalization for Mental Illness - within 30 days P4P Measure DY2Q4 Follow-up after hospitalization for Mental Illness - within 7 days Follow-up after hospitalization for Mental Illness - within 7 days Follow-up after hospitalization for Mental Illness - within 7 days Follow-up after hospitalization for Mental Illness - within 7 days Follow-up after hospitalization for Mental Illness - within 7 days P4P Measure DY2Q4 Follow-up care for Children Prescribed ADHD Medications - Continuation Phase Pass & Ongoing 0.5 | P4P Measure DY2Q4 | | |
| Image: constraint of the spitalization for Mental Illness - within 30 days Fail 0 P4P Measure DY2Q4 P4P Measure DY2Q4 Image: constraint of the spitalization for Mental Illness - within 7 days Fail 0 P4P Measure DY2Q4 P4P Measure DY2Q4 Image: constraint of the spitalization for Mental Illness - within 7 days P4P Measure DY2Q4 Image: constraint of the spitalization for Mental Illness - within 7 days 0 P4P Measure DY2Q4 Image: constraint of the spitalization for Children Prescribed ADHD Medications - Continuation Phase Pass & Ongoing 0.5 | Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication | Pass & Ongoing | 1 |
| P4P Measure DY2Q4 Follow-up after hospitalization for Mental Illness - within 7 days P4P Measure DY2Q4 Follow-up after hospitalization for Mental Illness - within 7 days P4P Measure DY2Q4 Follow-up care for Children Prescribed ADHD Medications - Continuation Phase Pass & Ongoing 0.5 | P4P Measure DY2Q4 | | |
| Follow-up after hospitalization for Mental Illness - within 7 days Fail 0 P4P Measure DY2Q4 P4P Measure DY2Q4 | Follow-up after hospitalization for Mental Illness - within 30 days | Fail | 0 |
| P4P Measure DY2Q4 Follow-up care for Children Prescribed ADHD Medications - Continuation Phase Pass & Ongoing 0.5 | P4P Measure DY2Q4 | | |
| Follow-up care for Children Prescribed ADHD Medications - Continuation Phase 0.5 | Follow-up after hospitalization for Mental Illness - within 7 days | Fail | 0 |
| | P4P Measure DY2Q4 | | |
| Enter Reviewer Comment | Follow-up care for Children Prescribed ADHD Medications - Continuation Phase | Pass & Ongoing | 0.5 |
| | Enter Reviewer Comment | | |
| Follow-up care for Children Prescribed ADHD Medications - Initiation Phase Pass & Ongoing 0.5 | Follow-up care for Children Prescribed ADHD Medications - Initiation Phase | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | Enter Reviewer Comment | | |



| | Save & Return Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter Adirondack Health Institute, Inc Project 3.c | | | | | |
|---|---|----------------|---|--|--|--|
| - | Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days) | Fail | 0 | | | |
| | P4P Measure DY2Q4 | | | | | |
| | Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days) | Fail | 0 | | | |
| | P4P Measure DY2Q4 | | | | | |
| | Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) \pm | Pass & Ongoing | 1 | | | |
| | P4P Measure DY2Q4 | | | | | |
| | Screening for Clinical Depression and follow-up | Pass & Ongoing | 1 | | | |
| | Enter Reviewer Comment | | | | | |
| | Total | | 6 | | | |



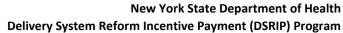
Save & Return Print Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.a.ii

| Project Snapshot | | | Payment Snapshot | |
|-----------------------|---|---|--------------------------|-----------------|
| Project Domain | Clinical Improvement Projects (Domain 3) | 1 | DY2 Q4 Payment Available | \$ 1,931,375 |
| Project ID | 3.a.ii | | DY2 Q4 Payment Earned | \$ 1,422,002 |
| Project Title | Behavioral health community crisis stabilization services | | | |

| | 3.a.ii Scoresheet | | | | | | | | |
|-------------------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q4) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | | 764,061 |
| Domain 1 | Project Implementation Speed | Complete | 1.00 | 1.00 | 100% | 60% | 30% | 891,404 | |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 7.00 | 6.00 | 86% | 60% | 30% | 891,404 | 764,061 |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 2.00 | 2.00 | 100% | 9.9% | 4.9% | 148,567 | 148,567 |
| Domain 5 | Domain 3 Pay for Performance (P4P) | complete | 7.00 | 4.00 | 57% | 30.1% | 30% | 891,404 | 509,374 |
| Domain 2 Subtotal | | 9.00 | 6.00 | 67% | 40% | 35% | 1,039,971 | 657,941 | |
| | Total | Complete | 16.00 | 12.00 | 75% | 100% | 65% | 1,931,375 | 1,422,002 |

Total Project 3.a.ii AVs Awarded: 12 out of 16

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



Adirondack Health Institute, Inc. - Project 3.a.ii

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)

Print Enter Reviewer Comment Module 2 - Project Implementation Speed N/A Pass & Ongoing Ongoing In Process 1.00 Enter Reviewer Comment Module 3 - Patient Engagement Speed Fail Ongoing N/A In Process 0 Enter Reviewer Comment Total 1.00

| | Domain 1 Project Prescribed M | ilestones P | roject 3.a.ii | | | | | | |
|------------|--|----------------------|-----------------------|---------------------|-----------------|----------------|--|--|--|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | | | |
| | 1. Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | | | In Process | Pass & Ongoing | NA | | | |
| | Enter Reviewer Comment | | | | | | | | |
| | 2. Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | | | In Process | Pass & Ongoing | N/A | | | |
| | Enter Reviewer Comment | | | | | | | | |
| | 3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | | | In Process | Pass & Ongoing | N/A | | | |
| | Enter Reviewer Comment | | | | | | | | |
| | Develop written treatment protocols with consensus from participating providers and facilities. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.25 | | | |

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NEW YORK STATE Department of Health Medicaid Redesign Team



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| Enter Reviewer Comment | | | | | | | |
|--|------------|-----------|------------|-----------------|------|--|--|
| 5. Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.25 | | |
| Enter Revie | wer Commen | nt | | | | | |
| 6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | | | In Process | Pass & Ongoing | N/A | | |
| Enter Revie | wer Commen | it | | | | | |
| 7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | | | In Process | Pass & Ongoing | N/A | | |
| Enter Reviewer Comment | | | | | | | |
| 8. Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | | | In Process | Pass & Ongoing | N/A | | |
| Enter Revie | wer Commen | nt | | | | | |
| 9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | | | In Process | Pass & Ongoing | N/A | | |
| Enter Revie | wer Commen | t | | | | | |
| 10. Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.25 | | |



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| Enter Reviewer Comment | | | | | | |
|--|------------|-----------|-----------|-----------------|------|--|
| 11. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.25 | |
| Enter Revie | wer Commer | t | | | | |
| Total | | | | | 1.00 | |

| | Domain 3 Pay for Performance and Pay for Reporting | | |
|------------|--|-----------------|----------------|
| AV Driving | Measure | Reviewer Status | AVs Awarded |
| | Adherence to Antipsychotic Medications for People with Schizophrenia | Pass & Ongoing | 1 |
| | P4P Measure DY2Q4 | | |
| | Antidepressant Medication Management - Effective Acute Phase Treatment | Fail | 0 |
| | P4P Measure DY2Q4 | | |
| | Antidepressant Medication Management - Effective Continuation Phase Treatment | Fail | 0 |
| | P4P Measure DY2Q4 | | |
| | Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia | N/A | N/A |
| | P4P Measure DY2Q4 | | |
| | Diabetes Monitoring for People with Diabetes and Schizophrenia | Pass & Ongoing | 1 |
| | P4P Measure DY2Q4 | | |



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|------|-----|--------|---|
| | | | |
| | Pri | nt | |

| Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication | Pass & Ongoing | 1 | | | |
|--|----------------|-----|--|--|--|
| P4P Measure DY2Q4 | | | | | |
| Follow-up after hospitalization for Mental Illness - within 30 days | Fail | 0 | | | |
| P4P Measure DY2Q4 | | | | | |
| Follow-up after hospitalization for Mental Illness - within 7 days | Fail | 0 | | | |
| P4P Measure DY2Q4 | <u>.</u> | | | | |
| Follow-up care for Children Prescribed ADHD Medications - Continuation Phase | Pass & Ongoing | 0.5 | | | |
| Enter Reviewer Comment | | | | | |
| Follow-up care for Children Prescribed ADHD Medications - Initiation Phase | Pass & Ongoing | 0.5 | | | |
| Enter Reviewer Comment | | | | | |
| Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days) | Fail | 0 | | | |
| P4P Measure DY2Q4 | | | | | |
| Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days) | Fail | 0 | | | |
| P4P Measure DY2Q4 | | | | | |
| Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) \pm | Pass & Ongoing | 1 | | | |
| | | | | | |

| 2 | New Ork Department | Medicaid Redesign Team | | New York State Departme m Incentive Payment (DSF | | |
|---|--------------------------|---------------------------|---|---|---|--|
| | Save & Return Print | | Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 Adirondad | ' - March 31, 2017 (Payme ck Health Institute, Inc I | - | |
| | | | P4P Measure DY2Q4 | | | |
| | Screening for Clinical D | Depression and follow-up | | Pass & Ongoing | 1 | |
| | Enter Reviewer Comment | | | | | |
| | Total 6.00 | | | | | |



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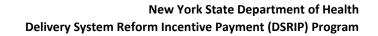
| Project Snapshot | | | | | |
|---|---|--|--|--|--|
| Project Domain Clinical Improvement Projects (Domain 3) | | | | | |
| Project ID 3.a.iv | | | | | |
| | Development of Withdrawal Management (e.g., | | | | |
| Project Title | ambulatory detoxification, ancillary withdrawal | | | | |
| | services)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

| Payment Snapshot | |
|--------------------------|-----------------|
| DY2 Q4 Payment Available | \$ 1,865,692 |
| DY2 Q4 Payment Earned | \$ 1,373,642 |

| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q4) | Payment Available (\$) | Net Payment Earned (\$) |
|----------------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | 60% 30% | 30% | 861,089 | 738,076 |
| Domain 1 | Project Implementation Speed | Complete | 1.00 | 1.00 | 100% | | | | |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 7.00 | 6.00 | 86% | 60% | 30% | 861,089 | 738,076 |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 2.00 | 2.00 | 100% | 9.9% | 4.9% | 143,515 | 143,515 |
| Domain 3 | Domain 3 Pay for Performance (P4P) | complete | 7.00 | 4.00 | 57% | 30.1% | 30.1% | 861,089 | 492,051 |
| | Domain 2 Subtotal | | | 6.00 | 67% | 40% | 35% | 1,004,604 | 635,565 |
| Total Complete | | 16.00 | 12.00 | 75% | 100% | 65% | 1,865,692 | 1,373,642 | |

Total Project 3.a.iv AVs Awarded: 12 out of 16

| Domain 1 Project Milestones Project 3.a.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 Medicaid Redesign Team

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.a.iv

| Enter Reviewer Comment | | | | | | |
|---|---------|-----|------------|----------------|------|--|
| Module 2 - Project Implementation Speed | Ongoing | N/A | In Process | Pass & Ongoing | 1.00 | |
| Enter Reviewer Comment | | | | | | |
| Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Fail | 0 | |
| Enter Reviewer Comment | | | | | | |
| Total | | | | | 1.00 | |

| | Domain 1 Project Prescribed Milestones Project 3.a.iv | | | | | | |
|------------|--|----------------------|-----------------------|---------------------|-----------------|----------------|--|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded | |
| | 1. Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services. | | | In Process | Pass & Ongoing | N/A | |
| | Enter Reviewer Comment | | | | | | |
| • | 2. Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols. | | | In Process | Pass & Ongoing | N/A | |
| | Enter Reviewer Comment | | | | | | |
| | 3. Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.33 | |

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| | Enter Reviewer Comment | | | | | | |
|-------|--|------------|-----------|------------|-----------------|------|--|
| | 4. Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics. | | | In Process | Pass & Ongoing | N/A | |
| | Enter Revie | wer Commen | t | | | | |
| | 5. Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.33 | |
| | Enter Reviewer Comment | | | | | | |
| | 6. Develop care management services within the SUD treatment program. | | | In Process | Pass & Ongoing | N/A | |
| | Enter Reviewer Comment | | | | | | |
| | 7. Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | | | In Process | Pass & Ongoing | N/A | |
| | Enter Reviewer Comment | | | | | | |
| | 8. Use EHRs or other technical platforms to track all patients engaged in this project. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.33 | |
| | Enter Reviewer Comment | | | | | | |
| Total | | | | | | 1.0 | |

| Domain 3 Pay for Performance and Pay for Reporting | | | | | | | |
|--|---------|-----------------|---------|--|--|--|--|
| AV Drivir | Measure | Reviewer Status | AVs | | | | |
| | | | Awarded | | | | |



Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)

Adirondack Health Institute, Inc. - Project 3.a.iv Print Pass & Ongoing Adherence to Antipsychotic Medications for People with Schizophrenia 1 P4P Measure DY2Q4 Antidepressant Medication Management - Effective Acute Phase Treatment Fail 0 P4P Measure DY2Q4 Antidepressant Medication Management - Effective Continuation Phase Treatment Fail 0 P4P Measure DY2Q4 Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia N/A N/A P4P Measure DY2Q4 Diabetes Monitoring for People with Diabetes and Schizophrenia Pass & Ongoing 1 P4P Measure DY2Q4 Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication Pass & Ongoing 1 P4P Measure DY2Q4 Follow-up after hospitalization for Mental Illness - within 30 days Fail 0 P4P Measure DY2Q4 Follow-up after hospitalization for Mental Illness - within 7 days Fail 0

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| Print | k Health Institute, Inc P | Project 3.a.iv |
|--|---------------------------|----------------|
| P4P Measure DY2Q4 | | |
| Follow-up care for Children Prescribed ADHD Medications - Continuation Phase | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | | |
| Follow-up care for Children Prescribed ADHD Medications - Initiation Phase | Pass & Ongoing | 0.5 |
| Enter Reviewer Comment | | |
| Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days) | Fail | 0 |
| P4P Measure DY2Q4 | | |
| Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days) | Fail | 0 |
| P4P Measure DY2Q4 | | |
| Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) \pm | Pass & Ongoing | 1 |
| P4P Measure DY2Q4 | | |
| Screening for Clinical Depression and follow-up | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Total | | 6.00 |

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.a.iv

Save & Return



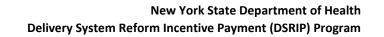
Save & Return Print Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.g.i

| | Project Snapshot | Payment Sna | apshot | |
|----------------|--|--------------------------|--------|---------|
| Project Domain | Clinical Improvement Projects (Domain 3) | DY2 Q4 Payment Available | \$ | 883,503 |
| Project ID | 3.g.i | DY2 Q4 Payment Earned | \$ | 807,774 |
| Project Title | Integration of palliative care into the PCMH model | | | |

| | | | 3.g.i Scores | heet | | | | | |
|----------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q4) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | 30% | 530,102 | 454,373 |
| Domain 1 | Project Implementation Speed | Complete | 1.00 | 1.00 | 100% | 60% | | | |
| | Patient Engagement Speed | Complete | 1.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 7.00 | 6.00 | 86% | 60% | 30% | 530,102 | 454,373 |
| Domain 3 | Domain 3 Pay for Reporting (P4R) | Complete | 1.00 | 1.00 | 100% | 40% | 35% | 353,401 | 353,401.08 |
| Domain 5 | Domain 3 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 4076 | 5570 | 555,401 | 555,401.08 |
| | Domain 2 Subtotal | | 1.00 | 1.00 | 100% | 40% | 35% | 353,401 | 353,401 |
| | Total | Complete | 8.00 | 7.00 | 88% | 100% | 65% | 883,503 | 807,774 |

Total Project 3.g.i AVs Awarded: 7 out of 8

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



NEW YORK STATE Of Health Medicaid Redesign Team

> Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 3.g.i

| Enter Reviewer Comment | | | | | | | |
|---|---------|-----|------------|----------------|------|--|--|
| Module 2 - Project Implementation Speed | Ongoing | N/A | In Process | Pass & Ongoing | 1.00 | | |
| Enter Reviewer Comment | | | | | | | |
| Module 3 - Patient Engagement Speed | Ongoing | N/A | In Process | Fail | 0 | | |
| Enter Reviewer Comment | | | | | | | |
| Total | | | | | 1.00 | | |

| | Domain 1 Project Prescribed N | 1ilestones P | roject 3.g.i | | | |
|------------|---|----------------------|-----------------------|---------------------|-----------------|----------------|
| AV Driving | Project Requirement and Metric/Deliverable | Required Due Date | Committed Due Date | Milestone Status | Reviewer Status | AVs Awarded |
| | 1. Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification. | | | In Process | Pass & Ongoing | N/A |
| | | | | | | |
| | 2. Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.25 |
| | | | | | | |
| | Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | 6/30/2016 | 6/30/2016 | Completed | Pass & Complete | 0.25 |
| | | | | | | |
| | 4. Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | 3/31/2017 | 3/31/2017 | Completed | Pass & Complete | 0.25 |
| | | | | | | |

Save & Return

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| Save & Return | |
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| Print | |

| 5. Engage with Medicaid Managed Care to address coverage of services. | | | In Process | Pass & Ongoing | N/A | |
|---|-----------|-----------|------------|-----------------|------|--|
| | | | | | | |
| Use EHRs or other IT platforms to track all patients engaged in this project. | 9/30/2016 | 9/30/2016 | Completed | Pass & Complete | 0.25 | |
| | | | | | | |
| Total | | | | | | |

| Domain 3 Pay for Performance and Pay for Reporting Project 3.g.i (all Milestones are P4R in DY2) | | | | | | | |
|--|-------------------------------|-----------------|----------------|--|--|--|--|
| AV Driving | Measure | Reviewer Status | AVs Awarded | | | | |
| | Proxy Palliative Care Measure | Pass & Ongoing | 1 | | | | |
| | | | | | | | |
| | Total | | 1.00 | | | | |



Save & Return Print Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 4.a.iii

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

| Payr | nent Snapshot | |
|--------------------------|---------------|---------|
| DY2 Q4 Payment Available | \$ | 872,612 |
| DY2 Q4 Payment Earned | \$ | 872,612 |

| | | | 4.a.iii Scores | sheet | | | | | |
|----------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q4) | Payment Available (\$) | Net Payment Earned (\$) |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | | 523,567 | 523,567 |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 60% | 30% | | |
| | Patient Engagement Speed | N/A | 0.00 | 0.00 | 0% | | | | |
| | Domain 1 Subtotal | | 5.00 | 5.00 | 100% | 60% | 30% | 523,567 | 523,567 |
| Domain 4 | Domain 4 Pay for Reporting (P4R) | Complete | 11.00 | 11.00 | 100% | 40% | 20% | 349,045 | 349,045 |
| Domain 4 | Domain 4 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 0% | 0% | - | - |
| | Domain 4 Subtotal | | | 11.00 | 100% | 40% | 20% | 349,045 | 349,045 |
| | Total | Complete | 16.00 | 16.00 | 100% | 100% | 50% | 872,612 | 872,612 |

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

| | Domain 4 Pay for Performance and Pay for Reporting Project 4.a.iii (all Milestones are P4R in DY2) | | | | | | |
|------------|--|-----------------|----------------|--|--|--|--|
| 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 | | | | |



| Save & Return Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - M | | | |
|--|--|---------------------------|-----------------|
| Print | Adirondack | K Health Institute, Inc P | Project 4.a.iii |
| | Enter Reviewer Comment | | |
| Age-adjusted suicide death | rate per 100,000 | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Percentage of adults with h | ealth insurance - Aged 18- 64 years | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Percentage of premature de | eath (before age 65 years) | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Percentage of premature de | eath (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Percentage of premature de | eath (before age 65 years) – Ratio of Hispanics to White non-Hispanics | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Age-adjusted percentage of | adult binge drinking during the past month | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| Age-adjusted percentage of | adults who have a regular health care provider - Aged 18+ years | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | - |



| | Save & Return Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Qu | | | | |
|--|---|---|-------------------------------|--------------|--|
| | Print | Adirondac | k Health Institute, Inc. - P | roject 4.a.m | |
| | Age-adjusted percentage of a | adults with poor mental health for 14 or more days in the last month | Pass & Ongoing | 1 | |
| | | Enter Reviewer Comment | | | |
| | Age-adjusted preventable ho | spitalizations rate per 10,000 - Aged 18+ years | Pass & Ongoing | 1 | |
| | | Enter Reviewer Comment | | | |
| | Age-adjusted preventable ho White non-Hispanics | spitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to | Pass & Ongoing | 1 | |
| | | Enter Reviewer Comment | | | |
| | | Total | | 11.00 | |



Save & Return Print Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Adirondack Health Institute, Inc. - Project 4.b.ii

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

| Ра | yment Snapshot | |
|--------------------------|----------------|---------|
| DY2 Q4 Payment Available | \$ | 750,690 |
| DY2 Q4 Payment Earned | \$ | 750,690 |

| | 4.b.ii Scoresheet | | | | | | | | | | | | |
|----------------|------------------------------------|---------------|------------------|--------------------|------------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--|--|--|--|
| Domain | Component | Review Status | AVs Available | Net AVs Awarded | Percentage AV | Domain Funding % (DY2) | Domain Funding % (DY2, Q4) | Payment Available (\$) | Net Payment Earned (\$) | | | | |
| | Domain 1 Organizational | Complete | 5.00 | 5.00 | 100% | | 30% | | | | | | |
| Domain 1 | Project Implementation Speed | N/A | 0.00 | 0.00 | 0% | 60% | | 450,414 | 450,414 | | | | |
| | Patient Engagement Speed | N/A | 0.00 | 0.00 | 0% | | | | | | | | |
| | Domain 1 Subtotal | | 5.00 | 5.00 | 100% | 60% | 30% | 450,414 | 450,414 | | | | |
| Domain 4 | Domain 4 Pay for Reporting (P4R) | Complete | 16.00 | 16.00 | 100% | 40% | 20% | 300,276 | 300,276 | | | | |
| Domain 4 | Domain 4 Pay for Performance (P4P) | N/A | N/A | N/A | N/A | 0% | 0% | - | - | | | | |
| | Domain 4 Subtotal | | | 16.00 | 100% | 40% | 20% | 300,276 | 300,276 | | | | |
| Total Complete | | | 21.00 | 21.00 | 100% | 100% | 50% | 750,690 | 750,690 | | | | |

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

| | Domain 4 Pay for Performance and Pay for Reporting Project 4.b.ii (all Milestones are P4R in DY2) | | | | |
|----|---|--|-----------------|----------------|--|
| 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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| Print |

| Enter Reviewer Comment | | |
|---|----------------|---|
| Asthma emergency department visit rate per 10,000 | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Asthma emergency department visit rate per 10,000 - Aged 0-4 years | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percentage of adults who are obese | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Aged 50- 75 years | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percentage of adults with health insurance - Aged 18- 64 years | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percentage of children and adolescents who are obese | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |
| Percentage of premature death (before age 65 years) | Pass & Ongoing | 1 |
| Enter Reviewer Comment | | |



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| Pr | int |

| | Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics | Pass & Ongoing | 1 |
|--|--|----------------|---|
| | Enter Reviewer Comment | | |
| | Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Age-adjusted heart attack hospitalization rate per 10,000 | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Rate of hospitalizations for short-term complications of diabetes per 10,000 – Aged 18+ years | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6- 17 years | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years | Pass & Ongoing | 1 |
| | Enter Reviewer Comment | | |
| | Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics | Pass & Ongoing | 1 |

| NEW YORK STATEDepartment of HealthMedicaid Redesign Team | | Medicaid Redesign Team | New York State Departmen Delivery System Reform Incentive Payment (DSRIF | |
|--|---------------|---------------------------|--|--------------|
| | Save & Return | | Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment | |
| | Print | | Adirondack Health Institute, Inc Pro | oject 4.b.ii |
| | | | Enter Reviewer Comment | |
| | | | Total | 16.00 |