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Achievement Value (AV) Scorecard
Albany Medical Center Hospital

PPS Information	
Quarter	DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
PPS	Albany Medical Center Hospital
PPS Number	1

Achievement Value (AV) Scorecard Summary						
	AV Data				Payment Data	
Project Link (click on the purple link below to access each individual project report)	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	DY2 Q4 Payment Available	DY2 Q4 Payment Earned
Domain I Organizational (All Projects)	5.00	5.00	0.00	5.00	*Organizational funds are embedded within each project's payment*	
2.a.i	20.00	20.00	0.00	20.00	$ 1,839,267	$ 1,839,267
2.a.iii	22.00	20.44	0.00	20.44	$ 1,455,533	$ 1,261,462
2.a.v	22.00	21.00	0.00	21.00	$ 1,391,639	$ 1,272,355
2.b.iii	21.00	21.00	0.00	21.00	$ 1,312,360	$ 1,312,360
2.d.i	11.00	11.00	0.00	11.00	$ 1,202,797	$ 1,202,797
3.a.i	16.00	11.00	0.00	11.00	$ 1,541,787	$ 1,033,505
3.a.ii	16.00	11.00	0.00	11.00	$ 1,464,729	$ 981,852
3.b.i	13.00	11.00	0.00	11.00	$ 1,199,097	$ 553,429

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Achievement Value (AV) Scorecard
Albany Medical Center Hospital

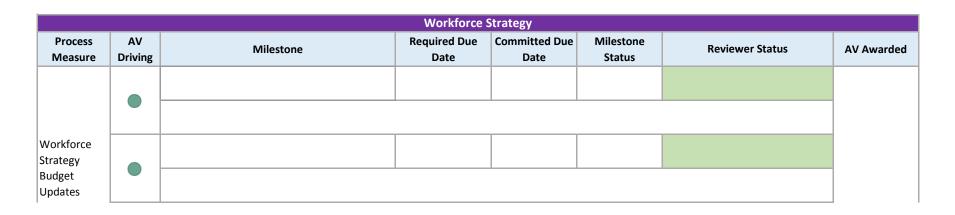|								
3.d.iii	13.00	11.00	0.00	11.00	$	1,240,910	$	859,092
4.b.i	14.00	14.00	0.00	14.00	$	719,554	$	719,554
4.b.ii	21.00	21.00	0.00	21.00	$	563,242	$	563,242
AV Adjustments (Column F)								
Total	**189.00**	**172.44**	**0.00**	**172.44**	**$ 13,930,914**		**$ 11,598,915**	

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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Domain I Organizational Scoresheet

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

Net Organizational AVs Awarded: 5 out of 5

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Workforce Strategy

Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Workforce Strategy Budget Updates	●						
	●						

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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

1

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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Additional Workforce Strategy Topic Areas	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**1**

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

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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Quarterly Project Reports, Project Budget and Flow of Funds	●	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 & Ongoing
	●	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

AV Awarded: 1

Total	**1**

Section 02 Governance						
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**
Governance Structure	●	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 committees for each DSRIP project	12/31/2015	12/31/2015	Completed	Pass & Complete

(AV Awarded column header appears at right: **AV Awarded**)

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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	●	9. Inclusion of CBOs in PPS Implementation	N/A	3/31/2017	Completed	Pass & Complete
Additional Governance Topic Areas	●	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
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing
Total						1

Note: The "Additional Governance Topic Areas" row carries an N/A value in the rightmost column (aligned across those rows).

Section 03   Financial Sustainability

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Financial Stability Update	●	1. Finalize PPS finance structure, including reporting structure	12/31/2015	12/31/2015	Completed	Pass & Complete	1
	●	2. Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.		12/31/2015	Completed	Pass & Complete	
	●	3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d	12/31/2015	12/31/2015	Completed	Pass & Complete	
	●	4. Develop a Value Based Needs Assessment ("VNA")	3/31/2017	3/31/2017	Completed	Pass & Ongoing	
	●	5. Develop an implementation plan geared towards addressing the needs identified within your VNA	6/30/2017	6/30/2017	Completed	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	

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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Additional Financial Stability Topic Areas	●						N/A
	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**1**

Section 04	Cultural Competency & Health Literacy						
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Cultural	●	1. Finalize cultural competency / health literacy strategy.	12/31/2015	12/31/2015	Completed	Pass & Complete	

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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Competency /Health Literacy	●	2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	6/30/2016	6/30/2016	Completed	Pass & Complete	1
Additional Cultural Competency /Health Literacy Topic Areas	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**1**

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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Section 05 IT Systems and Processes							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
IT Systems and Processes	●	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	12/31/2015	Completed	Pass & Complete	N/A
	●	2. Develop an IT Change Management Strategy.	9/30/2016	3/31/2016	Completed	Pass & Complete	
	●	3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	N/A	3/31/2016	Completed	Pass & Complete	
	●	4. Develop a specific plan for engaging attributed members in Qualifying Entities	N/A	6/30/2016	Completed	Pass & Complete	
	●	5. Develop a data security and confidentiality plan.	N/A	3/31/2016	Completed	Pass & Complete	
	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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

Section 06 Performance Reporting							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Performanc	●	1. Establish reporting structure for PPS-wide performance reporting and communication.	6/30/2016	3/31/2016	Completed	Pass & Complete	N/A

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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Performance Reporting		2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	6/30/2016	6/30/2016	Completed	Pass & Complete	N/A
	●						
Additional Performance Reporting Topic Areas	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**0**

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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Section 07 Practitioner Engagement							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Practitioner Engagement	●	1. Develop Practitioners communication and engagement plan.	9/30/2015	3/31/2016	Completed	Pass & Complete	N/A
	●	2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	N/A	12/31/2015	Completed	Pass & Complete	
Additional Practitioner Engagement Topic Areas	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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			Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**0**

Section 08 Population Health Management							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Population Health	●	1. Develop population health management roadmap.	N/A	6/30/2016	Complete	Pass & Complete	N/A
	●	2. Finalize PPS-wide bed reduction plan.	N/A	3/31/2017	Complete	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	

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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							N/A
Additional Population Health Topic Areas	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**0**

Section 09 Clinical Integration							
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Clinical Integration	●	1. Perform a clinical integration 'needs assessment'.	6/30/216	12/31/2016	Completed	Pass & Complete	N/A
	●	2. Develop a Clinical Integration strategy.	3/31/2016	6/30/2016	Completed	Pass & Complete	N/A
	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	

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
Albany Medical Center Hospital - Domain 1 Organizational AVs

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Additional Clinical Integration Topic Areas	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**0**

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AV Adjustment Scoresheet								
Adjustment	AVs Per Project	Total Projects Selected	Total AVs Available	Total AVs Awarded		Adjusted AVs	Net AVs Awarded	
				Net Awarded	Percentage AV		Net Awarded	Percentage AV
Organizational Adjustments (applied to all projects)	5.00	11.00	55.00	55.00	100%	0.00	55.00	100%
Project Adjustments (applied to one project only)	Various	11.00	134.00	117.44	88%	0.00	117.44	88%
Total			**189.00**	**172.44**	**91%**	**0.00**	**172.44**	**91%**

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☐ Organizational   ☐ Project Adjustments

No AV Adjustments
●   *Please note that there are no AV adjustments for Albany Medical Center Hospital in DY2, Q1*

●

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

Payment Snapshot		
DY2 Q4 Payment Available	$	1,839,267
DY2 Q4 Payment Earned	$	1,839,267

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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	1,103,560	1,103,560
	Project Implementation Speed	Complete	0.00	0.00	0%				
	Patient Engagement Speed	N/A	0.00	0.00	0%				
Domain 1 Subtotal			**5.00**	**5.00**	**100%**	**60%**	**30%**	**1,103,560**	**1,103,560**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	40%	20%	735,707	735,707
	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 2 Subtotal			**15.00**	**15.00**	**100%**	**40%**	**20%**	**735,707**	**735,707**
Total		**Complete**	**20.00**	**20.00**	**100%**	**100%**	**50%**	**1,839,267**	**1,839,267**

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

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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					

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 Quarter)
Albany Medical Center Hospital - Project 2.a.i

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	Module 2 - Project Implementation Speed	9/30/2016	9/30/2016	Completed	Pass & Ongoing	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 1 Project Prescribed Milestones Project 2.a.i						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	1. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	9/30/2016	9/30/2016	Completed	N/A	N/A
	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.	9/30/2016	9/30/2016	Completed	N/A	N/A
	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.	9/30/2016	9/30/2016	Completed	N/A	N/A

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	Enter Reviewer Comment					
●	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.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	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.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	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.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	8. Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					

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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	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 2 Pay for Performance and Pay for Reporting Project (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		

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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 2.a.i

●	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
	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

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 Quarter)
Albany Medical Center Hospital - Project 2.a.i

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	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
	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		

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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 2.a.i

●	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	Enter Reviewer Comment		
●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
	Total		**15.00**

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

Payment Snapshot		
DY2 Q4 Payment Available	$	1,455,533
DY2 Q4 Payment Earned	$	1,261,462

2.a.iii 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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	873,320	679,249
	Project Implementation Speed	Complete	1.00	0.44	44%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
	Domain 1 Subtotal		**7.00**	**5.44**	**78%**	**60%**	**30%**	**873,320**	**679,249**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	40%	20%	582,213	582,213
	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 2 Subtotal		**15.00**	**15.00**	**100%**	**40%**	**20%**	**582,213**	**582,213**
Total	**Complete**		**22.00**	**20.44**	**93%**	**100%**	**50%**	**1,455,533**	**1,261,462**

Total Project 2.a.iii AVs Awarded: 20.44 out of 22

Hide Reviewer Comments

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

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 Quarter)
Albany Medical Center Hospital - Project 2.a.iii

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	Enter Reviewer Comment					
	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.44
	Enter Reviewer Comment					
	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0.00
	Enter Reviewer Comment					
Total						**0.44**

Domain 1 Project Prescribed Milestones Project 2.a.iii						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	1. Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.11
	Enter Reviewer Comment					
	2. Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and/or Advanced Primary Care accreditation by Demonstration Year (DY) 3.	3/31/2017	3/31/2017	Completed	Fail	0.00
	Enter Reviewer Comment					
	3. Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	3/31/2017	3/31/2017	Completed	Fail	0.00

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 Quarter)
Albany Medical Center Hospital - Project 2.a.iii

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		Enter Reviewer Comment				
●	4. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	3/31/2017	3/31/2017	Completed	Fail	0.00
		Enter Reviewer Comment				
●	5. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.11
		Enter Reviewer Comment				
●	6. Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.11
		Enter Reviewer Comment				
●	7. Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	3/31/2017	3/31/2017	Completed	Fail	0.00
		Enter Reviewer Comment				
●	8. Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	3/31/2017	3/31/2017	Completed	Fail	0.00
		Enter Reviewer Comment				
●	9. Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.11

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 Quarter)
Albany Medical Center Hospital - Project 2.a.iii

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	Enter Reviewer Comment
Total	**0.44**

Domain 2 Pay for Performance and Pay for Reporting Project 2.a.iii (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

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 Quarter)
Albany Medical Center Hospital - Project 2.a.iii

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	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
	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

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 Quarter)
Albany Medical Center Hospital - Project 2.a.iii

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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	
	Enter Reviewer Comment		
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		

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●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
	Total		**15.00**

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Project Snapshot	
Project Domain	System Transformation Projects (Domain 2)
Project ID	2.a.v
Project Title	Create a medical village/alternative housing using existing nursing home infrastructure

Payment Snapshot		
DY2 Q4 Payment Available	$	1,391,639
DY2 Q4 Payment Earned	$	1,272,355

2.a.v 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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	834,983	715,700
	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%**	**834,983**	**715,700**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	40%	20%	556,655	556,655
	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 2 Subtotal		**15.00**	**15.00**	**100%**	**40%**	**20%**	**556,655**	**556,655**
Total		**Complete**	**22.00**	**21.00**	**95%**	**100%**	**50%**	**1,391,639**	**1,272,355**

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

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

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

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 2.a.v

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		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 2.a.v						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
●	1. Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	2. Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20
	Enter Reviewer Comment					
●	3. Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20

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 Quarter)
Albany Medical Center Hospital - Project 2.a.v

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	Enter Reviewer Comment					
●	4. Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20
	Enter Reviewer Comment					
●	5. Identify specific community-based services that will be developed in lieu of these beds based upon the community need.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20
	Enter Reviewer Comment					
●	6. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20
	Enter Reviewer Comment					
●	7. 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.	3/31/2018	3/31/2018	In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	8. 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 Reviewer Comment					
●	9. Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2			In Process	Pass & Ongoing	N/A
	Enter Reviewer Comment					
	Total					**1.00**

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 Quarter)
Albany Medical Center Hospital - Project 2.a.v

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Domain 2 Pay for Performance and Pay for Reporting Project 2.a.v (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		
●	Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25

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

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 2.a.v

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	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
	Enter Reviewer Comment		

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●	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
	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		
●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5

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 Quarter)
Albany Medical Center Hospital - Project 2.a.v

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Enter Reviewer Comment

Total	15.00

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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 2.b.iii

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

Payment Snapshot		
DY2 Q4 Payment Available	$	1,312,360
DY2 Q4 Payment Earned	$	1,312,360

2.b.iii 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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	787,416	787,416
	Project Implementation Speed	Complete	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		**6.00**	**6.00**	**100%**	**60%**	**30%**	**787,416**	**787,416**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	40%	20%	524,944	524,944
	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 2 Subtotal		**15.00**	**15.00**	**100%**	**40%**	**20%**	**524,944**	**524,944**
Total		**Complete**	**21.00**	**21.00**	**100%**	**100%**	**50%**	**1,312,360**	**1,312,360**

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

Hide Reviewer Comments

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

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 Quarter)
Albany Medical Center Hospital - Project 2.b.iii

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🔴		*Enter Reviewer Comment*				
🟢	Module 2 - Project Implementation Speed	9/30/2016	9/30/2016	Completed	Pass & Ongoing	N/A
		Enter Reviewer Comment				
🟢	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1
		Enter Reviewer Comment				
Total						**1.00**

Domain 1 Project Prescribed Milestones Project 2.b.iii						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
🟢	1. Establish ED care triage program for at-risk populations	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
🟢	2. Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					

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●	3. For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	4. Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	5. Use EHRs and other technical platforms to track all patients engaged in the project.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 2 Pay for Performance and Pay for Reporting Project 2.b.iii (all Milestones are P4R in DY1)			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.3333333
	Enter Reviewer Comment		

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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		
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

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 Quarter)
Albany Medical Center Hospital - Project 2.b.iii

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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
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		

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●	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		
●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
Total			**15.00**

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

Payment Snapshot		
DY2 Q4 Payment Available	$	1,202,797
DY2 Q4 Payment Earned	$	1,202,797

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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	721,678	721,678
	Project Implementation Speed	Complete	1.00	1.00	100%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		**7.00**	**7.00**	**100%**	**60%**	**30%**	**721,678**	**721,678**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	40%	20%	481,119	481,119
	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%**	**481,119**	**481,119**
	Total	**Complete**	**11.00**	**11.00**	**100%**	**100%**	**50%**	**1,202,797**	**1,202,797**

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

Hide Reviewer Comments

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

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

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 2.d.i

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		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	1
		Enter Reviewer Comment				
Total						**2.00**

Domain 1 Project Prescribed Milestones Project 2.d.i						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
●	1. Contract or partner with community-based organizations (CBOs) to engage target populations using PAM® and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.			In Process	Pass & Ongoing	
	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	0.13
	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	0.13
	Enter Reviewer Comment					

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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 2.d.i

●	4. Survey the targeted population about healthcare needs in the PPS' region.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.13
	Enter Reviewer Comment					
●	5. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.			In Process	Pass & Ongoing	
	Enter Reviewer Comment					
●	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	Pass & Complete	0.13
	Enter Reviewer Comment					
●	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.			In Process	Pass & Ongoing	
	Enter Reviewer Comment					
●	8. Include beneficiaries in development team to promote preventive care.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.13
	Enter Reviewer Comment					
●	9. Measure PAM® components			In Process	Pass & Ongoing	
	Enter Reviewer Comment					
●	10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.			In Process	Pass & Ongoing	

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 Quarter)
Albany Medical Center Hospital - Project 2.d.i

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	Enter Reviewer Comment					
	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.			In Process	Pass & Ongoing	
	Enter Reviewer Comment					
	12. Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.13
	Enter Reviewer Comment					
	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 (with Exception) & Complete	0.13
	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			In Process	Pass & Ongoing	
	Enter Reviewer Comment					
	15. Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.			In Process	Pass & Ongoing	
	Enter Reviewer Comment					
	16. Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.			In Process	Pass & Ongoing	
	Enter Reviewer Comment					

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 Quarter)
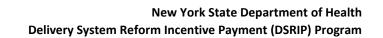*Albany Medical Center Hospital - Project 2.d.i*

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●	17. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.13
	Enter Reviewer Comment					
Total						**1.00**

	Domain 2 Pay for Performance and Pay for Reporting Project 2.d.i (all Milestones are P4R 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		

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 Quarter)
Albany Medical Center Hospital - Project 2.d.i

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	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**

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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 3.a.i

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

Payment Snapshot		
DY2 Q4 Payment Available	$	1,541,787
DY2 Q4 Payment Earned	$	1,033,505

3.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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	711,594	609,938
	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%**	**711,594**	**609,938**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	9.9%	4.9%	118,599	118,598.97
	Domain 3 Pay for Performance		7.00	3.00	43%	30.1%	30.1%	711,594	304,968.78
Domain 3 Subtotal			**9.00**	**5.00**	**56%**	**40%**	**35%**	**830,193**	**423,568**
Total		**Complete**	**16.00**	**11.00**	**69%**	**100%**	**65%**	**1,541,787**	**1,033,505**

Total Project 3.a.i AVs Awarded: 11 out of 16

Hide Reviewer Comments

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

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 Quarter)
Albany Medical Center Hospital - Project 3.a.i

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	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**

Domain 1 Project Prescribed Milestones Project 3.a.i Models 1, 2 and 3						
☑ 3.a.i Model 1 ☑ 3.a.i Model 2 ☑ 3.a.i Model 3						
Model	**AV Driving**	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	●	1. Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.			In Process	Pass & Ongoing	
		Enter Reviewer Comment					
	●	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		*Enter Reviewer Comment*					

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 Quarter)
Albany Medical Center Hospital - Project 3.a.i

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	●	3. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.			In Process	Pass & Ongoing	
		Enter Reviewer Comment					
	●	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
		Enter Reviewer Comment					
3.a.i Model 2	●	5. Co-locate primary care services at behavioral health sites.			In Process	Pass & Ongoing	
		Enter Reviewer Comment					
	●	6. 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
		Enter Reviewer Comment					
	●	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	
		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	0.125
		Enter Reviewer Comment					
	●	9. Implement IMPACT Model at Primary Care Sites.			In Process	Pass & Ongoing	

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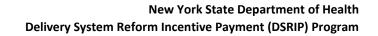**Delivery System Reform Incentive Payment (DSRIP) Program**

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 3.a.i

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		0.125				
3.a.i Model 3	10. Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125
	Enter Reviewer Comment					
	11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125
	Enter Reviewer Comment					
	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	
	Enter Reviewer Comment					
	14. Provide "stepped care" as required by the IMPACT Model.			In Process	Pass & Ongoing	
	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
	0.93					
Total						**1**

Domain 3 Pay for Performance and Pay for Reporting

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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		
●	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		

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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 3.a.i

●	Follow-up after hospitalization for Mental Illness - within 7 days	Fail	0
	P4P Measure DY2Q4		
●	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5
	P4R Measure DY2Q4		
●	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5
	P4R Measure DY2Q4		
●	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) ±	Fail	0
	P4P Measure DY2Q4		
●	Screening for Clinical Depression and follow-up	Pass & Ongoing	1
	P4R Measure DY2Q4		
Total			**5.00**

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

Payment Snapshot		
DY2 Q4 Payment Available	$	1,464,729
DY2 Q4 Payment Earned	$	981,852

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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	676,029	579,453
	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%**	**676,029**	**579,453**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	9.9%	4.9%	112,671	112,671
	Domain 3 Pay for Performance (P4P)		7.00	3.00	43%	30.1%	30.1%	676,029	289,727
Domain 2 Subtotal			**9.00**	**5.00**	**56%**	**40%**	**35%**	**788,700**	**402,398**
Total		**Complete**	**16.00**	**11.00**	**69%**	**100%**	**65%**	**1,464,729**	**981,852**

Total Project 3.a.ii AVs Awarded: 11 out of 16

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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

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	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.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	NA
	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	NA
	Enter Reviewer Comment					
●	4. Develop written treatment protocols with consensus from participating providers and facilities.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.25

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 Quarter)
Albany Medical Center Hospital - Project 3.a.ii

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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 Reviewer Comment					
●	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	NA
	Enter Reviewer Comment					
●	7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.			In Process	Pass & Ongoing	NA
	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	NA
	Enter Reviewer Comment					
●	9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.			In Process	Pass & Ongoing	NA
	Enter Reviewer Comment					
●	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

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 Quarter)
Albany Medical Center Hospital - Project 3.a.ii

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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 Reviewer Comment					
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		

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 Quarter)
Albany Medical Center Hospital - Project 3.a.ii

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●	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		
●	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5
	P4R Measure DY2Q4		
●	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5
	P4R Measure DY2Q4		
●	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) ±	Fail	0

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 Quarter)
Albany Medical Center Hospital - Project 3.a.ii

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	P4P Measure DY2Q4		
	Screening for Clinical Depression and follow-up	Pass & Ongoing	1
	P4R Measure DY2Q4		
Total			**5.00**

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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 3.b.i

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

Payment Snapshot		
DY2 Q4 Payment Available	$	1,199,097
DY2 Q4 Payment Earned	$	553,429

3.b.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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	553,429	461,191
	Project Implementation Speed	Complete	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**60%**	**30%**	**553,429**	**461,191**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	6.00	6.00	100%	9.9%	4.9%	92,238	92,238
	Domain 3 Pay for Performance (P4P)		1.00	0.00	0%	30.1%	30.1%	553,429	-
Domain 2 Subtotal			**7.00**	**6.00**	**86%**	**40%**	**35%**	**645,668**	**92,238**
Total		**Complete**	**13.00**	**11.00**	**85%**	**100%**	**65%**	**1,199,097**	**553,429**

Total Project 3.b.i AVs Awarded: 11 out of 13

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

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 Quarter)
Albany Medical Center Hospital - Project 3.b.i

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				Enter Reviewer Comment		
🟢	Module 2 - Project Implementation Speed	9/30/2016	9/30/2016	Completed	Pass & Ongoing	N/A
				Enter Reviewer Comment		
🟢	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0
				Enter Reviewer Comment		
Total						**0.00**

Domain 1 Project Prescribed Milestones Project 3.b.i						
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
🟢	1. Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
🟢	2. Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
🟢	3. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					

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●	4. Use EHRs or other technical platforms to track all patients engaged in this project.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	5. Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	6. Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	7. Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	8. Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	9. Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	10. Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					

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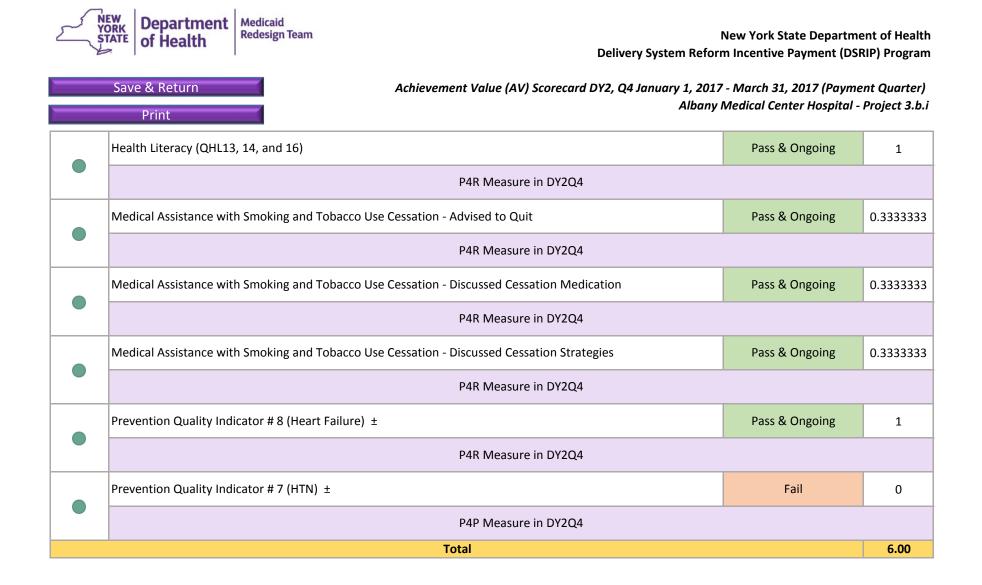**Delivery System Reform Incentive Payment (DSRIP) Program**

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 3.b.i

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●	11. 'Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	12. Document patient driven self-management goals in the medical record and review with patients at each visit.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	13. Follow up with referrals to community based programs to document participation and behavioral and health status changes.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	14. Develop and implement protocols for home blood pressure monitoring with follow up support.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	15. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	16. Facilitate referrals to NYS Smoker's Quitline.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	17. Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	18. Adopt strategies from the Million Hearts Campaign.	9/30/2016	9/30/2016	Completed	N/A	N/A

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 Quarter)
Albany Medical Center Hospital - Project 3.b.i

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●	*Enter Reviewer Comment*					
●	19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	20. Engage a majority (at least 80%) of primary care providers in this project.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 3 Pay for Performance and Pay for Reporting		
AV Driving	**Measure**	**Reviewer Status** / **AVs Awarded**
●	Aspirin Use	Pass & Ongoing / 0.5
	P4R Measure in DY2Q4	
●	Discussion of Risks and Benefits of Aspirin Use	Pass & Ongoing / 0.5
	P4R Measure in DY2Q4	
●	Controlling High Blood Pressure	Pass & Ongoing / 1
	P4R Measure in DY2Q4	
●	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing / 1
	P4R Measure in DY2Q4	

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●	Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1
	P4R Measure in DY2Q4		
●	Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.3333333
	P4R Measure in DY2Q4		
●	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333
	P4R Measure in DY2Q4		
●	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333
	P4R Measure in DY2Q4		
●	Prevention Quality Indicator # 8 (Heart Failure) ±	Pass & Ongoing	1
	P4R Measure in DY2Q4		
●	Prevention Quality Indicator # 7 (HTN) ±	Fail	0
	P4P Measure in DY2Q4		
Total			**6.00**

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Project Snapshot		Payment Snapshot		
Project Domain	Clinical Improvement Projects (Domain 3)	**DY2 Q4 Payment Available**	$	1,240,910
Project ID	3.d.iii	**DY2 Q4 Payment Earned**	$	859,092
Project Title	Implementation of evidence-based medicine guidelines for asthma management			

									3.d.iii 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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	0%	572,728	477,273
	Project Implementation Speed	Complete	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
	Domain 1 Subtotal		**6.00**	**5.00**	**83%**	**60%**	**0%**	**572,728**	**477,273**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	9.9%	0%	95,455	95,455
	Domain 3 Pay for Performance (P4P)		4.00	2.00	50%	30.1%	0%	572,728	286,364
	Domain 2 Subtotal		**8.00**	**6.00**	**75%**	**40%**	**0%**	**668,183**	**381,819**
Total		**Complete**	**14.00**	**11.00**	**79%**	**100%**	**0%**	**1,240,910**	**859,092**

Total Project 3.d.iii AVs Awarded: 11 out of 14

Hide Reviewer Comments

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

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 Quarter)
Albany Medical Center Hospital - Project 3.d.iii

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	Enter Reviewer Comment					
●	Module 2 - Project Implementation Speed	9/30/2016	9/30/2016	Completed	Pass & Ongoing	N/A
	Enter Reviewer Comment					
●	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Fail	0
	Enter Reviewer Comment					
Total						**0.00**

Domain 1 Project Prescribed Milestones Project 3.d.iii					
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
●	1. Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	2. Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	3. Deliver educational activities addressing asthma management to participating primary care providers.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					

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●	4. Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	5. Use EHRs or other technical platforms to track all patients engaged in this project.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 3 Pay for Performance and Pay for Reporting			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1
	P4P Measure DY2Q4		
●	Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Fail	0
	P4P Measure DY2Q4		
●	Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Fail	0
	P4P Measure DY2Q4		
●	Pediatric Quality Indicator # 14 Pediatric Asthma ±	Pass & Ongoing	1
	P4P Measure DY2Q4		
●	Prevention Quality Indicator # 15 Younger Adult Asthma ±	Fail	0

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 Quarter)
Albany Medical Center Hospital - Project 3.d.iii

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	P4P Measure DY2Q4		
	Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1
	P4R Measure DY2Q4		

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 4.b.i

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Project Snapshot	
Project Domain	Domain 4: Population-wide Projects: New York's
Project ID	4.b.i
Project Title	Promote Tobacco Use Cessation, especially among low SES populations and those with poor mental health

Payment Snapshot		
DY2 Q4 Payment Available	$	719,554
DY2 Q4 Payment Earned	$	719,554

4.b.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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	431,732	431,732
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal		**5.00**	**5.00**	**100%**	**60%**	**30%**	**431,732**	**431,732**
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	9.00	9.00	100%	40%	20%	287,821	287,821
	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal		**9.00**	**9.00**	**100%**	**40%**	**20%**	**287,821**	**287,821**
	Total	**Complete**	**14.00**	**14.00**	**100%**	**100%**	**50%**	**719,554**	**719,554**

Total Project 4.b.i AVs Awarded: 14 out of 14

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Domain 4 Pay for Performance and Pay for Reporting			
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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Enter Reviewer Comment		
Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
Enter Reviewer Comment		
Percentage of cigarette smoking among adults	Pass & Ongoing	1
Enter Reviewer Comment		
Percentage of premature death (before age 65 years)	Pass & Ongoing	1
Enter Reviewer Comment		
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 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		

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●	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
Total			**9.00**

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 Quarter)
Albany Medical Center Hospital - Project 4.b.ii

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

Payment Snapshot		
DY2 Q4 Payment Available	$	563,242
DY2 Q4 Payment Earned	$	563,242

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	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	337,945	337,945
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal		**5.00**	**5.00**	**100%**	**60%**	**30%**	**337,945**	**337,945**
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	16.00	16.00	100%	40%	20%	225,297	225,297
	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 4 Subtotal		**16.00**	**16.00**	**100%**	**40%**	**20%**	**225,297**	**225,297**
	Total	**Complete**	**21.00**	**21.00**	**100%**	**100%**	**50%**	**563,242**	**563,242**

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

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Domain 4 Pay for Performance and Pay for Reporting			
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

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 Quarter)
Albany Medical Center Hospital - Project 4.b.ii

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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		

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 Quarter)
Albany Medical Center Hospital - Project 4.b.ii

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

Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)
Albany Medical Center Hospital - Project 4.b.ii

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	Enter Reviewer Comment
Total	**16.00**