

Print Summary

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Achievement Value (AV) Scorecard Bronx-Lebanon Hospital Center

PPS Information						
Quarter	DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)					
PPS	Bronx-Lebanon Hospital Center					
PPS Number	27					

Achievement Value (AV) Scorecard Summary										
		AV I	Data		Payme	nt Data				
Project Link (click on the purple link below to access each individual project report)	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	DY2 Q4 Payment Available	DY2 Q4 Payment Earned				
Domain I Organizational (All Projects)	5.00	5.00	0.00	5.00	Organization embedded project's	within each				
2.a.i	21.00	21.00	0.00	21.00	\$1,133,754	\$1,133,754				
2.a.iii	22.00	22.00	0.00	22.00	\$ 846,923	\$ 846,923				
2.b.i	22.00	22.00	0.00	22.00	\$ 695,534	\$ 695,534				
2.b.iv	22.00	22.00	0.00	22.00	\$ 831,412	\$ 831,412				
3.a.i	17.00	13.50	0.00	13.50	\$ 931,332	\$ 743,275				
3.c.i	13.00	12.00	0.00	12.00	\$ 738,715	\$ 397,770				
3.d.ii	15.00	13.50	0.00	13.50	\$ 790,637	\$ 653,796				
3.f.i	14.00	13.94	0.00	13.94	\$ 815,331	\$ 812,169				



Print Summary Print All	Achievement Value (AV) Scorecard Bronx-Lebanon Hospital Center							
4.a.iii	16.00	16.00	0.00	16.00	\$ 435,686	\$ 435,686		
4.c.ii	16.00	16.00	0.00	16.00	\$ 413,695	\$ 413,695		
AV Adjustments (Column F)								
Total	178.00	171.94	0.00	171.94	\$7,633,019	\$6,964,013		



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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Bronx-Lebanon Hospital Center - Domain 1 Organizational AVs

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

Net Organizational AVs Awarded: 5 out of 5

Hide Reviewer Comments

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



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	PIIII											
		Define target workforce state (in line			I							
		with DSRIP program's goals)	N/A	N/A	Completed	Pass & Complete						
		Create a workforce transition roadmap for achieving defined target workforce	N/A	N/A	Completed	Pass & Complete						
Additional Workforce Strategy												
		3. Perform detailed gap analysis between current state assessment of workforce	N/A	N/A	Completed	Pass & Complete						
		and projected future state	,		<u> </u>	·						
Budget Updates												
(non AV-		4. Produce a compensation and benefit analysis, covering impacts on both										
driving)		retrained and redeployed staff, as well as	N/A	N/A	Completed	Pass & Complete						
		new hires, particularly focusing on full and partial placements										
		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						

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<i>)</i>	Prin						1
,	•	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
Additional Workforce Strategy Topic Areas	•	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	•	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
	•	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	•	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1

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



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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 & Complete
					-	
		Module 1.4 - PPS Flow of Funds (Quarterly)	Ongoing	N/A	In Process	Pass & Ongoing
		Quarterly Progress Reports	N/A	N/A	In Process	Pass & Ongoing
			Total			

	Section 02 Governance									
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded			
		1. Finalize governance structure and subcommittee structure	9/30/2015	N/A	Completed	Pass & Complete				
		2. Establish a clinical governance								
Governance		structure, including clinical quality	12/31/2015	N/A	Completed	Pass & Complete				
Structure		committees for each DSRIP project								



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

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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Bronx-Lebanon Hospital Center - Domain 1 Organizational AVs

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



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Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		1. Finalize PPS finance structure, including reporting structure	12/31/2015	N/A	Completed	Pass & Complete	
Financial Stability Update	•	2. Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	3/31/2016	N/A	Completed	Pass & Complete	
		3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d	12/31/2015	N/A	Completed	Pass & Complete	1
		4. Develop a Value Based Needs Assessment "VNA"	3/31/2017	N/A	Completed	Pass & Complete	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	



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		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Financial							N/A
Stability Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1

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



	Prin	t		E	Bronx-Lebanon H	lospital Center - Domain 1 Orga	nizational AVs
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
Additional		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Cultural Competency							N/A
/Health Literacy		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
Topic Areas							
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				1

		Sect	tion 05 IT Systen	ns and Processe	S		
Process	AV	Milestone	Required Due	Committed Due	Milestone	Reviewer Status	AV Awarded
Measure	Driving	Willestoffe	Date	Date	Status	Reviewei Status	AV Awarueu



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	•	1. Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of	6/30/2016	N/A	Completed	Pass & Complete	
		interoperable IT platform(s).					
		Develop an IT Change Management Strategy.	12/31/2015	N/A	Completed	Pass & Complete	
T Systems —							
ond Processes		3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	6/30/2016	N/A	Completed	Pass & Complete	N/A
		4. Develop a specific plan for engaging attributed members in Qualifying Entities	12/31/2016	N/A	Completed	Pass & Complete	
		5. Develop a data security and confidentiality plan.	N/A	N/A	In Process	Pass & Ongoing	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	



	Print			В	Bronx-Lebanon H	ospital Center - Domain 1 Orga	nizational AVs
Additional							
IT Systems		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	N/A
Processes Topic Areas							N/A
Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				0

		Sec	ction 06 Perform	nance Reporting			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		Establish reporting structure for PPS-wide performance reporting and communication.	6/30/2016	3/31/2016	Completed	Pass & Complete	N/A
Performanc e Reporting		2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	6/30/2016	3/31/2016	In Process	Pass & Ongoing	N/A



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	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
	integration strategies	ı				
	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
dditional erformanc						N/A
Reporting opic Areas	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	,
		I				
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		ı				
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
		Total				0

		Sec	tion 07 Practitio	ner Engagement			
Process	AV	Milestone	Required Due	Committed Due	Milestone	Reviewer Status	AV Awarded
Measure	Driving	willestone	Date	Date	Status	Reviewer Status	AV Awarded
		1. Develop Practitioners communication and engagement plan.	12/31/2016	N/A	Completed	Pass & Complete	



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Practitioner Engagement	•	2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	3/31/2017	N/A	Completed	Pass & Complete	N/A
	•	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
	•	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
Additional Practitioner	•	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	N/A
Engagement Fopic Areas	•	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
	•	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	

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Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Bronx-Lebanon Hospital Center - Domain 1 Organizational AVs

Total 0

		Section	08 Population I	Health Managen	nent		
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarde
		Develop population health management roadmap.	6/30/2016	N/A	Completed	Pass & Complete	N/A
Population							,/
Health		2. Finalize PPS-wide bed reduction plan.	N/A	N/A	In Process	Pass & Ongoing	N/A
							N/A
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
Additional Population							N/A
Health Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	IN/A



Prir	at		В	Bronx-Lebanon H	lospital Center - Domain 1 Orga
	IT Expectations	N/A	N/A	In Process	Pass & Ongoing
	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing
		Total			

		!	Section 09 Clinic	al Integration			
Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
		 Perform a clinical integration 'needs assessment'. 	6/30/2016	N/A	Completed	Pass & Complete	N/A
Clinical							IN/A
Integration		2. Develop a Clinical Integration strategy.	6/30/2016	N/A	Completed	Pass & Complete	N/A
							IN/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	



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Additional Clinical							N/A
Integration Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	IV/A
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
			Total				0



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AV Adjustment Scoresheet								
	Projects		Total AVs	Total AVs Awarded		Adjusted	Net AVs Awarded	
Adjustment			Available	Net	Percentage	Aujusteu AVs	Net	Percentage AV
	Project	Selected	Available	Awarded	AV	743	Awarded	reiteillage AV
Organizational Adjustments (applied to all projects)	5.00	10.00	50.00	50.00	100%	0.00	50.00	100%
Project Adjustments (applied to one project only)	Various	10.00	128.00	121.94	95%	0.00	121.94	95%
Total			178.00	171.94	97%	0.00	171.94	97%

Hid	e Reviewer Comments	Organizational	Project Adjustments				
	No AV Adjustments						
	Please note that there are no AV adjustments for Bronx-Lebanon Hospital Center in DY2, Q1						



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

Bronx-Lebanon Hospital Center - Project 2.a.i

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

Payment Snapshot	
DY2 Q4 Payment Available	\$ 1,133,754
DY2 Q4 Payment Earned	\$ 1,133,754

				2.a.i Scores	heet					
	Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
		Domain 1 Organizational	Complete	5.00	5.00	100%	60%		680,252	
	Domain 1	Project Implementation Speed	Complete	1.00	1.00	100%		30%		680,252
		Patient Engagement Speed	N/A	0.00	0.00	0%				
		Domain 1 Subtotal		6.00	6.00	100%	60%	30%	680,252	680,252
	Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	40%	20%	453,502	453,502
	Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Don	nain 2 Subtotal			15.00	15.00	100%	40%	20%	453,502	453,502
		Total	Complete	21.00	21.00	100%	100%	50%	1,133,754	1,133,754

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

Hide Reviewer Comments

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

1.00



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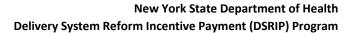
Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter)

Bronx-Lebanon Hospital Center - Project 2.a.i

Module 2 - Project Implementation Speed	Ongoing	N/A	Pass & Ongoing	1.00
Enter Revie	wer Commen	t		

Total

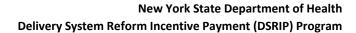
Domain 1 Project Prescribed Milestones Project 2.a.i Required Committed Milestone AVs **AV Driving** Project Requirement and Metric/Deliverable **Reviewer Status Due Date Due Date** Status Awarded 1. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; Pass & Ongoing In Process N/A additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. Enter Reviewer Comment 2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving 3/31/2017 3/31/2017 In Process Pass & Complete 0.33 into an IDS. Enter Reviewer Comment 3. Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long Pass & Complete 3/31/2017 | 3/31/2017 In Process 0.33 term care and public health services. 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 Pass & Ongoing N/A In Process exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.





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	Enter Revie	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.			In Process	Pass & Ongoing	N/A	
	Enter Revie	wer Commen	t				
	6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.			In Process	Pass & Ongoing	N/A	
	Enter Revie	wer Commen	t				
•	7. Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.			In Process	Pass & Ongoing	N/A	
	Enter Revie	wer Commen	t				
	8. Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.			In Process	Pass & Ongoing	N/A	
	Enter Revie	wer Commen	t				
	9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	3/31/2017	3/31/2017	In Process	Pass & Complete	0.33	
	Enter Revie	wer Commen	t				
	10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.			Not Started	Pass & Ongoing	N/A	
	Enter Revie	wer Commen	t				

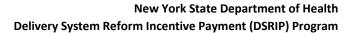




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11. Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as		In Process	Pass & Ongoing	N/A
Enter Reviev	ver Comment			
Total				1.00

	Domain 2 Pay for Performance and Pay for Reporting Project 2.a.i (all Milestones are P4R	in DY2)	
AV Driving	Measure	Reviewer Status	AVs Awarded
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Pass & Ongoing	0.3333333
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Pass & Ongoing	0.3333333
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333
	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 24 months	Pass & Ongoing	0.25
	Enter Reviewer Comment		





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



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Enter Reviewer Comment	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)

Bronx-Lebanon Hospital Center - Project 2.a.i

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•	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					



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

Bronx-Lebanon Hospital Center - Project 2.a.iii

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

Payment Snapshot	
DY2 Q4 Payment Available	\$ 846,923
DY2 Q4 Payment Earned	\$ 846,923

	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 Organizational	Complete	5.00	5.00	100%				
Domain 1	Project Implementation Speed	Complete	1.00	1.00	100%	60%	30%	508,154	508,154
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		7.00	7.00	100%	60%	30%	508,154	508,154
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	40%	20%	338,769	338,769
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 2 Subtotal		15.00	15.00	100%	40%	20%	338,769	338,769	
	Total	Complete	22.00	22.00	100%	100%	50%	846,923	846,923

Total Project 2.a.iii AVs Awarded: 22 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	Completed	Pass & Ongoing	N/A



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	Enter Reviewer Comment					
	Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Pass & Ongoing	1.00
	Enter Reviewer Comment					
	Module 3 - Patient Engagement Speed	Ongoing	N/A	Completed	Pass & Ongoing	1
	Enter Reviewer Comment					
	Total					2.00

	Domain 1 Project Prescribed M	lilestones Pr	oject 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	0.25		
	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.			In Process	Pass & Ongoing	N/A		
	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.			In Process	Pass & Ongoing	N/A		



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

Bronx-Lebanon Hospital Center - Project 2.a.iii

Print Enter Reviewer Comment 4. Ensure that EHR systems used by participating safety net providers Pass & Ongoing In Process N/A meet Meaningful Use and PCMH Level 3 standards and/or APCM. Enter Reviewer Comment 5. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all Pass & Ongoing In Process N/A participating safety net providers. Enter Reviewer Comment 6. Develop a comprehensive care management plan for each patient to Pass & Complete Completed N/A engage him/her in care and to reduce patient risk factors. Enter Reviewer Comment 7. Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly 3/31/2017 | 3/31/2017 | Completed Pass & Complete 0.25 delineate roles and responsibilities for both parties. **Enter Reviewer Comment** 8. Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. 3/31/2017 | 3/31/2017 | Completed Pass & Complete 0.25 Where necessary, the provider will work with local government units (such as SPOAs and public health departments). Enter Reviewer Comment 9. Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic 3/31/2017 | 3/31/2017 | Pass & Complete 0.25 Completed diseases. Develop educational materials consistent with cultural and linguistic needs of the population.



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

Bronx-Lebanon Hospital Center - Project 2.a.iii

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Enter Reviewer Comment	
Total	1.00

	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



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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



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

Bronx-Lebanon Hospital Center - Project 2.b.i

Project Snapshot					
Project Domain System Transformation Projects (Domain 2)					
Project ID	2.b.i				
Project Title	Ambulatory ICUs				

Payment Snapshot	
DY2 Q4 Payment Available	\$ 695,534
DY2 Q4 Payment Earned	\$ 695,534

	2.b.i Scoresheet								
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY1)	Domain Funding % (DY1, Q3)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%		30% 417,3%		417,320
Domain 1	Project Implementation Speed	Complete	1.00	1.00	100%	60%		417,320	
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		7.00	7.00	100%	60%	30%	417,320	417,320
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	40%	20%	278,213	278,213
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
	Domain 2 Subtotal			15.00	100%	40%	20%	278,213	278,213
	Total	Complete	22.00	22.00	100%	100%	50%	695,534	695,534

Total Project 2.b.i AVs Awarded: 22 out of 22

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



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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							

	Domain 1 Project Prescribed N	lilestones P	roject 2.b.i					
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
•	1. Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.			In Process	Pass & Ongoing	N/A		
	Enter Reviewer Comment							
	2. Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.			In Process	Pass & Ongoing	N/A		
	Enter Reviewer Comment							
	3. Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.25		
	Enter Reviewer Comment							



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	4. Establish care managers co-located at each Ambulatory ICU site.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.25		
	Enter Revie	wer Commen	it					
•	5. Ensure that all safety net project participants 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 Revie	wer Commen	t					
	6. Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.			In Process	Pass & Ongoing	N/A		
	Enter Revie	wer Commen	t					
	7. Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.			In Process	Pass & Complete	N/A		
	Enter Reviewer Comment							
	8. Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.25		
	Enter Reviewer Comment							
	9. Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.			In Process	Pass & Complete	N/A		
	Enter Reviewer Comment							
	10. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	0.25		
		-	-	-		-		



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Enter Reviewer Comment	
Total	1.00

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



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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



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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				



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

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

Bronx-Lebanon Hospital Center - Project 2.b.iv

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

Payment Snapshot	
DY2 Q4 Payment Available	\$ 831,412
DY2 Q4 Payment Earned	\$ 831,412

	2.b.iv Scoresheet										
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)		
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%					
Domain 1	Project Implementation Speed	Complete	1.00	1.00	100%		60% 30%	498,847	498,847		
	Patient Engagement Speed	Complete	1.00	1.00	100%						
	Domain 1 Subtotal		7.00	7.00	100%	60%	30%	498,847	498,847		
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	40%	20%	332,565	332,565		
Domain 2	Domain 2 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-		
Domain 2 Subtotal		15.00	15.00	100%	40%	20%	332,565	332,565			
	Total	Complete	22.00	22.00	100%	100%	50%	831,412	831,412		

Total Project 2.b.iv AVs Awarded: 22 out of 22

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



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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 M	ilestones Pr	oject 2.b.iv				
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded	
	 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. 	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20	
	Enter Reviewer Comment						
	2. Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.			In Process	Pass & Ongoing	N/A	
	Enter Reviewer Comment						
	3. Ensure required social services participate in the project.			In Process	Pass & Ongoing	N/A	
	Enter Reviewer Comment						



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	4. Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20	
	Enter Revie	wer Commen	t				
	5. Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20	
	Enter Revie	wer Commen	t				
	6. Ensure that a 30-day transition of care period is established.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20	
	Enter Reviewer Comment						
	7. 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						
Total							

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



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Adult Access to Preventive or Ambulatory Care - 65 and older	Pass & Ongoing	0.3333333
Enter Reviewer Comment		
CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Pass & Ongoing	1
Enter Reviewer Comment		
Children's Access to Primary Care- 12 to 19 years	Pass & Ongoing	0.25
Enter Reviewer Comment		
Children's Access to Primary Care- 12 to 24 months	Pass & Ongoing	0.25
Enter Reviewer Comment		
Children's Access to Primary Care- 25 months to 6 years	Pass & Ongoing	0.25
Enter Reviewer Comment		
Children's Access to Primary Care- 7 to 11 years	Pass & Ongoing	0.25
Enter Reviewer Comment		
Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	0.5
Enter Reviewer Comment		
Helpful, Courteous, and Respectful Office Staff (Q24 and 25)	Pass & Ongoing	0.5



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



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

Bronx-Lebanon Hospital Center - 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	\$ 931,332
DY2 Q4 Payment Earned	\$ 743,275

	3.a.i Scoresheet													
Domain	Domain Component		AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)					
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%								
Domain 1	Project Implementation Speed	Complete	1.00	1.00	100%		30%	429,846	429,846					
	Patient Engagement Speed	Complete	lete 1.00 1.00 100%											
	Domain 1 Subtotal		7.00	7.00	100%	60%	30%	429,846	429,846					
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	9.9%	4.9%	71,641	71,641					
Domain 5	Domain 3 Pay for Performance	Complete	8.00	4.50	56%	30.1%	30.1%	429,846	241,788.12					
	Domain 3 Subtotal			6.50	65%	40%	35%	501,486	313,429					
Total Complete			17.00	13.50	79%	100%	65%	931,332	743,275					

Total Project 3.a.i AVs Awarded: 13.5 out of 17

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



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	Enter Reviewer Comment								
	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	1.00			
	Enter Revie	ewer Commen	t						
	Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1			
	Enter Reviewer Comment								
Total									

	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	N/A		
		Ent	ter 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							



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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	N/A	
		En	ter 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	
		En	ter Reviewer	Comment				
		5. Co-locate primary care services at behavioral health sites.			In Process	Pass & Ongoing	N/A	
		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						
3.a.i Model 2		7. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.			In Process	Pass & Ongoing	N/A	
		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	
		En	ter Reviewer	Comment				
		9. Implement IMPACT Model at Primary Care Sites.			In Process	Pass & Ongoing	N/A	



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		En	ter Reviewer	Comment			
	•	10. Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125
		En	ter Reviewer	Comment			
		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					
3.a.i Model 3		12. Designate a Psychiatrist meeting requirements of the IMPACT Model.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125
		Enter Reviewer Comment					
	•	13. Measure outcomes as required in the IMPACT Model.			In Process	Pass & Ongoing	N/A
		Enter Reviewer Comment					
		14. Provide "stepped care" as required by the IMPACT Model.			In Process	Pass & Ongoing	N/A
		Enter Reviewer Comment					
		15. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.125
		Enter Reviewer Comment					
Total 1							1



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

Bronx-Lebanon Hospital Center - Project 3.a.i

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AV Driving	Meas ure	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	Pass & Ongoing	0.5
	P4P Measure DY2Q4		
	Antidepressant Medication Management - Effective Continuation Phase Treatment	Fail	0
	P4P Measure DY2Q4		
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Fail	0
	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		



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

Bronx-Lebanon Hospital Center - Project 3.a.i

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



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

Bronx-Lebanon Hospital Center - Project 3.c.i

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

Payment Snapshot	
DY2 Q4 Payment Available	\$ 738,715
DY2 Q4 Payment Earned	\$ 397,770

			3.c.i Scores	neet					
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%	30%	340,945	340,945
Domain 1	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%	340,945	340,945
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	9.9%	4.9%	56,824	56,824
Domain 5	Domain 3 Pay for Performance (P4P)		1.00	0.00	0%	30.1%	30.1%	340,945	-
Domain 2 Subtotal			6.00	5.00	83%	40%	35%	397,770	56,824
Total Complete		13.00	12.00	92%	100%	65%	738,715	397,770	

Total Project 3.c.i AVs Awarded: 12 out of 13

Hide Reviewer Comments

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



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 PTIIIL						
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 3.c.i							
AV Driving	Project Requirement and Metric/Deliverable	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	1. Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.			Pass & Ongoing	N/A		
	Enter Reviewer Comment						
	2. Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	3/31/2017	Completed	Pass & Complete	0.25		
	Enter Reviewer Comment						
•	3. Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	3/31/2017	Completed	Pass & Complete	0.25		
	Enter Reviewer Comment						
	4. Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	3/31/2017	Completed	Pass & Complete	0.25		



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Enter Reviewer Comment					
5. Ensure coordination with the Medicaid Managed Care organizations serving the target population.			Pass & Ongoing	N/A	
Enter Reviewer Comment					
6. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	Completed	Pass & Complete	0.25	
Enter Reviewer Comment					
7. Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.			Pass & Ongoing	N/A	
Enter Reviewer Comment					
Total					

	Domain 3 Pay for Performance and Pay for Reporting					
AV Driving	Measure	Reviewer Status	AVs Awarded			
	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) ±	Pass & Ongoing	1			
	P4R Measure DY2Q4					
	Comprehensive Diabetes screening – All Four Tests (HbA1c, lipid profile, dilated eye exam, nephropathy monitor)	Pass & Ongoing	1			
	P4R Measure DY2Q4					
	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1			
	P4R Measure DY2Q4					



	Print Bronx-L	Lebanon Hospital Center -	Project 3.c.i		
	Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1		
	P4R Measure DY2Q4				
	Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.3333333		
	P4R Measure DY2Q4				
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333		
	P4R Measure DY2Q4				
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333		
	P4R Measure DY2Q4				
	Prevention Quality Indicator # 1 (DM Short term complication) ±	Fail	0		
	P4P Measure DY2Q4				
Total					



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

Bronx-Lebanon Hospital Center - Project 3.d.ii

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

Payment Snapshot	
DY2 Q4 Payment Available	\$ 790,637
DY2 Q4 Payment Earned	\$

	3.d.ii Scoresheet								
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%			364,909	364,909
Domain 1	Project Implementation Speed	Complete	1.00	1.00	100%	60%	30%		
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		7.00	7.00	100%	60%	30%	364,909	364,909
Domain 3	Domain 3 Pay for Reporting (P4R)	Commiste	4.00	4.00	100%	9.9%	4.9%	60,818	60,818
Domain 5	Domain 3 Pay for Performance (P4P)	Complete	4.00	2.50	63%	30.1%	30.1%	364,909	228,068
	Domain 2 Subtotal			6.50	81%	40%	35%	425,727	288,886
	Total	Complete	15.00	13.50	90%	100%	65%	790,637	653,796

Total Project 3.d.ii AVs Awarded: 13.5 out of 15

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Domain 1 Project Milestones Project 3.d.ii							
AV Driving	V Driving Project Requirement and Metric/Deliverable		Committed Milestone Reviewer 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		
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1		
Enter Reviewer Comment							
Total							

	Domain 1 Project Prescribed Milestones Project 3.d.ii							
AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded		
	 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up. 			In Process	Pass & Ongoing	N/A		
	Enter Reviewer Comment							
	2. Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20		
	Enter Reviewer Comment							
	3. Develop and implement evidence-based asthma management guidelines.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20		
	Enter Reviewer Comment							



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4. Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20	
Enter Revie	wer Commen	t				
5. Ensure coordinated care for asthma patients includes social services and support.			In Process	Pass & Ongoing	N/A	
Enter Revie	wer Commen	rt				
6. Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20	
Enter Reviewer Comment						
7. Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.			In Process	Pass & Ongoing	N/A	
Enter Revie	wer Commen	t				
8. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.20	
Enter Reviewer Comment						
Total					1.00	

	Domain 3 Pay for Performance and Pay for Reporting						
AV Dri ving	Measure	Reviewer Status	AVs Awarded				



Print Bronx-Le	ebanon Hospital Center - F	Project 3.d.ii
Asthma Medication Ratio (5 – 64 Years)	Fail	0
P4P Measure DY2Q4		
Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Pass & Ongoing	0.5
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 ±	Pass & Ongoing	1
P4P Measure DY2Q4		
Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1
P4R Measure DY2Q4		



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

Bronx-Lebanon Hospital Center - Project 3.f.i

	Project Snapshot						
Project Domain Clinical Improvement Projects (Domain 3)							
Project ID 3.f.i							
Project Title	Increase support programs for maternal and child health (including high risk pregnancies)						

Payment Snapshot	
DY2 Q4 Payment Available	\$ 815,331
DY2 Q4 Payment Earned	\$ 812,169

	3.f.i Scoresheet								
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%	60%		376,307	
Domain 1	Project Implementation Speed	Complete	1.00	0.94	94%		30%		373,145
	Patient Engagement Speed	Complete	1.00	1.00	100%				
	Domain 1 Subtotal		7.00	6.94	99%	60%	30%	376,307	373,145
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	6.00	6.00	100%	9.9%	4.9%	62,718	62,718
Domain 5	Domain 3 Pay for Performance	Complete	1.00	1.00	100%	30.1%	30.1%	376,307	376,307
	Domain 3 Subtotal			7.00	100%	40%	35%	439,025	439,025
	Total	Complete	14.00	13.94	100%	100%	65%	815,331	812,169

Total Project 3.f.i AVs Awarded: 13.94 out of 14

Hide Reviewer Comments

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



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Enter Reviewer Comment										
Module 2 - Project Implementation Speed	Ongoing	N/A	Completed	Pass & Complete	0.94					
Enter Revie	ewer Commen	t								
Module 3 - Patient Engagement Speed	Ongoing	N/A	In Process	Pass & Ongoing	1					
Enter Reviewer Comment										
Total					1.94					

Domain 1 Project Prescribed Milestones Project 3.f.i Models 1, 2 and 3										
✓ 3.f.i Model 1 ✓ 3.f.i Model 2 ✓ 3.f.i Model 3										
Model	AV Driving	Project Requirement and Metric/Deliverable	Project Requirement and Metric/Deliverable Required Due Date Due Date Status Reviewer Status							
		Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high-risk mothers including high-risk first time mothers.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
		En	ter Reviewer	Comment						
		2. Develop a referral system for early identification of women who are or may be at high-risk.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
3.f.i Model 1		En	ter Reviewer	Comment						
S.I.I WIOUEI I	•	3. Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.	3/31/2017	3/31/2017	Completed	Fail	0			
		En	ter Reviewer	Comment			_			



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		4. Use EHRs or other IT platforms to track all patients engaged in this project.		3/31/2017	Completed	Pass & Complete	0.058			
		Ent	ter Reviewer	Comment						
		5. Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
		Enter Reviewer Comment								
		6. Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
		Enter Reviewer Comment								
		7. Develop service MOUs between multidisciplinary team and OB/GYN providers.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
		Enter Reviewer Comment								
3.f.i Model 2		8. Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
5.1.1 Model 2		Ent	ter Reviewer	Comment						



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•	9. Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
	En	ter Reviewer	Comment						
•	10. Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
	Enter Reviewer Comment								
	11. Use EHRs or other IT platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
	Enter Reviewer Comment								
	the model of the Maternal and Infant Community Health Collaboratives (MICHC) program: access NYSDOH-funded CHW	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
	Enter Reviewer Comment								
•	13. Employ a Community Health Worker Coordinator responsible for supervision of 4 – 6 community health workers. Duties and qualifications are per NYS DOH criteria.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
		ter Reviewer	Comment						
	Workers who meet criteria such as cultural competence,	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			



	Print				Bronx-L	ebanon Hospitai Center -	ргојест 3.ј.т			
3.f.i Model 3		Ent	Enter Reviewer Comment							
		15. Establish protocols for deployment of CHW.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
		Enter Reviewer Comment								
		16. Coordinate with the Medicaid Managed Care organizations serving the target population.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
		Enter Reviewer Comment								
		17. Use EHRs or other IT platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	0.058			
		Ent	Enter Reviewer Comment							
		Total					0.94			

	Domain 3 Pay for Performance and Pay for Reporting								
AV Driving	Measure	Reviewer Status	AVs Awarded						
	Childhood Immunization Status (Combination 3 – 4313314)	Pass & Ongoing	1						
	P4R Measure DY2Q4								
	Early Elective Deliveries ±	Pass & Ongoing	1						
	P4R Measure DY2Q4								
	Frequency of Ongoing Prenatal Care (81% or more)	Pass & Ongoing	1						
	P4R Measure DY2Q4								



Achievement Value (AV) Scorecard DY2, Q4 January 1, 2017 - March 31, 2017 (Payment Quarter) Bronx-Lebanon Hospital Center - Project 3.f.i

Print Lead Screening in Children Pass & Ongoing 1 P4R Measure DY2Q4 Pass & Ongoing Prenatal and Postpartum Care - Postpartum Visits 0.5 P4R Measure DY2Q4 Prenatal and Postpartum Care - Timeliness of Prenatal Care Pass & Ongoing 0.5 P4R Measure DY2Q4 Prevention Quality Indicator # 9 Low Birth Weight ± Pass & Ongoing 1 P4P Measure DY2Q4 Well Care Visits in the first 15 months (5 or more Visits) Pass & Ongoing 1 P4R Measure DY2Q4 Total 7



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

Bronx-Lebanon Hospital Center - Project 4.a.iii

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

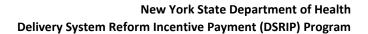
Payment Snapshot	
DY2 Q4 Payment Available	\$ 435,686
DY2 Q4 Payment Earned	\$ 435,686

	4.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 Organizational	Complete	5.00	5.00	100%	60%							
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%		30%	261,412	261,412				
	Patient Engagement Speed	N/A	0.00	0.00	0%								
	Domain 1 Subtotal		5.00	5.00	100%	60%	30%	261,412	261,412				
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	40%	20%	174,274	174,274				
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-				
Domain 4 Subtotal			11.00	11.00	100%	40%	20%	174,274	174,274				
Total Complete			16.00	16.00	100%	100%	50%	435,686	435,686				

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

Hide Reviewer Comments

	Domain 4 Pay for Performance and Pay for Reporting Project 4.a.iii (all Milestones are P4R in DY2)							
AV Driving	Measure	Reviewer Status	AVs Awarded					
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1					





Print Bronx-Le	banon Hospital Center - P	Project 4.a.iii
Enter Reviewer Comment		
Age-adjusted suicide death rate per 100,000	Pass & Ongoing	1
Enter Reviewer Comment		
Percentage of adults with health insurance - Aged 18- 64 years	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 adult binge drinking during the past month	Pass & Ongoing	1
Enter Reviewer Comment		
Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	Pass & Ongoing	1
Enter Reviewer Comment		



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

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

Bronx-Lebanon Hospital Center - Project 4.a.iii

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	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	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	
	Enter Reviewer Comment			
Total				



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

Bronx-Lebanon Hospital Center - Project 4.c.ii

Project Snapshot					
Project Domain Domain 4: Population-wide Projects: New York's					
Project ID	4.c.ii				
Project Title	Increase early access to, and retention in, HIV care				

Payment Snapshot	
DY2 Q4 Payment Available	\$ 413,695
DY2 Q4 Payment Earned	\$ 413,695

	4.c.ii Scoresheet								
Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY2)	Domain Funding % (DY2, Q4)	Payment Available (\$)	Net Payment Earned (\$)
	Domain 1 Organizational	Complete	5.00	5.00	100%				
Domain 1	Project Implementation Speed	N/A	0.00	0.00	0%	60%	30%	248,217	248,217
	Patient Engagement Speed	N/A	0.00	0.00	0%				
	Domain 1 Subtotal			5.00	100%	60%	30%	248,217	248,217
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	40%	20%	165,478	165,478
Domain 4	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 4 Subtotal		11.00	11.00	100%	40%	20%	165,478	165,478	
	Total	Complete	16.00	16.00	100%	100%	50%	413,695	413,695

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

Hide Reviewer Comments

Domain 4 Pay for Performance and Pay for Reporting Project 4.c.ii (all Milestones are P4R in DY2)					
AV Driving	Measure	Reviewer Status	AVs Awarded		
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1		



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Enter Reviewer Comment		
Newly diagnosed HIV case rate per 100,000	Pass & Ongoing	1
Enter Reviewer Comment		
Newly diagnosed HIV case rate per 100,000—Difference in rates (Black and White) of new HIV diagnoses	Pass & Ongoing	1
Enter Reviewer Comment		
Newly diagnosed HIV case rate per 100,000—Difference in rates (Hispanic and White) of new HIV diagnoses	Pass & Ongoing	1
Enter Reviewer Comment		
Percentage of adults with health insurance - Aged 18- 64 years	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		



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

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	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	
	Enter Reviewer Comment			
Total				