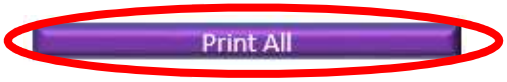
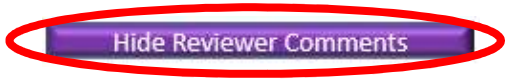
New York State Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program

Achievement Value (AV) Scorecard
The New York Presbyterian Hospital of Queens

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

Functionality		
Step	**Description/Link**	**Image**
1. Print	All tabs include a print button in the upper left hand corner. The AV Scorecard Overview tab also includes a "Print All" button which will print all relevany reports.	
2. Access Detailed Project Reports and return to AV Scorecard Overview	The AV Scorecard Overview tab is the landing page from which detailed project reports can be viewed. From the AV Scorecard Overview" click the relevant project button to access the project tab. From the project tab click "Save and Return" to access the AV Scorecard Overview	
3. Show or Hide reviewer comments	Each project tab includes a Show/Hide Reviewer Comments button on the left hand side of the screen. Click "Show Reviewer Comments" to show comments and "Hide Reviewer Comments" to hide comments.	

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Print Summary

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Achievement Value (AV) Scorecard
The New York Presbyterian Hospital of Queens

PPS Information	
Quarter	DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
PPS	The New York Presbyterian Hospital of Queens
PPS Number	40

Achievement Value (AV) Scorecard Summary

Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data	
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	DY4, Q2 Payment Available	DY4, Q2 Payment Earned
Domain I - Organizational (All Projects)	5.00	4.00	0.00	4.00	*Organizational funds are embedded within each project's payment*	
2.a.ii	29.00	21.50	0.00	21.50	$ 158,109	$ 60,345
2.b.v	29.00	21.50	0.00	21.50	$ 196,969	$ 75,176
2.b.vii	29.00	21.50	0.00	21.50	$ 177,097	$ 67,592
2.b.viii	29.00	21.50	0.00	21.50	$ 184,568	$ 70,444
3.a.i	15.00	8.00	0.00	8.00	$ 159,379	$ 69,064
3.b.i	14.00	12.00	0.00	12.00	$ 35,741	$ 27,799
3.d.ii	12.00	9.00	0.00	9.00	$ 128,707	$ 75,079
3.g.ii	11.00	10.00	0.00	10.00	$ 33,935	$ 30,165
4.c.ii	16.00	15.00	0.00	15.00	$ 86,374	$ 82,919
AV Adjustments (Column F)						
Total	**184.00**	**140.00**	**0.00**	**140.00**	**$ 1,160,879**	**$ 558,583**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment
The New York Presbyterian Hospital of Queens - 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	0.00	0.00	0.00	0%
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**	**4.00**	**0.00**	**4.00**	**80%**

Net Organizational AVs Awarded: 4 out of 5

Hide Reviewer Comments

Workforce Strategy							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Workforce Strategy Budget Updates							
		Workforce Strategy Spending (Baseline)	Ongoing	N/A	Completed	Pass & Complete	

Additional Workforce Strategy Budget Updates (non AV-driving)		1. Define target workforce state (in line with DSRIP program's goals)	N/A	N/A	In Process	Pass & Ongoing	1
		2. Create a workforce transition roadmap for achieving defined target workforce	12/31/2016	N/A	Completed	Pass & Complete	
		3. Perform detailed gap analysis between current state assessment of workforce and projected future state	3/31/2017	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	6/30/2016	N/A	Completed	Pass & Complete	
		5. Develop training strategy	9/30/2016	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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Additional Workforce Strategy Topic Areas		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	N/A
		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**
Quarterly Project Reports, Project		Module 1.1 - PPS Budget Report (Baseline)	Ongoing	N/A	Completed	Pass & Complete	1
		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	

Budget and Flow of Funds							
		Module 1.4 - PPS Flow of Funds (Quarterly)	Ongoing	N/A	In Process	Pass & Ongoing	
		Quarterly Progress Reports	N/A	N/A	In Process	Pass & Ongoing	
Total							**1**

Section 02 - Governance							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Governance Structure Updates		1. Finalize governance structure and sub-committee structure	9/30/2015	N/A	Completed	Pass & Complete	1
		2. Establish a clinical governance structure, including clinical quality committees for each DSRIP project	12/31/2015	N/A	Completed	Pass & Complete	
		3. Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	N/A	Completed	Pass & Complete	
Governance Process Update		4. Establish governance structure reporting and monitoring processes	12/31/2015	N/A	Completed	Pass & Complete	

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

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Additional Governance Topic Areas							N/A
		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 03 - Financial Sustainability							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Financial Stability Update		1. Finalize PPS finance structure, including reporting structure	9/30/2015	N/A	Completed	Pass & Complete	
		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	

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	●	4. Develop a Value Based Needs Assessment "VNA"	3/31/2017	N/A	Completed	Pass & Complete	0
	●	5. Develop an implementation plan geared towards addressing the needs identified within your VNA	12/31/2016	12/31/2016	Not Started	Pass & Ongoing	
Additional PPS Transition to Value Based Payment System	●	6. Develop partner engagement schedule for partners for VBP education and	TBD	N/A	N/A	N/A	
	●	7. MLTC VBP Education Series	9/30/2018	9/30/2018	Completed	Pass & Complete	
	●	8. Engage an MCO for a VBP Quality Based Contract	9/30/2018	9/30/2018	Completed	Fail	
		The PPS did not submit evidence of an executed agreement.					
	●	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 Financial Stability Topic Areas							N/A
		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 04 - Cultural Competency & Health Literacy							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Cultural Competency /Health Literacy		1. Finalize cultural competency / health literacy strategy.	12/31/2015	N/A	Completed	Pass & Complete	1
		2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	6/30/2016	N/A	Completed	Pass & Complete	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	

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

Section 05 - IT Systems and Processes							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
	●	1. Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	3/31/2016	N/A	Complete	Pass & Complete	

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IT Systems and Processes		2. Develop an IT Change Management Strategy.	N/A	N/A	In Process	Pass & Ongoing	N/A
		3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	N/A	N/A	In Process	Pass & Ongoing	
		4. Develop a specific plan for engaging attributed members in Qualifying Entities	6/30/2016	N/A	Complete	Pass & Complete	
		5. Develop a data security and confidentiality plan.	6/30/2016	N/A	Complete	Pass & Complete	
Additional IT Systems and Processes 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	

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	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**0**

Section 06 - Performance Reporting							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Performance Reporting	●	1. Establish reporting structure for PPS-wide performance reporting and communication.	6/30/2016	N/A	Completed	Pass & Complete	N/A
	●	2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	6/30/2016	N/A	Completed	Pass & Complete	N/A
Additional Performanc	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	

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e Reporting Topic Areas		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	N/A
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**0**

Section 07 - Practitioner Engagement							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Practitioner Engagement		1. Develop Practitioners communication and engagement plan.	3/31/2017	N/A	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.	12/31/2016	N/A	Completed	Pass & Complete	
		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	

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

Section 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.	9/30/2016	N/A	Complete	Pass & Complete	N/A
	●	2. Finalize PPS-wide bed reduction plan.	12/31/2016	N/A	Complete	Pass & Complete	N/A

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Additional Population Health Topic Areas	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	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	●	1. Perform a clinical integration 'needs assessment'.	3/31/2016	N/A	Completed	Pass & Complete	N/A

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Integration		2. Develop a Clinical Integration strategy.	N/A	N/A	In Process	Pass & Ongoing	N/A
Additional Clinical Integration 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**

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The New York Presbyterian Hospital of Queens AV Adjus

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	9.00	45.00	36.00	80%	0.00	36.00	80%
Project Adjustments (applied to one project only)	Various	9.00	139.00	104.00	75%	0.00	104.00	75%
Total			**184.00**	**140.00**	**76%**	**0.00**	**140.00**	**76%**

Hide Reviewer Comments

☐ Organizational ☐ Project Adjustments

No AV Adjustments	
	Please note that there are no AV adjustments for The New York Presbyterian Hospital of Queens in DY2, Q1

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.a.ii

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

Payment Snapshot		
DY4, Q2 Payment Available	$	158,109
DY4, Q2 Payment Earned	$	60,345

2.a.ii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	20%	20%	31,622	26,352
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**20%**	**31,622**	**26,352**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	8%	8%	12,649	12,649
	Domain 2 Pay for Performance (P4P)	Complete	8.00	1.50	19%	72%	72%	113,839	21,345
Domain 2 Subtotal			**23.00**	**16.50**	**72%**	**80%**	**80%**	**126,487**	**33,994**
Total		**Complete**	**29.00**	**21.50**	**74%**	**100%**	**100%**	**158,109**	**60,345**

Total Project 2.a.ii AVs Awarded: 21.5 out of 29

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Domain 1 Project Milestones - Project 2.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
	Enter Reviewer Comment					

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The New York Presbyterian Hospital of Queens - Project 2.a.ii

●	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00
	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.a.ii						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
●	1. Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	2. Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	3. Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	4. Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					

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The New York Presbyterian Hospital of Queens - Project 2.a.ii

●	5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	3/31/2018	3/31/2018	Completed	Pass & Complete	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.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	7. Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	8. Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	9. Implement open access scheduling in all primary care practices.	3/31/2018	3/31/2018	Completed	Fail	N/A
	Enter Reviewer Comment					
Total						**0.00**

3

Domain 2 Pay for Reporting - Project 2.a.ii			
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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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.a.ii

	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	1
	Enter Reviewer Comment		
	H-CAHPS – Care Transition Metrics	Pass & Ongoing	1

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.a.ii

	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
	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		

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.a.ii

●	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**

Domain 2 Pay for Performance - Project 2.a.ii			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Fail	0
	Enter Reviewer Comment		
●	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Fail	0
	Enter Reviewer Comment		
●	Adult Access to Preventive or Ambulatory Care - 65 and older	Fail	0
	Enter Reviewer Comment		
●	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Fail	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 19 years	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 24 months	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 25 months to 6 years	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 7 to 11 years	*Please Select*	0
	Enter Reviewer Comment		

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The New York Presbyterian Hospital of Queens - Project 2.a.ii

●	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
●	H-CAHPS – Care Transition Metrics	Fail	0
	Enter Reviewer Comment		
●	Potentially Avoidable Emergency Room Visits	*Please Select*	0
	Enter Reviewer Comment		
●	Potentially Avoidable Readmissions	Fail	0
	Enter Reviewer Comment		
●	Primary Care - Length of Relationship - Q3	Fail	0
	Enter Reviewer Comment		
●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
Total			**1.50**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.v

Project Snapshot	
Project Domain	System Transformation Projects (Domain 2)
Project ID	2.b.v
Project Title	Care transitions intervention for skilled nursing facility (SNF) residents

Payment Snapshot		
DY4, Q2 Payment Available	$	196,969
DY4, Q2 Payment Earned	$	75,176

2.b.v Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	20%	20%	39,394	32,828
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**20%**	**39,394**	**32,828**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	8%	8%	15,757	15,757
	Domain 2 Pay for Performance (P4P)	Complete	8.00	1.50	19%	72%	72%	141,817	26,591
Domain 2 Subtotal			**23.00**	**16.50**	**72%**	**80%**	**80%**	**157,575**	**42,348**
Total		**Complete**	**29.00**	**21.50**	**74%**	**100%**	**100%**	**196,969**	**75,176**

Total Project 2.b.v AVs Awarded: 21.5 out of 29

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Domain 1 Project Milestones - Project 2.b.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
	Enter Reviewer Comment					

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.v

	Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	Completed	Pass & Complete	0.00
	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.v						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	1. Partner with associated SNFs to develop a standardized protocol to assist with resolution of the identified issues.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	2. Engage with the Medicaid Managed Care Organizations and Managed Long Term Care or FIDA Plans associated with their identified population to develop transition of care protocols, ensure covered services including DME will be readily available, and that there is a payment strategy for the transition of care services.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	3. Develop transition of care protocols that will include timely notification of planned discharges and the ability of the SNF staff to visit the patient and staff in the hospital to develop the transition of care services. Ensure that all relevant protocols allow patients in end-of-life situations to transition home with all appropriate services.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	4. Establish protocols for standardized care record transitions to the SNF staff and medical personnel.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A

	Enter Reviewer Comment					
	5. Ensure all participating hospitals and SNFs have shared EHR system capability and HIE/RHIO/SHIN-NY access for electronic transition of medical records by the end of DSRIP Year 3.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	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	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 2 Pay for Reporting - Project 2.b.v			
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
	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	1
	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
●	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**

Domain 2 Pay for Performance - Project 2.b.v			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Fail	0
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Fail	0
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 65 and older	Fail	0
	Enter Reviewer Comment		
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 19 years	*Please Select*	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	*Please Select*	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	*Please Select*	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 7 to 11 years	*Please Select*	0
	Enter Reviewer Comment		
	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
	H-CAHPS – Care Transition Metrics	Fail	0
	Enter Reviewer Comment		
	Potentially Avoidable Emergency Room Visits	*Please Select*	0

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.v

	Enter Reviewer Comment		
	Potentially Avoidable Readmissions	Fail	0
	Enter Reviewer Comment		
	Primary Care - Length of Relationship - Q3	Fail	0
	Enter Reviewer Comment		
	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
Total			**1.50**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.vii

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

Payment Snapshot		
DY4, Q2 Payment Available	$	177,097
DY4, Q2 Payment Earned	$	67,592

2.b.vii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	20%	20%	35,419	29,516
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**20%**	**35,419**	**29,516**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	8%	8%	14,168	14,168
	Domain 2 Pay for Performance (P4P)	Complete	8.00	1.50	19%	72%	72%	127,510	23,908
Domain 2 Subtotal			**23.00**	**16.50**	**72%**	**80%**	**80%**	**141,677**	**38,076**
Total		**Complete**	**29.00**	**21.50**	**74%**	**100%**	**100%**	**177,097**	**67,592**

Total Project 2.b.vii AVs Awarded: 21.5 out of 29

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Domain 1 Project Milestones - Project 2.b.vii

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

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.vii

●	Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	Completed	Pass & Complete	0.00
	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.vii						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
●	1. Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	3/31/2017	3/31/2017	Completed	Fail	N/A
	Enter Reviewer Comment					
●	2. Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	3. Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	4. Educate all staff on care pathways and INTERACT principles.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					

●	5. Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	6. Create coaching program to facilitate and support implementation.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	7. Educate patient and family/caretakers, to facilitate participation in planning of care.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	8. Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	9. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	3/31/2017	3/31/2017	Completed	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 & Complete	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 2 Pay for Reporting - Project 2.b.vii			
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
	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	1

	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
	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

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The New York Presbyterian Hospital of Queens - Project 2.b.vii

	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**

Domain 2 Pay for Performance - Project 2.b.vii			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Fail	0
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Fail	0
	Enter Reviewer Comment		
	Adult Access to Preventive or Ambulatory Care - 65 and older	Fail	0
	Enter Reviewer Comment		
	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Fail	0
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.vii

●	Children's Access to Primary Care- 12 to 19 years	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 24 months	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 25 months to 6 years	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 7 to 11 years	*Please Select*	0
	Enter Reviewer Comment		
●	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
●	H-CAHPS – Care Transition Metrics	Fail	0
	Enter Reviewer Comment		
●	Potentially Avoidable Emergency Room Visits	*Please Select*	0
	Enter Reviewer Comment		
●	Potentially Avoidable Readmissions	Fail	0
	Enter Reviewer Comment		
●	Primary Care - Length of Relationship - Q3	Fail	0
	Enter Reviewer Comment		
●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
Total			**1.50**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.viii

Project Snapshot	
Project Domain	System Transformation Projects (Domain 2)
Project ID	2.b.viii
Project Title	Hospital-Home Care Collaboration Solutions

Payment Snapshot		
DY4, Q2 Payment Available	$	184,568
DY4, Q2 Payment Earned	$	70,444

2.b.viii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	20%	20%	36,914	30,761
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**20%**	**36,914**	**30,761**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	8%	8%	14,765	14,765
	Domain 2 Pay for Performance (P4P)	Complete	8.00	1.50	19%	72%	72%	132,889	24,917
Domain 2 Subtotal			**23.00**	**16.50**	**72%**	**80%**	**80%**	**147,655**	**39,682**
Total		**Complete**	**29.00**	**21.50**	**74%**	**100%**	**100%**	**184,568**	**70,444**

Total Project 2.b.viii AVs Awarded: 21.5 out of 29

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Domain 1 Project Milestones - Project 2.b.viii

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

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 2.b.viii

	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00
	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.viii						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	1. Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	2. Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
	Enter Reviewer Comment					
	3. Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
	Enter Reviewer Comment					
	4. Educate all staff on care pathways and INTERACT-like principles.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A

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The New York Presbyterian Hospital of Queens - Project 2.b.viii

	Enter Reviewer Comment					
	5. Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
	Enter Reviewer Comment					
	6. Create coaching program to facilitate and support implementation.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
	Enter Reviewer Comment					
	7. Educate patient and family/caretakers, to facilitate participation in planning of care.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
	Enter Reviewer Comment					
	8. Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	3/31/2018	3/31/2018	Completed	Fail	N/A
	Enter Reviewer Comment					
	9. Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	10. Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	11. Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A

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	Enter Reviewer Comment					
●	12. Use EHRs and other technical platforms to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 2 Pay for Reporting - Project 2.b.viii			
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	1
	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		

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	Percent of PCP meeting PCMH (NCQA) or Advance Primary Care (SHIP) standards	Pass & Ongoing	1
	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1
	Enter Reviewer Comment		
	Potentially Avoidable Emergency Room Visits	Pass & Ongoing	1
	Enter Reviewer Comment		
	Potentially Avoidable Readmissions	Pass & Ongoing	1
	Enter Reviewer Comment		
	PQI 90 – Composite of all measures +/-	Pass & Ongoing	1
	Enter Reviewer Comment		
	Primary Care - Length of Relationship - Q3	Pass & Ongoing	0.5
	Enter Reviewer Comment		
	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
Total			**15.00**

Domain 2 Pay for Performance - Project 2.b.viii			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**

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●	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Fail	0
	Enter Reviewer Comment		
●	Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Fail	0
	Enter Reviewer Comment		
●	Adult Access to Preventive or Ambulatory Care - 65 and older	Fail	0
	Enter Reviewer Comment		
●	CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	Fail	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 19 years	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 24 months	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 25 months to 6 years	*Please Select*	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 7 to 11 years	*Please Select*	0
	Enter Reviewer Comment		
●	Getting Timely Appointments, Care and information (Q6, 8, 10, and 12)	Pass & Ongoing	1
	Enter Reviewer Comment		
●	H-CAHPS – Care Transition Metrics	Fail	0
	Enter Reviewer Comment		
●	Potentially Avoidable Emergency Room Visits	*Please Select*	0
	Enter Reviewer Comment		
●	Potentially Avoidable Readmissions	Fail	0
	Enter Reviewer Comment		
●	Primary Care - Length of Relationship - Q3	Fail	0
	Enter Reviewer Comment		
●	Primary Care - Usual Source of Care - Q2	Pass & Ongoing	0.5
	Enter Reviewer Comment		
Total			**1.50**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - 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		
DY4, Q2 Payment Available	$	159,379
DY4, Q2 Payment Earned	$	69,064

3.a.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	20%	20%	31,876	21,250
	Project Implementation Speed	N/A	0.00	0.00	100%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**4.00**	**67%**	**20%**	**20%**	**31,876**	**21,250**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	10%	10%	15,938	15,938
	Domain 3 Pay for Performance		7.00	2.00	29%	70%	70%	111,565	31,876
Domain 3 Subtotal			**9.00**	**4.00**	**44%**	**80%**	**80%**	**127,503**	**47,814**
Total		**Complete**	**15.00**	**8.00**	**53%**	**100%**	**100%**	**159,379**	**69,064**

Total Project 3.a.i AVs Awarded: 8 out of 15

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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
	Enter Reviewer Comment					

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	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00
	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
3.a.i Model 1		1. Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	3/31/2018	3/31/2018	Completed	Fail	N/A
		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	N/A
		Enter Reviewer Comment					
		3. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	3/31/2019	3/31/2019	In Process	Pass & Ongoing	N/A
		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	N/A

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The New York Presbyterian Hospital of Queens - Project 3.a.i

		Enter Reviewer Comment					
3.a.i Model 2		5. Co-locate primary care services at behavioral health sites.	3/31/2019	3/31/2019	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	N/A
		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.	3/31/2019	3/31/2019	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	N/A
		Enter Reviewer Comment					
Total							**0.00**

Domain 3 Pay for Reporting			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	Pass & Ongoing	0.5
	P4R Measure DY4, Q2		
	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5
	P4R Measure DY4, Q2		

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	Screening for Clinical Depression and follow-up	Pass & Ongoing	1
	P4R Measure DY4, Q2		
Total			**2.00**

Domain 3 Pay for Performance			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Adherence to Antipsychotic Medications for People with Schizophrenia	Pass & Ongoing	1
	P4P Measure DY4, Q2		
	Antidepressant Medication Management - Effective Acute Phase Treatment	Fail	0
	P4P Measure DY4, Q2		
	Antidepressant Medication Management - Effective Continuation Phase Treatment	Fail	0
	P4P Measure DY4, Q2		
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	N/A	N/A
	P4P Measure DY4, Q2		
	Diabetes Monitoring for People with Diabetes and Schizophrenia	Fail	0
	P4P Measure DY4, Q2		
	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	Fail	0
	P4P Measure DY4, Q2		
	Follow-up after hospitalization for Mental Illness - within 30 days	Fail	0
	P4P Measure DY4, Q2		
	Follow-up after hospitalization for Mental Illness - within 7 days	Fail	0
	P4P Measure DY4, Q2		
	Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Pass & Ongoing	0.5
	P4P Measure DY4, Q2		
	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Pass & Ongoing	0.5
	P4P Measure DY4, Q2		
	Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	*Please Select*	0
	P4P Measure DY4, Q2		
Total			**2.00**

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The New York Presbyterian Hospital of Queens - 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		
DY4, Q2 Payment Available	$	35,741
DY4, Q2 Payment Earned	$	27,799

3.b.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	20%	67%	23,828	15,885
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**4.00**	**67%**	**20%**	**67%**	**23,828**	**15,885**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	8.00	8.00	100%	10%	33%	11,914	11,914
	Domain 3 Pay for Performance (P4P)		0.00	0.00	N/A	70%	0%	-	-
Domain 3 Subtotal			**8.00**	**8.00**	**100%**	**80%**	**33%**	**11,914**	**11,914**
Total		**Complete**	**14.00**	**12.00**	**86%**	**100%**	**100%**	**35,741**	**27,799**

Total Project 3.b.i AVs Awarded: 12 out of 14

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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
	Enter Reviewer Comment					

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The New York Presbyterian Hospital of Queens - Project 3.b.i

●	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00
	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.	3/31/2018	3/31/2018	Completed	Pass & Complete	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.	3/31/2018	3/31/2018	Completed	Fail	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.	3/31/2018	3/31/2018	Completed	Fail	N/A
	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	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).	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	6. Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	3/31/2017	3/31/2017	Completed	Pass & Complete	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.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	8. Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	9. Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	3/31/2017	3/31/2017	Completed	Pass & Complete	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.	3/31/2018	3/31/2018	Completed	Fail	N/A
	Enter Reviewer Comment					
●	11. 'Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	12. Document patient driven self-management goals in the medical record and review with patients at each visit.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A

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	Enter Reviewer Comment					
	13. Follow up with referrals to community based programs to document participation and behavioral and health status changes.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	14. Develop and implement protocols for home blood pressure monitoring with follow up support.	3/31/2017	3/31/2017	Completed	Pass & Complete	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.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	16. Facilitate referrals to NYS Smoker's Quitline.	3/31/2017	3/31/2017	Completed	Pass & Complete	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	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	18. Adopt strategies from the Million Hearts Campaign.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A
	Enter Reviewer Comment					
	19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	3/31/2018	3/31/2018	Completed	Fail	N/A
	Enter Reviewer Comment					
	20. Engage a majority (at least 80%) of primary care providers in this project.	3/31/2017	3/31/2017	Completed	Pass & Ongoing	N/A

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The New York Presbyterian Hospital of Queens - Project 3.b.i

	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 DY4, Q2		
	Discussion of Risks and Benefits of Aspirin Use	Pass & Ongoing	0.5
	P4R Measure DY4, Q2		
	Controlling High Blood Pressure	Pass & Ongoing	1
	P4R Measure DY4, Q2		
	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1
	P4R Measure DY4, Q2		
	Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1
	P4R Measure DY4, Q2		
	Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.3333333
	P4R Measure DY4, Q2		
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333

	P4R Measure DY4, Q2		
	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333
	P4R Measure DY4, Q2		
	Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy	Pass & Ongoing	0.5
	P4R Measure DY4, Q2		
	Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%	Pass & Ongoing	0.5
	P4R Measure DY4, Q2		
	Prevention Quality Indicator # 8 (Heart Failure) ±	Pass & Ongoing	1
	P4R Measure in DY4, Q2		
	Prevention Quality Indicator # 7 (HTN) ±	Pass & Ongoing	1
	P4R Measure DY4, Q2		
Total			**8.00**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - 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		
DY4, Q2 Payment Available	$	128,707
DY4, Q2 Payment Earned	$	75,079

3.d.ii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	20%	20%	25,741	17,161
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**4.00**	**67%**	**20%**	**20%**	**25,741**	**17,161**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	10%	10%	12,871	12,871
	Domain 3 Pay for Performance (P4P)		2.00	1.00	50%	70%	70%	90,095	45,047
Domain 3 Subtotal			**6.00**	**5.00**	**83%**	**80%**	**80%**	**102,965**	**57,918**
Total		**Complete**	**12.00**	**9.00**	**75%**	**100%**	**100%**	**128,707**	**75,079**

Total Project 3.d.ii AVs Awarded: 9 out of 12

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Domain 1 Project Milestones - Project 3.d.ii

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

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The New York Presbyterian Hospital of Queens - Project 3.d.ii

	Module 2 - Project Implementation Speed	3/31/2017	3/31/2017	Completed	Pass & Ongoing	0.00
	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.ii						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	1. Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	3/31/2018	3/31/2018	Completed	Pass & Complete	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 to asthma	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	3. Develop and implement evidence-based asthma management guidelines.	3/31/2017	3/31/2017	Completed	Fail	N/A
	Enter Reviewer Comment					
	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	N/A

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.d.ii

	Enter Reviewer Comment					
●	5. Ensure coordinated care for asthma patients includes social services and support.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	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	N/A
	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.	3/31/2018	3/31/2018	Completed	Fail	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	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 3 Pay for Reporting			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1
	P4R Measure DY4, Q2		
●	Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Pass & Ongoing	0.5
	P4R Measure DY4, Q2		
●	Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Pass & Ongoing	0.5

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.d.ii

	P4R Measure DY4, Q2		
	Pediatric Quality Indicator # 14 Pediatric Asthma ±	Pass & Ongoing	1
	P4R Measure DY4, Q2		
	Prevention Quality Indicator # 15 Younger Adult Asthma ±	Pass & Ongoing	1
	P4R Measure DY4, Q2		
Total			**4.00**

Domain 3 Pay for Performance			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1
	P4P Measure DY4, Q2		
	Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Fail	0
	P4P Measure DY4, Q2		
	Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Fail	0
	P4P Measure DY4, Q2		
Total			**1.00**

NEW YORK STATE | Department of Health | Medicaid Redesign Team

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

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.g.ii

Project Snapshot	
Project Domain	Clinical Improvement Projects (Domain 3)
Project ID	3.g.ii
Project Title	Integration of Palliative Care into Nursing Homes

Payment Snapshot		
DY4, Q2 Payment Available	$	33,935
DY4, Q2 Payment Earned	$	30,165

3.g.ii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	20%	67%	22,623	18,853
	Project Implementation Speed	N/A	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	1.00	100%				
Domain 1 Subtotal			**6.00**	**5.00**	**83%**	**20%**	**67%**	**22,623**	**18,853**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	5.00	5.00	100%	10%	33%	11,312	11,312
	Domain 3 Pay for Performance (P4P)	N/A	N/A			70%	0%	-	-
Domain 3 Subtotal			**5.00**	**5.00**	**100%**	**80%**	**33%**	**11,312**	**11,312**
Total		**Complete**	**11.00**	**10.00**	**91%**	**100%**	**100%**	**33,935**	**30,165**

Total Project 3.g.ii AVs Awarded: 10 out of 11

Hide Reviewer Comments

Domain 1 Project Milestones - Project 3.g.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
	Enter Reviewer Comment					

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 3.g.ii

	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process	Pass & Ongoing	0.00
	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 3.g.ii						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	1. Integrate Palliative Care into practice model of participating Nursing Homes.	3/31/2018	3/31/2018	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	2. Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the	3/31/2018	3/31/2018	Completed	Fail	N/A
	Enter Reviewer Comment					
	3. Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	4. Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	5. Engage with Medicaid Managed Care to address coverage of services.	3/31/2018	3/31/2018	Completed	Fail	N/A
	Enter Reviewer Comment					

●	6. Use EHRs or other IT platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 3 Pay for Performance and Pay for Reporting - Project 3.g.ii			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	Percentage of members who remained stable or demonstrated improvement in pain	Pass & Ongoing	1
●	Advanced Directives – Talked about Appointing for Health Decisions	Pass & Ongoing	1
●	Percentage of members whose pain was not controlled ±	Pass & Ongoing	1
●	Depressive feelings - percentage of members who experienced some depression feeling ±	Pass & Ongoing	1
●	Percentage of members who had severe or more intense daily pain ±	Pass & Ongoing	1
Total			**5.00**

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - 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		
DY4, Q2 Payment Available	$	86,374
DY4, Q2 Payment Earned	$	82,919

4.c.ii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY4)	Domain Funding % (DY4, Q2)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	20%	20%	17,275	13,820
	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**	**4.00**	**80%**	**20%**	**20%**	**17,275**	**13,820**
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	11.00	11.00	100%	80%	80%	69,099	69,099
	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 4 Subtotal			**11.00**	**11.00**	**100%**	**80%**	**80%**	**69,099**	**69,099**
Total		**Complete**	**16.00**	**15.00**	**94%**	**100%**	**100%**	**86,374**	**82,919**

Total Project 4.c.ii AVs Awarded: 15 out of 16

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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
	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		
●	Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	Pass & Ongoing	1
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY4, Q2 July 1, 2018 - September 30, 2018 (Payment Quarter)
The New York Presbyterian Hospital of Queens - Project 4.c.ii

	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			**11.00**

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