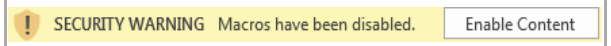
New York State Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program

Achievement Value (AV) Scorecard
Better Health for Northeast New York

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
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PPS Information	
Quarter	DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
PPS	Better Health for Northeast New York
PPS Number	1

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	DY3, Q4 Payment Available	DY3, Q4 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.i	28.00	23.50	0.00	23.50	$ 4,021,695	$ 2,634,210
2.a.iii	29.00	23.50	0.00	23.50	$ 3,182,631	$ 1,971,463
2.a.v	30.00	24.00	0.00	24.00	$ 3,042,922	$ 1,865,601
2.b.iii	29.00	23.50	0.00	23.50	$ 2,869,574	$ 1,777,542
2.d.i	15.00	10.89	0.00	10.89	$ 2,630,007	$ 1,541,824
3.a.i	15.00	7.50	0.00	7.50	$ 1,728,837	$ 819,139
3.a.ii	15.00	7.50	0.00	7.50	$ 1,642,431	$ 778,199
3.b.i	14.00	12.00	0.00	12.00	$ 1,344,572	$ 1,165,296
3.d.iii	12.00	9.00	0.00	9.00	$ 1,391,458	$ 858,066

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4.b.i	22.00	21.00	0.00	21.00	$ 1,048,905	$ 964,993
4.b.ii	22.00	21.00	0.00	21.00	$ 821,047	$ 755,363
AV Adjustments (Column F)						
Total	**231.00**	**183.39**	**0.00**	**183.39**	**$ 23,724,080**	**$ 15,131,697**

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment
Better Health for Northeast New York - Domain 1 Organizational AVs

Domain I Organizational Scoresheet						
Domain I Organizational	**Review Status**	**AVs Available**	**AVs Awarded**	**Adjustments**	**Net AVs**	**AV Percentage**
Workforce Strategy	Complete	1.00	0.00	0.00	0.00	0%
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**	**4.00**	**0.00**	**4.00**	**125%**

Net Organizational AVs Awarded: 4 out of 5

Show 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							
		1. Define target workforce state (in line with DSRIP program's goals)	N/A	N/A	Completed	Pass & Complete	

Additional Workforce Strategy Budget Updates (non AV-driving)		2. Create a workforce transition roadmap for achieving defined target workforce	N/A	N/A	Completed	Pass & Complete	N/A
		3. Perform detailed gap analysis between current state assessment of workforce and projected future state	N/A	N/A	Completed	Pass & Complete	
		4. Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements	N/A	N/A	Completed	Pass & Complete	
		5. Develop training strategy	N/A	N/A	Completed	Pass & Complete	
Additional Workforce Strategy 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 01 Budget							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Quarterly		Module 1.1 - PPS Budget Report (Baseline)	Ongoing	N/A	Completed	Pass & Complete	

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment
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Project Reports, Project Budget and Flow of Funds	●	Module 1.2 - PPS Budget Report (Quarterly	Ongoing	N/A	In Process	Pass & Ongoing	1
	●	Module 1.3 - PPS Flow of Funds (Baseline)	Ongoing	N/A	Completed	Pass & Ongoing	
	●	Module 1.4 - PPS Flow of Funds (Quarterly)	Ongoing	N/A	In Process	Pass & Ongoing	
	●	Quarterly Progress Reports	N/A	N/A	In Process	Pass & Ongoing	
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	9/30/2015	Completed	Pass & Complete	1
	●	2. Establish a clinical governance structure, including clinical quality committees for each DSRIP project	12/31/2015	12/31/2015	Completed	Pass & Complete	
	●	3. Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015	9/30/2015	Completed	Pass & Complete	
Governance Process	●	4. Establish governance structure reporting and monitoring processes	9/30/2016	12/31/2015	Completed	Pass & Complete	
Additional Governance Milestones (non AV-driving)	●	5. Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services,	N/A	9/30/2015	Completed	Pass & Complete	N/A
	●	6. Finalize partnership agreements or contracts with CBOs	N/A	12/31/2016	In Process	Pass & Complete	
	●	7. Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and	N/A	6/30/2016	In Process	Pass & Complete	

		8. Finalize workforce communication and engagement plan	N/A	3/31/2016	Completed	Pass & Complete	
		9. Inclusion of CBOs in PPS Implementation	N/A	3/31/2017	Completed	Pass & Complete	
Additional Governance Topic Areas		Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	N/A
		Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
		Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
		Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
		IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
		Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**1**

Section 03 Financial Sustainability							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Financial Stability		1. Finalize PPS finance structure, including reporting structure	12/31/2015	12/31/2015	Completed	Pass & Complete	1
		2. Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.		12/31/2015	Completed	Pass & Complete	
		3. Finalize Compliance Plan consistent with New York State Social Services Law 363-d	12/31/2015	12/31/2015	Completed	Pass & Complete	

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Update	●	4. Develop a Value Based Needs Assessment ("VNA")	3/31/2017	3/31/2017	Completed	Pass & Ongoing	
	●	5. Develop an implementation plan geared towards addressing the needs identified within your VNA	6/30/2017	6/30/2017	Completed	Pass & Ongoing	
Additional Financial Stability Topic Areas	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**1**

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

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

Section 05 IT Systems and Processes							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
IT Systems and Processes		1. Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	9/30/2016	12/31/2015	Completed	Pass & Complete	N/A
		2. Develop an IT Change Management Strategy.	9/30/2016	3/31/2016	Completed	Pass & Complete	
		3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	N/A	3/31/2016	Completed	Pass & Complete	

	●	4. Develop a specific plan for engaging attributed members in Qualifying Entities	N/A	6/30/2016	Completed	Pass & Complete	
	●	5. Develop a data security and confidentiality plan.	N/A	3/31/2016	Completed	Pass & Complete	
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	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	
Total							**0**

Section 06 Performance Reporting							
Process Measure	**AV Driving**	**Milestone**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AV Awarded**
Performanc e Reporting	●	1. Establish reporting structure for PPS-wide performance reporting and communication.	6/30/2016	3/31/2016	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	6/30/2016	Completed	Pass & Complete	N/A
	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	
	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	

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Additional Performance Reporting 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							**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.	9/30/2015	3/31/2016	Completed	Pass & Complete	N/A
	●	2. Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	N/A	12/31/2015	Completed	Pass & Complete	
Additional Practitioner Engagement Topic Areas	●	Major Risks to Implementation & Risk Mitigation Strategies	N/A	N/A	In Process	Pass & Ongoing	N/A
	●	Major Dependencies on Organizational Workstreams	N/A	N/A	In Process	Pass & Ongoing	
	●	Roles and Responsibilities	N/A	N/A	In Process	Pass & Ongoing	
	●	Key Stakeholders	N/A	N/A	In Process	Pass & Ongoing	
	●	IT Expectations	N/A	N/A	In Process	Pass & Ongoing	
	●	Progress Reporting	N/A	N/A	In Process	Pass & Ongoing	

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Total	0

Section 08 Population Health Management

Process Measure	AV Driving	Milestone	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AV Awarded
Population Health	●	1. Develop population health management roadmap.	N/A	6/30/2016	Complete	Pass & Complete	N/A
	●	2. Finalize PPS-wide bed reduction plan.	N/A	3/31/2017	Complete	Pass & Complete	N/A
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 Integration	●	1. Perform a clinical integration 'needs assessment'.	6/30/216	12/31/2016	Completed	Pass & Complete	N/A
	●	2. Develop a Clinical Integration strategy.	3/31/2016	6/30/2016	Completed	Pass & Complete	N/A

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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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Better Health for Northeast New York AV Adjustments

AV Adjustment Scoresheet								
Adjustment	AVs Per Project	Total Projects Selected	Total AVs Available	Total AVs Awarded		Adjusted AVs	Net AVs Awarded	
				Net Awarded	Percentage AV		Net Awarded	Percentage AV
Organizational Adjustments (applied to all projects)	5.00	11.00	55.00	44.00	80%	0.00	44.00	80%
Project Adjustments (applied to one project only)	Various	11.00	176.00	139.39	79%	0.00	139.39	79%
Total			**231.00**	**183.39**	**79%**	**0.00**	**183.39**	**79%**

Hide Reviewer Comments

☐ Organizational ☐ Project Adjustments

No AV Adjustments	
	Please note that there are no AV adjustments for Better Health for Northeast New York in DY2, Q1

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.i

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

Payment Snapshot		
DY3, Q4 Payment Available	$	4,021,695
DY3, Q4 Payment Earned	$	2,634,210

2.a.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY3)	Domain Funding % (DY3, Q4)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	40%	27%	1,072,452	857,962
	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%**	**40%**	**27%**	**1,072,452**	**857,962**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	7%	268,113	268,113
	Domain 2 Pay for Performance (P4P)	Complete	8.00	4.50	56%	50%	67%	2,681,130	1,508,135
Domain 2 Subtotal			**23.00**	**19.50**	**85%**	**60%**	**73%**	**2,949,243**	**1,776,248**
Total		**Complete**	**28.00**	**23.50**	**84%**	**100%**	**100%**	**4,021,695**	**2,634,210**

Total Project 2.a.i AVs Awarded: 23.5 out of 28

Hide Reviewer Comments

Domain 1 Project Milestones Project 2.a.i

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

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

Domain 1 Project Prescribed Milestones Project 2.a.i						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	1. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	2. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	3. Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	4. Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	9/30/2016	9/30/2016	Completed	N/A	N/A

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Better Health for Northeast New York - Project 2.a.i

	Enter Reviewer Comment					
●	5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	7. Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	8. Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	9. Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
●	10. Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					

●	11. Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 2 Pay for Performance and Pay for Reporting Project			
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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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.i

	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

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.i

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

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Delivery System Reform Incentive Payment (DSRIP) Program

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.i

Domain 2 Pay for Performance Project 2.a.i			
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	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 19 years	Fail	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 24 months	Fail	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 25 months to 6 years	Fail	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 7 to 11 years	Fail	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	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Potentially Avoidable Readmissions	Pass & Ongoing	1
	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			**4.50**

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Delivery System Reform Incentive Payment (DSRIP) Program

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.iii

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

Payment Snapshot		
DY3, Q4 Payment Available	$	3,182,631
DY3, Q4 Payment Earned	$	1,971,463

2.a.iii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY3)	Domain Funding % (DY3, Q4)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	40%	27%	848,702	565,801
	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%**	**40%**	**27%**	**848,702**	**565,801**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	7%	212,175	212,175
	Domain 2 Pay for Performance (P4P)	N/A	8.00	4.50	56%	50%	67%	2,121,754	1,193,487
Domain 2 Subtotal			**23.00**	**19.50**	**85%**	**60%**	**73%**	**2,333,930**	**1,405,662**
Total		**Complete**	**29.00**	**23.50**	**81%**	**100%**	**100%**	**3,182,631**	**1,971,463**

Total Project 2.a.iii AVs Awarded: 23.5 out of 29

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Domain 1 Project Milestones Project 2.a.iii

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

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.iii

●	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process		
●						

Domain 1 Project Prescribed Milestones Project 2.a.iii						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
●	1. Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	2. Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and/or Advanced Primary Care accreditation by Demonstration Year (DY) 3.	3/31/2017	3/31/2017	Completed	Fail	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.	3/31/2017	3/31/2017	Completed	Fail	N/A
	Enter Reviewer Comment					

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

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.iii

Domain 2 Pay for Performance and Pay for Reporting Project 2.a.iii			
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
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.iii

●	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.a.iii			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Fail	0
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.iii

●	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	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 19 years	Fail	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 12 to 24 months	Fail	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 25 months to 6 years	Fail	0
	Enter Reviewer Comment		
●	Children's Access to Primary Care- 7 to 11 years	Fail	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	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Potentially Avoidable Readmissions	Pass & Ongoing	1
	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			**4.50**

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Delivery System Reform Incentive Payment (DSRIP) Program

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.v

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

Payment Snapshot		
DY3, Q4 Payment Available	$	3,042,922
DY3, Q4 Payment Earned	$	1,865,601

2.a.v Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY3)	Domain Funding % (DY3, Q4)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	40%	27%	811,446	521,644
	Project Implementation Speed	Complete	1.00	0.50	50%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**7.00**	**4.50**	**64%**	**40%**	**27%**	**811,446**	**521,644**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	7%	202,861	202,861
	Domain 2 Pay for Performance (P4P)	Complete	8.00	4.50	56%	50%	67%	2,028,615	1,141,096
Domain 2 Subtotal			**23.00**	**19.50**	**85%**	**60%**	**73%**	**2,231,476**	**1,343,957**
Total		**Complete**	**30.00**	**24.00**	**80%**	**100%**	**100%**	**3,042,922**	**1,865,601**

Total Project 2.a.v AVs Awarded: 24 out of 30

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Domain 1 Project Milestones Project 2.a.v

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

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.v

	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process		

Domain 1 Project Prescribed Milestones Project 2.a.v						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	1. Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.	3/31/2018	3/31/2018	Completed	Pass & Complete	0.25
	Enter Reviewer Comment					
	2. Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	3. Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.v

●	4. Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal	3/31/2017	3/31/2017	Completed		
●						
●						
●						
●						
●						

Domain 2 Pay for Performance and Pay for Reporting Project 2.a.v

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.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
	Enter Reviewer Comment		
	Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	Pass & Ongoing	1

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.v

	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			
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		

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.a.v

	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	Pass & Ongoing	1
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 19 years	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 7 to 11 years	Fail	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	Pass & Ongoing	1
	Enter Reviewer Comment		
	Potentially Avoidable Readmissions	Pass & Ongoing	1
	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			**4.50**

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Delivery System Reform Incentive Payment (DSRIP) Program

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.b.iii

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

Payment Snapshot		
DY3, Q4 Payment Available	$	2,869,574
DY3, Q4 Payment Earned	$	1,777,542

2.b.iii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY3)	Domain Funding % (DY3, Q4)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	40%	27%	765,220	510,147
	Project Implementation Speed	Complete	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**4.00**	**67%**	**40%**	**27%**	**765,220**	**510,147**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	15.00	15.00	100%	10%	7%	191,305	191,305
	Domain 2 Pay for Performance (P4P)	Complete	8.00	4.50	56%	50%	67%	1,913,049	1,076,090
Domain 2 Subtotal			**23.00**	**19.50**	**85%**	**60%**	**73%**	**2,104,354**	**1,267,395**
Total		**Complete**	**29.00**	**23.50**	**81%**	**100%**	**100%**	**2,869,574**	**1,777,542**

Total Project 2.b.iii AVs Awarded: 23.5 out of 29

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Domain 1 Project Milestones Project 2.b.iii

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

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.b.iii

	Module 2 - Project Implementation Speed	9/30/2016	9/30/2016	Completed		

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

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

Domain 2 Pay for Performance and Pay for Reporting Project			
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
	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

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.b.iii

	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			
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	Pass & Ongoing	1
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 19 years	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 12 to 24 months	Fail	0

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.b.iii

	Enter Reviewer Comment		
	Children's Access to Primary Care- 25 months to 6 years	Fail	0
	Enter Reviewer Comment		
	Children's Access to Primary Care- 7 to 11 years	Fail	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	Pass & Ongoing	1
	Enter Reviewer Comment		
	Potentially Avoidable Readmissions	Pass & Ongoing	1
	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			**4.50**

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.d.i

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

Payment Snapshot		
DY3, Q4 Payment Available	$	2,630,007
DY3, Q4 Payment Earned	$	1,541,824

2.d.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY3)	Domain Funding % (DY3, Q4)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	40%	27%	701,335	489,821
	Project Implementation Speed	Complete	1.00	0.89	89%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**7.00**	**4.89**	**70%**	**40%**	**27%**	**701,335**	**489,821**
Domain 2	Domain 2 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	10%	7%	175,334	175,334
	Domain 2 Pay for Performance (P4P)	Complete	4.00	2.00	50%	50%	67%	1,753,338	876,669
Domain 2 Subtotal			**8.00**	**6.00**	**75%**	**60%**	**73%**	**1,928,672**	**1,052,003**
Total		**Complete**	**15.00**	**10.89**	**73%**	**100%**	**100%**	**2,630,007**	**1,541,824**

Total Project 2.d.i AVs Awarded: 10.89 out of 15

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Domain 1 Project Milestones Project 2.d.i

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

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 2.d.i

	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process		

Domain 1 Project Prescribed Milestones Project 2.d.i						
AV Driving	**Project Requirement and Metric/Deliverable**	**Required Due Date**	**Committed Due Date**	**Milestone Status**	**Reviewer Status**	**AVs Awarded**
	1. Contract or partner with community-based organizations (CBOs) to engage target populations using PAM® and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	3/31/2018	3/31/2018	Completed	Pass & Complete	0.11
	Enter Reviewer Comment					
	2. Establish a PPS-wide training team, comprised of members with training in PAM® and expertise in patient activation and engagement.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	3. Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	4. Survey the targeted population about healthcare needs in the PPS' region.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A

	Enter Reviewer Comment					
	5. Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	3/31/2018	3/31/2018	Completed	Pass & Complete	0.11
	Enter Reviewer Comment					
	6. Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10).	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	7. Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM® during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	3/31/2018	3/31/2018	Completed	Pass & Complete	0.11
	Enter Reviewer Comment					
	8. Include beneficiaries in development team to promote preventive care.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	9. Measure PAM® components	3/31/2018	3/31/2018	Completed	Pass & Complete	0.11
	Enter Reviewer Comment					
	10. Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	3/31/2018	3/31/2018	Completed	Pass & Complete	0.11
	Enter Reviewer Comment					

●	11. Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	3/31/2018	3/31/2018	Completed	Fail	0.00
	Enter Reviewer Comment					
●	12. Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	13. Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM®.	3/31/2017	3/31/2017	Completed	Pass (with Exception) & Complete	N/A
	Enter Reviewer Comment					
●	14. Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and	3/31/2018	3/31/2018	Completed	Pass & Complete	0.11
	Enter Reviewer Comment					
●	15. Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	3/31/2018	3/31/2018	Completed	Pass & Complete	0.11
	Enter Reviewer Comment					
●	16. Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	3/31/2018	3/31/2018	Completed	Pass & Complete	0.11
	Enter Reviewer Comment					
●	17. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A

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Better Health for Northeast New York - Project 2.d.i

	Enter Reviewer Comment	
Total		**0.89**

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

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	Use of primary and preventive care services-- Percent of attributed Medicaid members with no claims history for primary care and preventive services in measurement year compared to same in baseline year	Pass & Ongoing	1
	Enter Reviewer Comment		
Total			**4.00**

Domain 2 Pay for Performance Project 2.d.i			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	C&G CAHPS by PPS for uninsured- Getting timely appointments, care, and information	Fail	0
	Enter Reviewer Comment		
	C&G CAHPS by PPS for uninsured- Patients' rating of the provider (or doctor)	Fail	0
	Enter Reviewer Comment		
	C&G CAHPS by PPS for uninsured- How well providers (or doctors) communicate with patients	Fail	0
	Enter Reviewer Comment		
	C&G CAHPS by PPS for uninsured- Helpful, courteous, and respectful office staff	Fail	0
	Enter Reviewer Comment		
	ED use by uninsured	Pass & Ongoing	1
	Enter Reviewer Comment		
	PAM Level	Pass & Ongoing	1
	Enter Reviewer Comment		
	Use of primary and preventive care services-- Percent of attributed Medicaid members with no claims history for	Fail	0
	Enter Reviewer Comment		
Total			**2.00**

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - 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		
DY3, Q4 Payment Available	$	1,728,837
DY3, Q4 Payment Earned	$	819,139

3.a.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY3)	Domain Funding % (DY3, Q4)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	40%	40%	691,535	461,023
	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%**	**40%**	**40%**	**691,535**	**461,023**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	10%	10%	172,884	172,884
	Domain 3 Pay for Performance		7.00	1.50	21%	50%	50%	864,419	185,233
Domain 3 Subtotal			**9.00**	**3.50**	**39%**	**60%**	**60%**	**1,037,302**	**358,116**
Total		**Complete**	**15.00**	**7.50**	**50%**	**100%**	**100%**	**1,728,837**	**819,139**

Total Project 3.a.i AVs Awarded: 7.5 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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Better Health for Northeast New York - Project 3.a.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**

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.	9/30/2017	9/30/2017	Completed	Pass (with Exception) & Complete	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.	9/30/2017	9/30/2017	Completed	Pass & Complete	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					
3.a.i Model 2		5. Co-locate primary care services at behavioral health sites.	9/30/2017	9/30/2017	Completed	Pass & Complete	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.	9/30/2017	9/30/2017	Completed	Pass & Complete	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					
		9. Implement IMPACT Model at Primary Care Sites.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A
		Enter Reviewer Comment					
		10. Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A

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Better Health for Northeast New York - Project 3.a.i

3.a.i Model 3		*Enter Reviewer Comment*					
	●	11. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
		Enter Reviewer Comment					
	●	12. Designate a Psychiatrist meeting requirements of the IMPACT Model.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
		Enter Reviewer Comment					
	●	13. Measure outcomes as required in the IMPACT Model.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A
		Enter Reviewer Comment					
	●	14. Provide "stepped care" as required by the IMPACT Model.	9/30/2017	9/30/2017	Completed	Pass & Complete	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	N/A
Total							**0**

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 DY3Q4		

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	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
	Screening for Clinical Depression and follow-up	Pass & Ongoing	1
	P4R Measure DY3Q4		
Total			**2.00**

Domain 3 Pay for Performance			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Adherence to Antipsychotic Medications for People with Schizophrenia	Fail	0
	P4P Measure DY3Q4		
	Antidepressant Medication Management - Effective Acute Phase Treatment	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
	Antidepressant Medication Management - Effective Continuation Phase Treatment	Fail	0
	P4P Measure DY3Q4		
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	N/A	N/A
	P4P Measure DY3Q4		
	Diabetes Monitoring for People with Diabetes and Schizophrenia	Fail	0
	P4P Measure DY3Q4		
	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	Fail	0
	P4P Measure DY3Q4		
	Follow-up after hospitalization for Mental Illness - within 30 days	Fail	0
	P4P Measure DY3Q4		
	Follow-up after hospitalization for Mental Illness - within 7 days	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
	Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Pass & Ongoing	0.5
	P4P Measure DY3Q4		

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Better Health for Northeast New York - Project 3.a.i

	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Fail	0
	P4P Measure DY3Q4		
	Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Fail	0
	P4P Measure DY3Q4		
Total			**1.50**

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 3.a.ii

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

Payment Snapshot		
DY3, Q4 Payment Available	$	1,642,431
DY3, Q4 Payment Earned	$	778,199

3.a.ii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY3)	Domain Funding % (DY3, Q4)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	40%	40%	656,972	437,982
	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%**	**40%**	**40%**	**656,972**	**437,982**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	2.00	2.00	100%	10%	10%	164,243	164,243
	Domain 3 Pay for Performance (P4P)		7.00	1.50	21%	50%	50%	821,216	175,975
Domain 2 Subtotal			**9.00**	**3.50**	**39%**	**60%**	**60%**	**985,459**	**340,218**
Total		**Complete**	**15.00**	**7.50**	**50%**	**100%**	**100%**	**1,642,431**	**778,199**

Total Project 3.a.ii AVs Awarded: 7.5 out of 15

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Domain 1 Project Milestones Project 3.a.ii

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

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 3.a.ii

	Module 2 - Project Implementation Speed	Ongoing	N/A	In Process		

Domain 1 Project Prescribed Milestones Project 3.a.ii

AV Driving	Project Requirement and Metric/Deliverable	Required Due Date	Committed Due Date	Milestone Status	Reviewer Status	AVs Awarded
	1. Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	2. Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
	4. Develop written treatment protocols with consensus from participating providers and facilities.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					

●	5. Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	6. Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	9/30/2017	9/30/2017	Completed	Fail	N/A
	Enter Reviewer Comment					
●	7. Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	8. Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	9/30/2017	9/30/2017	Completed	Fail	N/A
	Enter Reviewer Comment					
●	9. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	9/30/2017	9/30/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	10. Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A
	Enter Reviewer Comment					
●	11. Use EHRs or other technical platforms to track all patients engaged in this project.	3/31/2017	3/31/2017	Completed	Pass & Complete	N/A

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Better Health for Northeast New York - Project 3.a.ii

	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 DY3Q4		
	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
	Screening for Clinical Depression and follow-up	Pass & Ongoing	1
	P4R Measure DY3Q4		
Total			**2.00**

Domain 3 Pay for Performance			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Adherence to Antipsychotic Medications for People with Schizophrenia	Fail	0
	P4P Measure DY3Q4		

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 3.a.ii

●	Antidepressant Medication Management - Effective Acute Phase Treatment	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
●	Antidepressant Medication Management - Effective Continuation Phase Treatment	Fail	0
	P4P Measure DY3Q4		
●	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	N/A	N/A
	P4P Measure DY3Q4		
●	Diabetes Monitoring for People with Diabetes and Schizophrenia	Fail	0
	P4P Measure DY3Q4		
●	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	Fail	0
	P4P Measure DY3Q4		
●	Follow-up after hospitalization for Mental Illness - within 30 days	Fail	0
	P4P Measure DY3Q4		
●	Follow-up after hospitalization for Mental Illness - within 7 days	Pass & Ongoing	0.5
	P4P Measure DY3Q4		
●	Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	Pass & Ongoing	0.5
	P4P Measure DY3Q4		

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 3.a.ii

●	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Fail	0
	P4P Measure DY3Q4		
●	Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	Fail	0
	P4P Measure DY3Q4		
Total			**1.50**

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - 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		
DY3, Q4 Payment Available	$	1,344,572
DY3, Q4 Payment Earned	$	1,165,296

3.b.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY3)	Domain Funding % (DY3, Q4)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	40%	40%	537,829	358,553
	Project Implementation Speed	Complete	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**4.00**	**67%**	**40%**	**40%**	**537,829**	**358,553**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	8.00	8.00	100%	10%	60%	806,743	806,743
	Domain 3 Pay for Performance (P4P)		0.00	0.00	N/A	50%	0%	-	-
Domain 2 Subtotal			**8.00**	**8.00**	**100%**	**60%**	**60%**	**806,743**	**806,743**
Total		**Complete**	**14.00**	**12.00**	**86%**	**100%**	**100%**	**1,344,572**	**1,165,296**

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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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 3.b.i

	Module 2 - Project Implementation Speed	9/30/2016	9/30/2016	Completed		

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

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

	Enter Reviewer Comment					
	12. Document patient driven self-management goals in the medical record and review with patients at each visit.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	13. Follow up with referrals to community based programs to document participation and behavioral and health status changes.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	14. Develop and implement protocols for home blood pressure monitoring with follow up support.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	15. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	16. Facilitate referrals to NYS Smoker's Quitline.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	17. Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	18. Adopt strategies from the Million Hearts Campaign.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
	19. Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	9/30/2016	9/30/2016	Completed	N/A	N/A

	Enter Reviewer Comment					
	20. Engage a majority (at least 80%) of primary care providers in this project.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 3 Pay for Performance and Pay for Reporting			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Aspirin Use	Pass & Ongoing	0.5
	P4R Measure in DY3Q4		
	Discussion of Risks and Benefits of Aspirin Use	Pass & Ongoing	0.5
	P4R Measure in DY3Q4		
	Controlling High Blood Pressure	Pass & Ongoing	1
	P4R Measure in DY3Q4		
	Flu Shots for Adults Ages 18 – 64	Pass & Ongoing	1
	P4R Measure in DY3Q4		
	Health Literacy (QHL13, 14, and 16)	Pass & Ongoing	1
	P4R Measure in DY3Q4		

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 3.b.i

●	Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	Pass & Ongoing	0.3333333
	P4R Measure in DY3Q4		
●	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication	Pass & Ongoing	0.3333333
	P4R Measure in DY3Q4		
●	Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies	Pass & Ongoing	0.3333333
	P4R Measure in DY3Q4		
●	Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
●	Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
●	Prevention Quality Indicator # 8 (Heart Failure) ±	Pass & Ongoing	1
	P4R Measure in DY3Q4		
●	Prevention Quality Indicator # 7 (HTN) ±	Pass & Ongoing	1
	P4R Measure in DY3Q4		
Total			**8.00**

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 3.d.iii

Project Snapshot	
Project Domain	Clinical Improvement Projects (Domain 3)
Project ID	3.d.iii
Project Title	Implementation of evidence-based medicine guidelines for asthma management

Payment Snapshot		
DY3, Q4 Payment Available	$	1,391,458
DY3, Q4 Payment Earned	$	858,066

3.d.iii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY3)	Domain Funding % (DY3, Q4)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	40%	40%	556,583	371,056
	Project Implementation Speed	Complete	0.00	0.00	0%				
	Patient Engagement Speed	Complete	1.00	0.00	0%				
Domain 1 Subtotal			**6.00**	**4.00**	**67%**	**40%**	**40%**	**556,583**	**371,056**
Domain 3	Domain 3 Pay for Reporting (P4R)	Complete	4.00	4.00	100%	10%	10%	139,146	139,146
	Domain 3 Pay for Performance (P4P)		2.00	1.00	50%	50%	50%	695,729	347,865
Domain 2 Subtotal			**6.00**	**5.00**	**83%**	**60%**	**60%**	**834,875**	**487,010**
Total		**Complete**	**12.00**	**9.00**	**75%**	**100%**	**100%**	**1,391,458**	**858,066**

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

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Domain 1 Project Milestones Project 3.d.iii

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

	Module 2 - Project Implementation Speed	9/30/2016	9/30/2016	Completed		

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

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 3.d.iii

	Enter Reviewer Comment					
	5. Use EHRs or other technical platforms to track all patients engaged in this project.	9/30/2016	9/30/2016	Completed	N/A	N/A
	Enter Reviewer Comment					
Total						**0.00**

Domain 3 Pay for Performance and Pay for Reporting			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
	Asthma Medication Ratio (5 – 64 Years)	Pass & Ongoing	1
	P4R Measure DY3Q4		
	Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
	Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Pass & Ongoing	0.5
	P4R Measure DY3Q4		
	Pediatric Quality Indicator # 14 Pediatric Asthma ±	Pass & Ongoing	1
	P4R Measure DY3Q4		
	Prevention Quality Indicator # 15 Younger Adult Asthma ±	Pass & Ongoing	1
	P4R Measure DY3Q4		
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 DY3Q4		
	Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered	Fail	0
	P4P Measure DY3Q4		
	Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered	Fail	0
	P4P Measure DY3Q4		

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 3.d.iii

Total	**1.00**

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 4.b.i

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

Payment Snapshot		
DY3, Q4 Payment Available	$	1,048,905
DY3, Q4 Payment Earned	$	964,993

4.b.i Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY3)	Domain Funding % (DY3, Q4)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	40%	40%	419,562	335,650
	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%**	**40%**	**40%**	**419,562**	**335,650**
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	17.00	17.00	100%	60%	60%	629,343	629,343
	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 4 Subtotal			**17.00**	**17.00**	**100%**	**60%**	**60%**	**629,343**	**629,343**
Total		**Complete**	**22.00**	**21.00**	**95%**	**100%**	**100%**	**1,048,905**	**964,993**

Total Project 4.b.i AVs Awarded: 21 out of 22

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Domain 4 Pay for Performance and Pay for Reporting			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	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 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		
●	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of adults who are obese	Pass & Ongoing	1
	Enter Reviewer Comment		

●	Percentage of children and adolescents who are obese	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of cigarette smoking among adults	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Asthma emergency department visit rate per 10,000	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Asthma emergency department visit rate per 10,000 - Aged 0-4 years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted heart attack hospitalization rate per 10,000	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6- 17 years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Rate of hospitalizations for short-term complications of diabetes per 10,000 – Aged 18+ years	Pass & Ongoing	1
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 4.b.i

Total	**17.00**

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 4.b.ii

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

Payment Snapshot		
DY3, Q4 Payment Available	$	821,047
DY3, Q4 Payment Earned	$	755,363

4.b.ii Scoresheet

Domain	Component	Review Status	AVs Available	Net AVs Awarded	Percentage AV	Domain Funding % (DY3)	Domain Funding % (DY3, Q4)	Payment Available ($)	Net Payment Earned ($)
Domain 1	Domain 1 Organizational	Complete	5.00	4.00	80%	40%	40%	328,419	262,735
	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%**	**40%**	**40%**	**328,419**	**262,735**
Domain 4	Domain 4 Pay for Reporting (P4R)	Complete	17.00	17.00	100%	69%	60%	492,628	492,628
	Domain 4 Pay for Performance (P4P)	N/A	N/A	N/A	N/A	0%	0%	-	-
Domain 4 Subtotal			**17.00**	**17.00**	**100%**	**69%**	**60%**	**492,628**	**492,628**
Total		**Complete**	**22.00**	**21.00**	**95%**	**109%**	**100%**	**821,047**	**755,363**

Total Project 4.b.ii AVs Awarded: 21 out of 22

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Domain 4 Pay for Performance and Pay for Reporting			
AV Driving	**Measure**	**Reviewer Status**	**AVs Awarded**
●	Percentage of premature death (before age 65 years)	Pass & Ongoing	1
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 4.b.ii

●	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 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		
●	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of adults with health insurance - Aged 18- 64 years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of adults who are obese	Pass & Ongoing	1
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 4.b.ii

●	Percentage of children and adolescents who are obese	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of cigarette smoking among adults	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Asthma emergency department visit rate per 10,000	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Asthma emergency department visit rate per 10,000 - Aged 0-4 years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Age-adjusted heart attack hospitalization rate per 10,000	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6- 17 years	Pass & Ongoing	1
	Enter Reviewer Comment		
●	Rate of hospitalizations for short-term complications of diabetes per 10,000 – Aged 18+ years	Pass & Ongoing	1
	Enter Reviewer Comment		

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Achievement Value (AV) Scorecard DY3, Q4 January 1, 2018 - March 31, 2018 (Payment Quarter)
Better Health for Northeast New York - Project 4.b.ii

Total	**17.00**