



**Department
of Health**

**Medicaid
Redesign Team**

PPS Progress Report

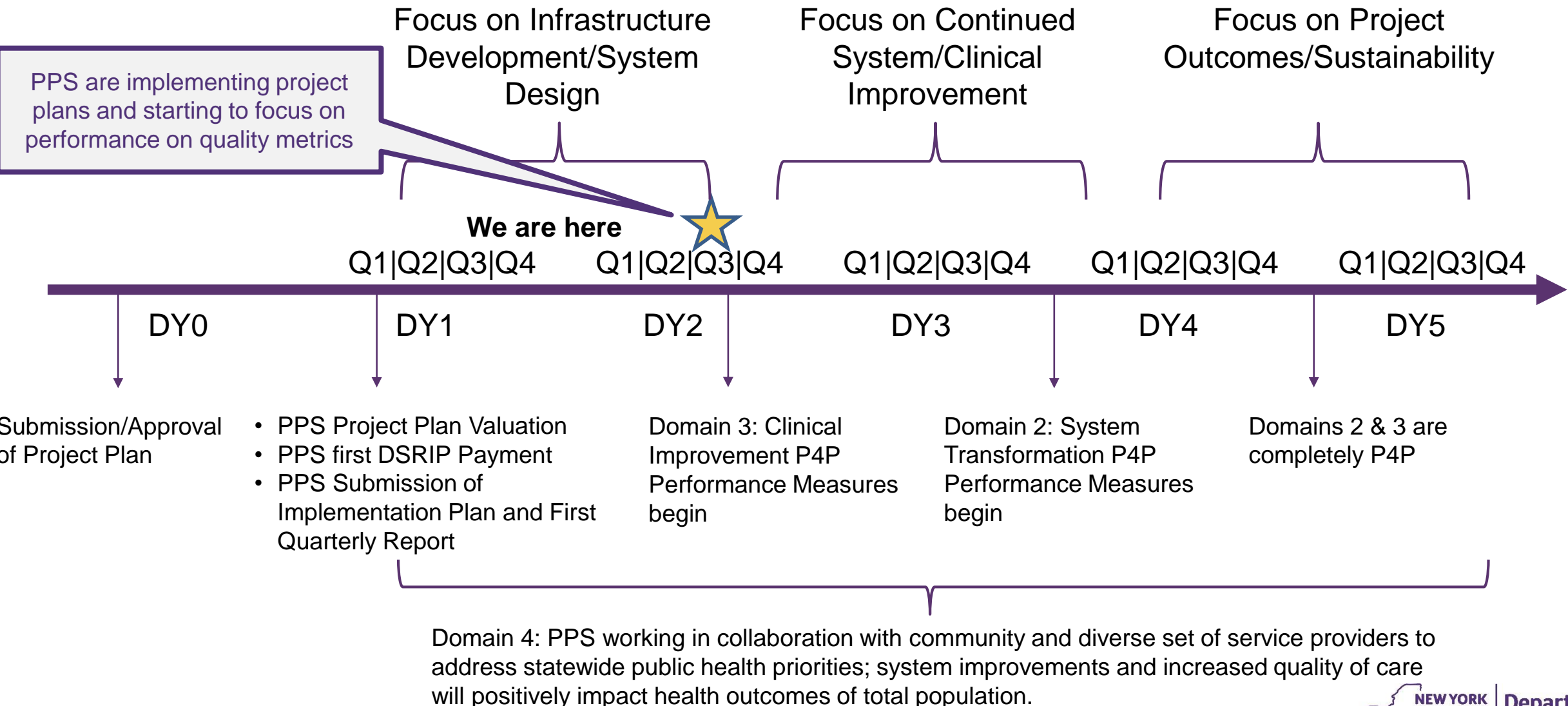
November 17, 2016

PAOP Town Hall Briefing and Discussion

Goals of today's conversation:

1. Provide a brief overview of where DSRIP is in the course of the program's overall schedule
2. Explore any questions PAOP members have regarding the status deck which was distributed and discussed during our October meeting
3. Discuss the data sources which drive this reporting
4. Discuss additional ways PAOP can engage:
 - Directly with PPS on upcoming site visits
 - Through additional topical webinars scheduled for PAOP participation

DSRIP Implementation Timeline and Key Benchmarks



PAOP Site Visit Schedule

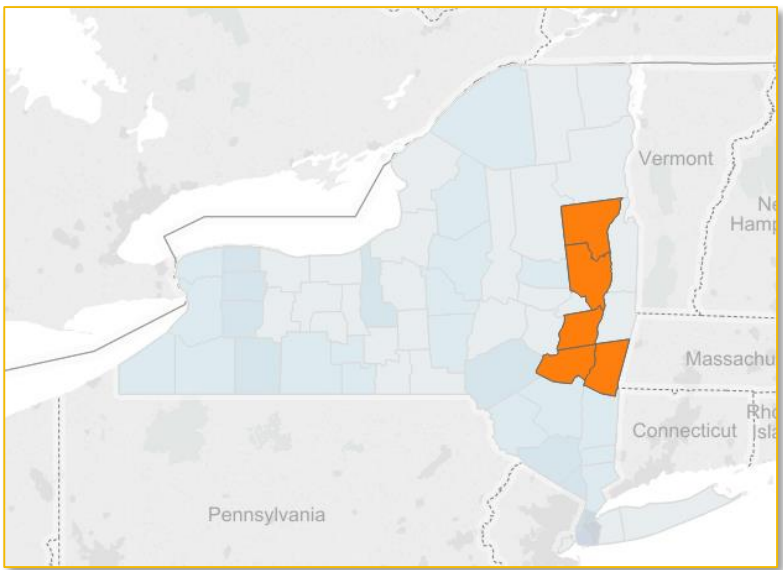
PPS	AST Site Visit	PAOP Members & DOH Attendees
Brooklyn Bridges	Thursday, October 13, 2016	John August
OneCity Health	Tuesday, October 25, 2016	Judy Wessler, Peggy Chan, Doug Fish
Bronx Partners for Healthy Communities	Wednesday, October 26, 2016	TBD
Community Care of Brooklyn	Wednesday, November 9, 2016	William Ebenstein
Adirondack Health Institute	Thursday, November 10, 2016	TBD
New York- Presbyterian PPS	Tuesday, November 15, 2016	Sherry Sutler, Stephen Berger, Lara Kassel, Chau Trinh
Mount Sinai PPS	Monday, November 21, 2016	Judy Wessler, Stephen Berger, Ann Monroe
New York-Presbyterian/Queens PPS	Monday, November 28, 2016	TBD
Finger Lakes PPS	Thursday, December 1, 2016	TBD
Nassau Queens PPS	Friday, December 2, 2016	William Toby
Community Partners of Western NY PPS	Friday, December 2, 2016	Sylvia Pirani
Millenium Care Collaborative PPS	Friday, December 2, 2016	Sylvia Pirani
Albany Medical Center	Monday, December 5, 2016	TBD
Leatherstocking Collaborative Health Partners	Tuesday, December 6, 2016	Lara Kassel
Central New York Care Collaborative	Wednesday, December 7, 2016	Dan Sheppard, Ann Monroe
Care Compass Network	Wednesday, December 7, 2016	Dan Sheppard
Adirondack Health Institute	Thursday, December 8, 2016	TBD
Alliance for Better Health Care	Monday, December 12, 2016	TBD
Suffolk Care Collaborative	Monday, December 19, 2016	William Toby
Bronx Health Access	TBD	Cesar Perales

- Note: Some PPS are not listed, as PAOP members visited during CMS site visits or will be attending PPS sponsored forums
- Duration: Two and a half hours.
- Agenda: Overview & introduction of PAOP members, PAOP member remarks, presentations by the PPS and one or more invited partners, and discussion and question and answer.
- The PPS are being prepared by AST through guidance obtained from PAOP and through previous PAOP experience
- PAOP member prepared with overview materials on each PPS, meeting agenda, and names/roles of all site visit attendees including the PPS and PPS partners.

PAOP Webinar Schedule

Time	Topic	Description
11/18/16 11am-12pm	Town Hall Conference Call on PPS Progress Deck	Q and A session around PPS Progress Deck provided to PAOP ahead of October meeting; Questions requested ahead of time
12/7/16 2-3pm	Measurement Year (MY) 1 Results	Overview of MY 1 results, setting context for performance monitoring
12/14/16 2-3pm	Project 11 (Project 2.d.i)	Statewide summary of Project 11 implementation progress: § Overview of Project Requirements § Total number of PPS implementing Project 11 § Total patients engaged to date § Total providers engaged by type and total funds flow to providers by type Overview of the PAM tool and other measures included in Project 11 (e.g. C&G CAHPS for uninsured) Examples of implementation strategies, overarching themes within project narratives
01/04/17 2-3pm	County Government and Community-Based Organization (CBO) Involvement and Addressing Social Determinants of Health	Statewide summary of County/Local Government Unit (LGU) and CBO Engagement in implementation to date: § Overview of engagement requirements § Total LGUs engaged, by project, summary funds flow § Total CBOs engaged by PPS against S/S requirements, by project, summary funds flow Overview of statewide Domain 4 Project implementation progress, Supportive Housing project, and others addressing social determinants
01/11/17 2-3pm	Primary Care Integration	Overview of Primary Care Plans <ul style="list-style-type: none"> ▪ Required elements ▪ Overarching themes ▪ Regional themes Statewide summary of PCPs engaged, by PPS, by projects, funds flowed
01/18/17 2-3pm	Cultural Competency and Workforce Strategies	Overview of program requirements related to CC/HL and Workforce Overarching themes within CC/HL strategy and CC/HL Training plans Overarching strategies, themes within Workforce training and development reporting

Albany Medical Center PPS



<ul style="list-style-type: none"> • PPS Service Area: Albany, Columbia, Greene, Saratoga, Warren • Attribution for Performance: 69,883 • Attribution for Performance – 2.d.i: 69,697 • Attribution for Valuation: 107,781 • Total Award Dollars: \$141,430,548 					
Core Team:	<table border="0"> <tr> <td>1. Dr. Louis Filhour, CEO</td> <td>3. Lauren Ayers – Director of Financial Operations</td> </tr> <tr> <td>2. Dr. Kallanna Manjunath – Medical Director, Center for Health Systems Transformation, DSRIP</td> <td>4. Dr. Brendon Smith – Director of Clinical Integration</td> </tr> </table>	1. Dr. Louis Filhour, CEO	3. Lauren Ayers – Director of Financial Operations	2. Dr. Kallanna Manjunath – Medical Director, Center for Health Systems Transformation, DSRIP	4. Dr. Brendon Smith – Director of Clinical Integration
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2. Dr. Kallanna Manjunath – Medical Director, Center for Health Systems Transformation, DSRIP	4. Dr. Brendon Smith – Director of Clinical Integration				
<ul style="list-style-type: none"> • Lead organization: Albany Medical Center Hospital, a 651-bed facility that is part of the Iroquois Healthcare Alliance • NewCo (Better Health of Northeastern NY) has been established and is engaging in process of applying to be PPS lead 					

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.a.v Create a medical village/alternative housing using existing nursing home infrastructure • 2.b.iii ED care triage for at-risk populations • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.d.iii Implementation of evidence-based medicine guidelines for asthma management • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Albany Medical Center PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

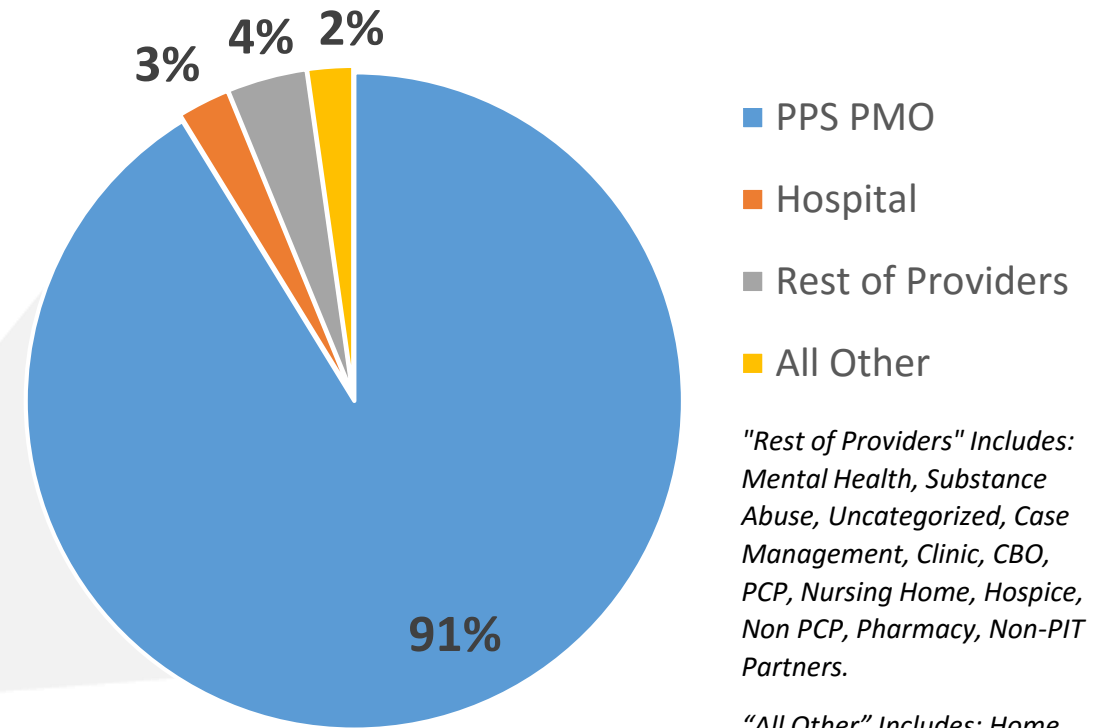
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$21,538,669	\$21,215,367	98.5%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$21,215,367	
Flowed	\$4,870,065	23%

Funds Flow by Provider Type



- PPS PMO
- Hospital
- Rest of Providers
- All Other

"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Albany Medical Center PPS: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 615,733.22	\$ 615,733.22	\$ -	\$ 615,733.22
2.a.iii	20.00	19.00	0.00	19.00	\$ 487,270.16	\$ 446,664.31	\$ -	\$ 446,664.31
2.a.v	20.00	19.00	0.00	19.00	\$ 465,880.34	\$ 427,056.98	\$ -	\$ 427,056.98
2.b.iii	20.00	20.00	0.00	20.00	\$ 439,340.22	\$ 439,340.22	\$ -	\$ 439,340.22
2.d.i	8.00	7.00	0.00	7.00	\$ 402,661.77	\$ 369,106.62	\$ -	\$ 369,106.62
3.a.i	16.00	16.00	0.00	16.00	\$ 397,035.01	\$ 397,035.01	\$ -	\$ 397,035.01
3.a.ii	16.00	16.00	0.00	16.00	\$ 377,191.51	\$ 377,191.51	\$ -	\$ 377,191.51
3.b.i	13.00	12.00	0.00	12.00	\$ 308,786.87	\$ 283,054.63	\$ -	\$ 283,054.63
3.d.iii	10.00	9.00	0.00	9.00	\$ 319,554.51	\$ 292,924.96	\$ -	\$ 292,924.96
4.b.i	14.00	14.00	0.00	14.00	\$ 240,885.74	\$ 240,885.74	\$ -	\$ 240,885.74
4.b.ii	21.00	21.00	0.00	21.00	\$ 188,557.05	\$ 188,557.05	\$ -	\$ 188,557.05
AV Adjustments (Column F)								
Total	177.00	172.00	0.00	172.00	\$4,242,896	\$4,077,550	\$ -	\$4,077,550

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs.

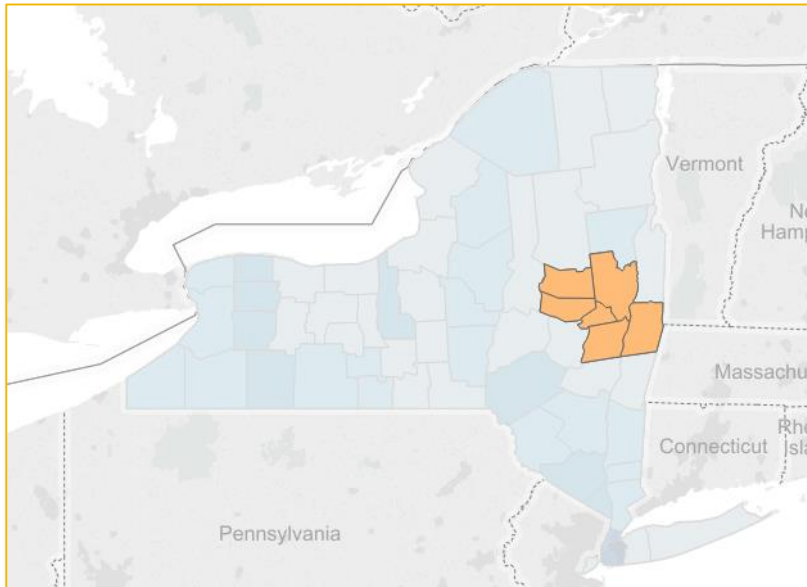


Albany Medical Center

Law Enforcement Assisted Diversion (LEAD)

- PPS and Albany City Police initiative - divert individuals with mental illness, drug dependence, homelessness
- Reduce low level arrests and recidivism
- Officers given discretion to refer individuals to a case manager rather than jail; Case managers assist accessing network of needed services
- Anticipated healthcare costs will be reduced and/ or patient engagement will be increased
- Pilot program underway through the Katal Center for Health, Equity, and Justice, with case management provided by Catholic Charities

Alliance for Better Health Care



<ul style="list-style-type: none"> • PPS Service Area: Albany, Fulton, Montgomery, Rensselaer, Schenectady, Saratoga • Attribution for Performance: 123, 484 • Attribution for Performance – 2.d.i: 94,000 • Attribution for Valuation: 193,150 • Total Award Dollars: \$250,232,844 							
Core Team:	<table border="0"> <tr> <td>1. Bethany Gilboard – Chief Executive Officer</td> <td>4. Dave Smingler – Director of Government Affairs at Ellis Medicine</td> </tr> <tr> <td>2. Meg Wallingford – Senior Vice President for Transformation</td> <td>5. Melissa Russom – Director of Communications and Stakeholder Management</td> </tr> <tr> <td>3. Thomas McCarroll – Vice President, Performance Operations</td> <td></td> </tr> </table>	1. Bethany Gilboard – Chief Executive Officer	4. Dave Smingler – Director of Government Affairs at Ellis Medicine	2. Meg Wallingford – Senior Vice President for Transformation	5. Melissa Russom – Director of Communications and Stakeholder Management	3. Thomas McCarroll – Vice President, Performance Operations	
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<ul style="list-style-type: none"> • Led by Ellis Hospital (Schenectady). St Peter's Health Partners is the other major player. Ellis and St Peter's have formed an ACO in the region, IHANY. • NewCo LLC, Alliance for Better Healthcare, is made up of 5 Members (Ellis, St Peter's, St Mary's, Hometown Health and Whitney M Young) 							

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.viii Hospital-Home Care Collaboration Solutions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.iv Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs • 3.d.ii Expansion of asthma home-based self-management program • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
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Alliance for Better Health Care: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

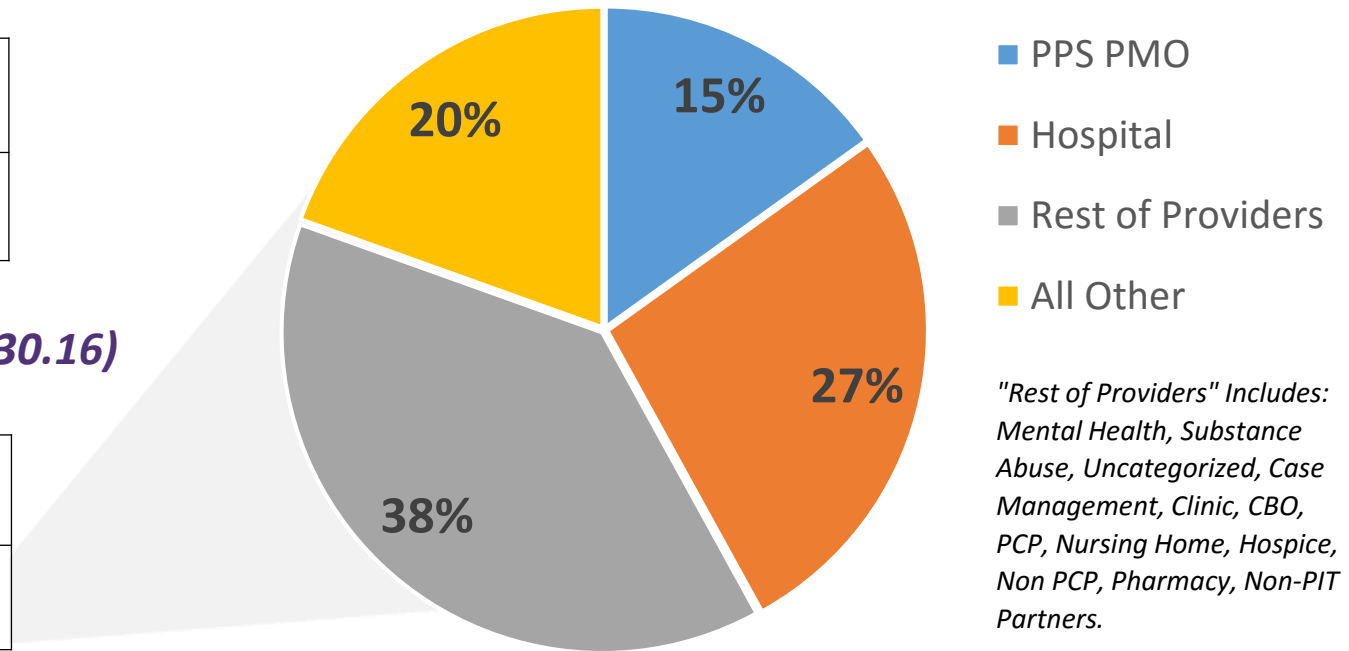
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$38,163,596	\$37,539,017	98.4%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$37,539,017	
Flowed	\$22,312,114	59%

Funds Flow by Provider Type



Alliance for Better Health Care: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 1,081,641.02	\$ 1,081,641.02	\$ -	\$ 1,081,641.02
2.b.iii	20.00	19.00	0.00	19.00	\$ 824,411.46	\$ 755,710.50	\$ -	\$ 755,710.50
2.b.iv	20.00	19.00	0.00	19.00	\$ 822,155.66	\$ 753,642.69	\$ -	\$ 753,642.69
2.b.viii	20.00	19.00	0.00	19.00	\$ 839,617.64	\$ 769,649.50	\$ -	\$ 769,649.50
2.d.i	8.00	8.00	0.00	8.00	\$ 683,674.10	\$ 683,674.10	\$ -	\$ 683,674.10
3.a.i	16.00	16.00	0.00	16.00	\$ 699,834.49	\$ 699,834.49	\$ -	\$ 699,834.49
3.a.iv	16.00	16.00	0.00	16.00	\$ 705,932.38	\$ 705,932.38	\$ -	\$ 705,932.38
3.d.ii	10.00	9.00	0.00	9.00	\$ 566,484.10	\$ 519,277.09	\$ -	\$ 519,277.09
3.g.i	7.00	7.00	0.00	7.00	\$ 428,974.60	\$ 428,974.60	\$ -	\$ 428,974.60
4.a.iii	16.00	16.00	0.00	16.00	\$ 397,564.93	\$ 397,564.93	\$ -	\$ 397,564.93
4.b.i	14.00	14.00	0.00	14.00	\$ 457,199.67	\$ 457,199.67	\$ -	\$ 457,199.67
AV Adjustments (Column F)								
Total	166.00	162.00	0.00	162.00	\$ 7,507,490	\$ 7,253,101	\$ -	\$ 7,253,101

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement

DY2Q1 AV Progress Report:

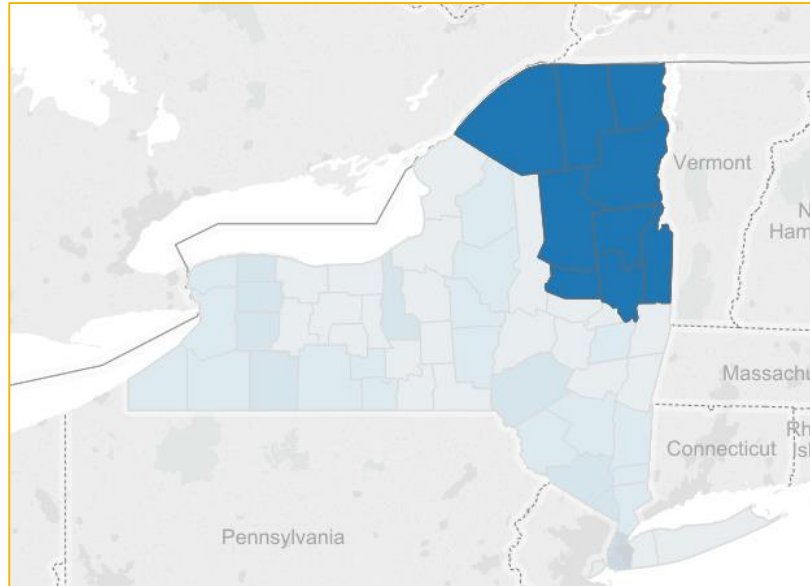
- The PPS has earned all available AVs



Training and transforming the workforce

- To address workforce gaps for the delivery of home-based services, has contracted with Kettering National Seminars to offer Asthma Educator Examination Prep Courses
- A total of 33 licensed professionals representing partners, aligned CBO's and adjoining PPS recently completed course

Adirondack Health Institute



<ul style="list-style-type: none"> • PPS Service Area: Saratoga, Hamilton, Franklin, Clinton, St. Lawrence, Fulton, Essex, Warren, Washington • Attribution for Performance: 81,090 • Attribution for Valuation: 143,640 • Total Award Dollars: \$186,715,496 							
Core Team:	<table border="0"> <tr> <td>1. Margaret Vosburgh – Interim CEO</td> <td>4. Lottie Jameson – Regional Health Planning and Development</td> </tr> <tr> <td>2. Bob Cawley – Medical Home Initiatives Director</td> <td></td> </tr> <tr> <td>3. Eric Burton – CFO</td> <td></td> </tr> </table>	1. Margaret Vosburgh – Interim CEO	4. Lottie Jameson – Regional Health Planning and Development	2. Bob Cawley – Medical Home Initiatives Director		3. Eric Burton – CFO	
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2. Bob Cawley – Medical Home Initiatives Director							
3. Eric Burton – CFO							
<ul style="list-style-type: none"> • The Adirondack Health Institute is a four Member Organization established in 2011 (Adirondack Health, Glens Falls Hospital, Hudson Headwaters Health Network, UVM Health Network – CVPH) and is the PPS Lead entity • AHI is a state designated Health Home and is enrolled in Medicaid 							

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.a.iv Create a medical village using existing hospital infrastructure • 2.b.viii Hospital-Home Care Collaboration Solutions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.a.iv Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Adirondack Health Institute: Payments and Funds Flow

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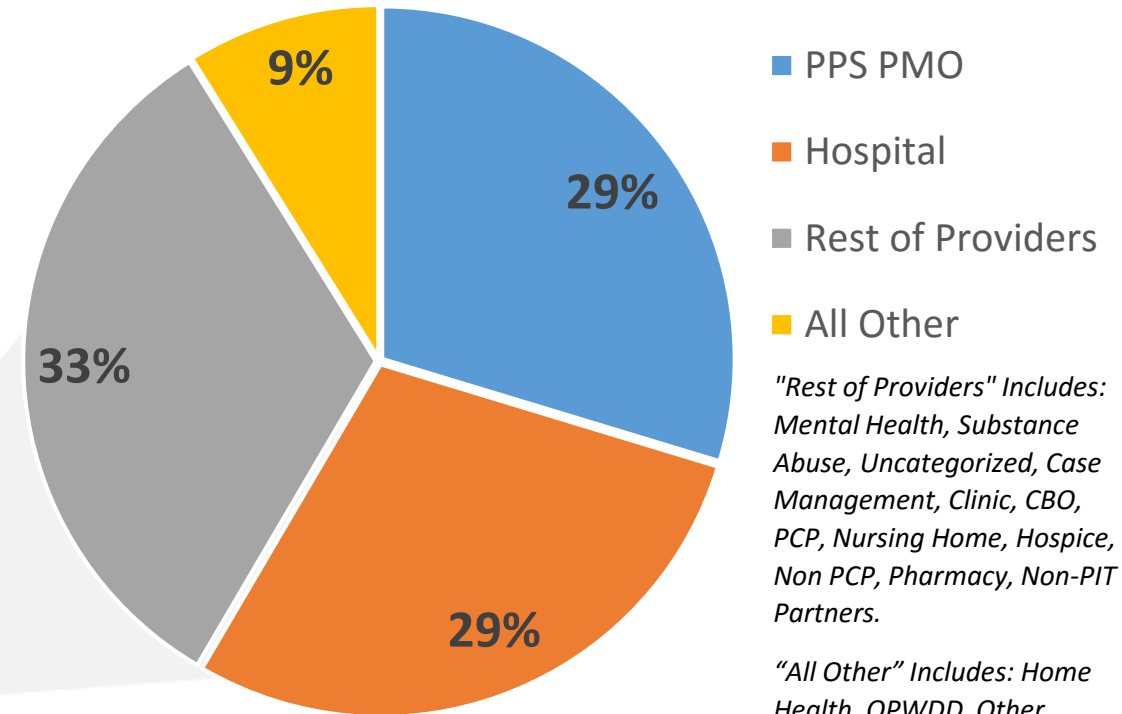
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$28,288,785	\$28,197,054	99.7%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$28,197,054	
Flowed	\$ 10,589,233	38%

Funds Flow by Provider Type



Adirondack Health Institute: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 811,447.01	\$ 811,447.01	\$ -	\$ 811,447.01
2.a.ii	20.00	19.00	0.00	19.00	\$ 546,966.89	\$ 501,386.32	\$ -	\$ 501,386.32
2.a.iv	19.00	19.00	0.00	19.00	\$ 765,845.88	\$ 765,845.88	\$ -	\$ 765,845.88
2.b.viii	19.00	19.00	0.00	19.00	\$ 614,288.18	\$ 614,288.18	\$ -	\$ 614,288.18
2.d.i	8.00	7.00	0.00	7.00	\$ 553,814.54	\$ 507,663.33	\$ -	\$ 507,663.33
3.a.i	15.00	15.00	0.00	15.00	\$ 529,801.12	\$ 529,801.12	\$ -	\$ 529,801.12
3.a.ii	15.00	15.00	0.00	15.00	\$ 497,360.44	\$ 497,360.44	\$ -	\$ 497,360.44
3.a.iv	15.00	15.00	0.00	15.00	\$ 480,445.95	\$ 480,445.95	\$ -	\$ 480,445.95
3.g.i	6.00	6.00	0.00	6.00	\$ 295,771.12	\$ 295,771.12	\$ -	\$ 295,771.12
4.a.iii	16.00	16.00	0.00	16.00	\$ 292,125.15	\$ 292,125.15	\$ -	\$ 292,125.15
4.b.ii	21.00	21.00	0.00	21.00	\$ 251,309.11	\$ 251,309.11	\$ -	\$ 251,309.11
AV Adjustments (Column F)								
Total	173.00	171.00	0.00	171.00	\$ 5,639,175	\$ 5,547,444	\$ -	\$ 5,547,444

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs

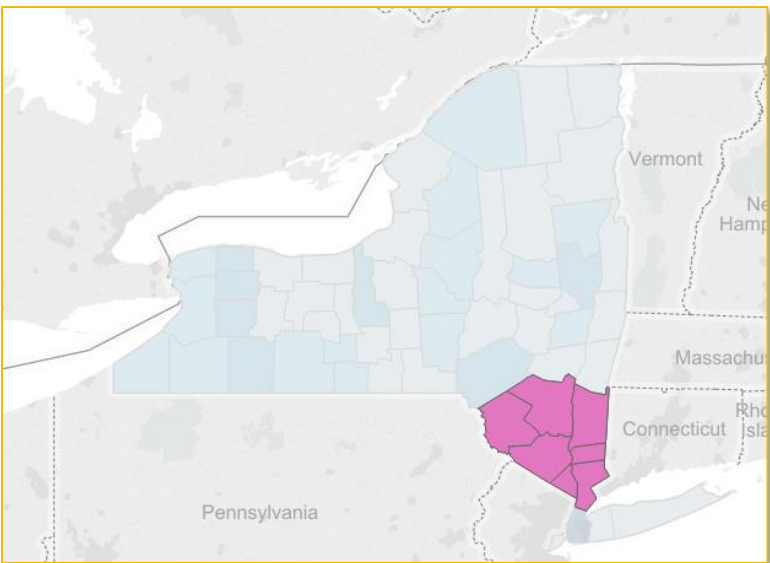


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○ Collaboration ○ Catalyst ○ Community

Primary Care Transformation

- All PCPs are utilizing certified EHR technology, are connected with local health information exchange and actively sharing health information among clinical partners
- 24% of practices will be submitting PCMH 2014 applications to NCQA by the end of DY2 Q2 and technical assistance is deployed to assist remaining practices achieve PCMH 2014 Level 3 by the end of DY3

Montefiore Hudson Valley Collaborative PPS



<ul style="list-style-type: none"> • PPS Service Areas: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester • Attribution for Performance: 229,654 • Attribution for Valuation: 105,752 • Total Award Dollars: \$249,071,149 							
Core Team:	<table border="0"> <tr> <td>1. Allison McGuire – Hudson Valley Collaborative, DSRIP ED</td> <td>4. Bayard King – Hudson Valley Collaborative, CFO</td> </tr> <tr> <td>2. Marlene Ripa – Hudson Valley Collaborative, DSRIP Coordinator</td> <td></td> </tr> <tr> <td>3. Damara Gutnick – Hudson Valley Collaborative, CMO</td> <td></td> </tr> </table>	1. Allison McGuire – Hudson Valley Collaborative, DSRIP ED	4. Bayard King – Hudson Valley Collaborative, CFO	2. Marlene Ripa – Hudson Valley Collaborative, DSRIP Coordinator		3. Damara Gutnick – Hudson Valley Collaborative, CMO	
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2. Marlene Ripa – Hudson Valley Collaborative, DSRIP Coordinator							
3. Damara Gutnick – Hudson Valley Collaborative, CMO							
<ul style="list-style-type: none"> • Largest national Medicaid provider. • Extensive collaboration with other Hudson Valley PPS (Westchester and Refuah) 							

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.a.iv Create a medical village using existing hospital infrastructure • 2.b.iii ED care triage for at-risk populations • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.d.iii Implementation of evidence-based medicine guidelines for asthma management • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Montefiore Hudson Valley Collaborative PPS: Payments and Funds Flow

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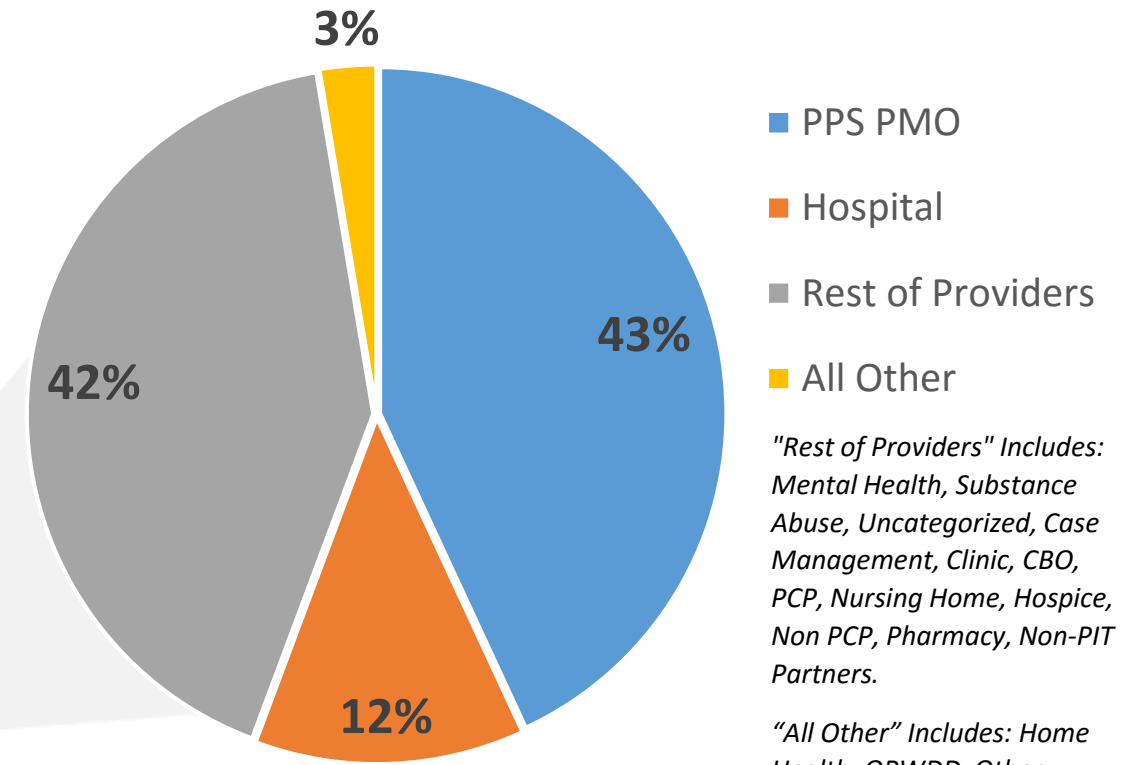
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$19,665,778	\$19,493,212	99.1%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$19,493,212	
Flowed	\$12,899,221	66%

Funds Flow by Provider Type



Montefiore Hudson Valley Collaborative PPS: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 577,578.62	\$ 577,578.62	\$ -	\$ 577,578.62
2.a.iii	20.00	19.00	0.00	19.00	\$ 493,135.98	\$ 452,041.31	\$ -	\$ 452,041.31
2.a.iv	20.00	20.00	0.00	20.00	\$ 578,094.24	\$ 578,094.24	\$ -	\$ 578,094.24
2.b.iii	20.00	20.00	0.00	20.00	\$ 418,187.70	\$ 418,187.70	\$ -	\$ 418,187.70
3.a.i	16.00	16.00	0.00	16.00	\$ 405,328.60	\$ 405,328.60	\$ -	\$ 405,328.60
3.a.ii	16.00	16.00	0.00	16.00	\$ 389,934.95	\$ 389,934.95	\$ -	\$ 389,934.95
3.b.i	13.00	13.00	0.00	13.00	\$ 291,542.32	\$ 291,542.32	\$ -	\$ 291,542.32
3.d.iii	10.00	10.00	0.00	10.00	\$ 312,396.82	\$ 312,396.82	\$ -	\$ 312,396.82
4.b.i	14.00	14.00	0.00	14.00	\$ 247,733.87	\$ 247,733.87	\$ -	\$ 247,733.87
4.b.ii	21.00	21.00	0.00	21.00	\$ 184,546.70	\$ 184,546.70	\$ -	\$ 184,546.70
AV Adjustments (Column F)								
Total	169.00	168.00	0.00	168.00	\$ 3,898,480	\$ 3,857,385	\$ -	\$ 3,857,385

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement

DY2Q1 AV Progress Report:

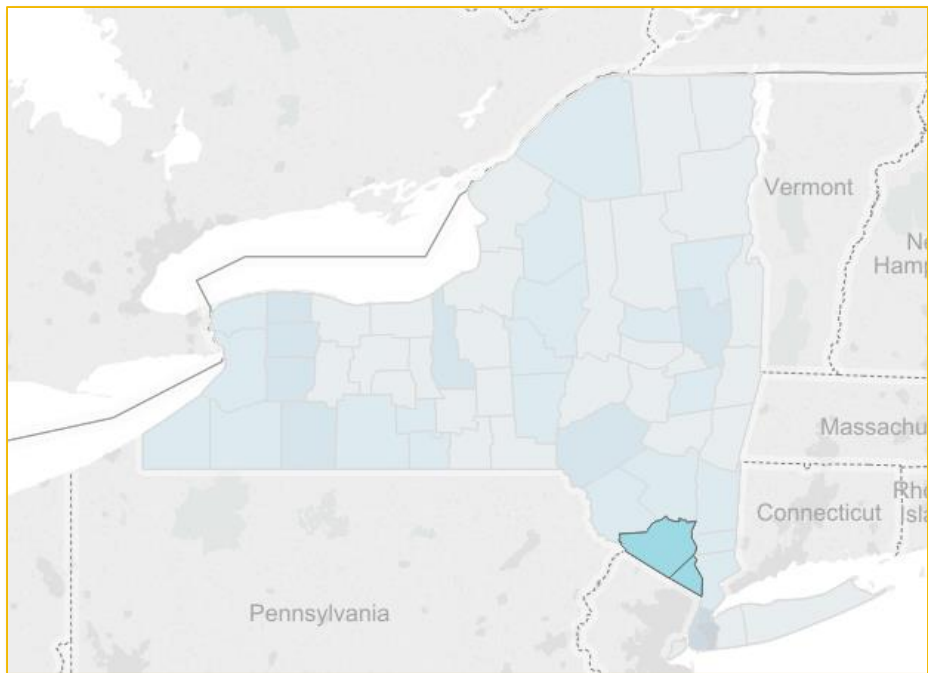
- The PPS has earned all available AVs



Addressing Community Needs

- St. Luke's Cornwall Hospital identified that food insecurity is a pressing issue faced by large number of their high utilizer patient population.
- As a result of the MAX program, the Action Team has began collaborating with a local food agency to install a food pantry in the hospital.
- Now providing healthy food to food insecure patients and reducing unnecessary utilization of the emergency department.

Refuah Community Health Collaborative



<ul style="list-style-type: none"> • PPS Service Area: Orange and Rockland • Attribution for Performance: 42,153 • Attribution for Valuation: 26,804 • Total Award Dollars: \$45,634,589 	
Core Team:	<ol style="list-style-type: none"> 1. Chanie Sternberg – Refuah Health Center, President and CEO 2. Corinna Manini – Refuah Health Center, Medical Director 3. Rachel Merk – CTO, Refuah Health Center 4. Alexandra Khorover – Legal Council 5. Shaindy Landerer – Director of Finance
<ul style="list-style-type: none"> • Medical center and FQHC led PPS • Contracting Collaborative model 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.c.i Development of community-based health navigation services • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.a.iii Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
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Refuah Community Health Collaborative: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

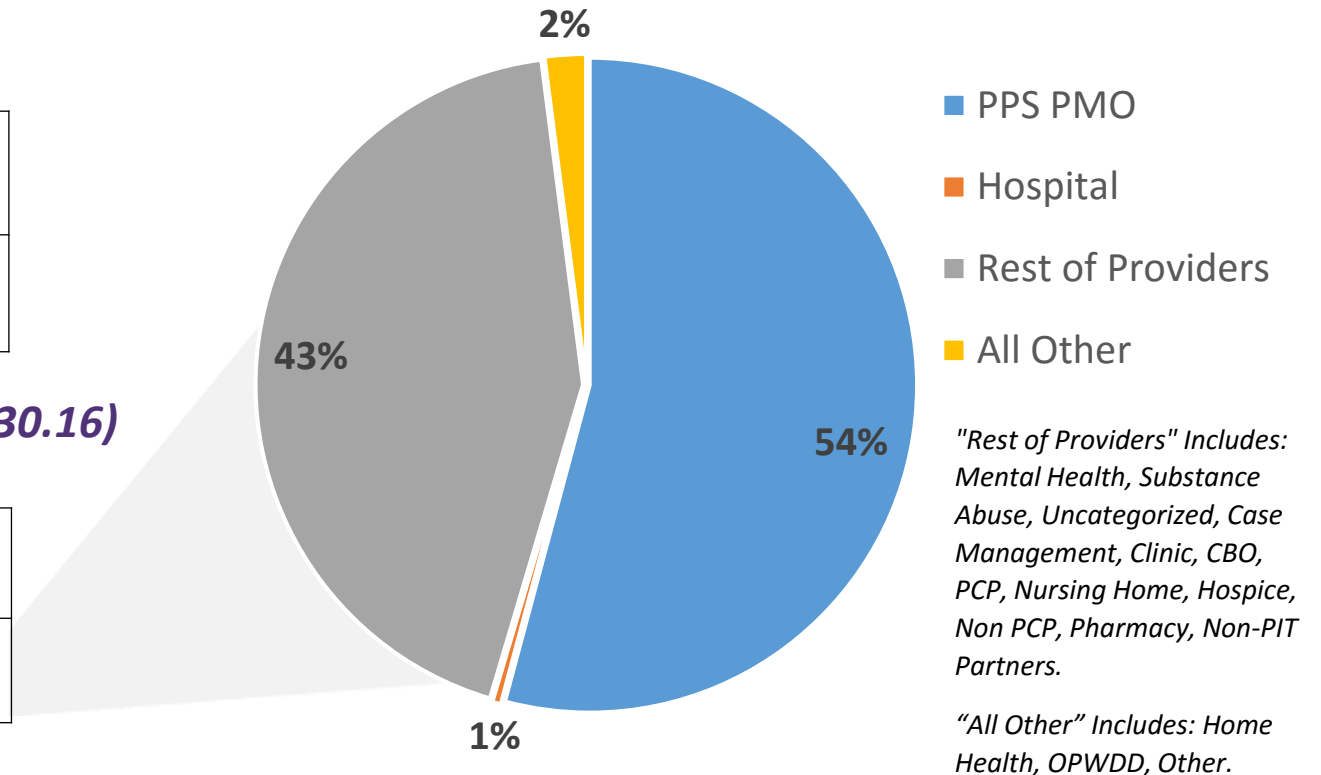
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$3,402,288	\$3,402,288	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$3,402,288	
Flowed	\$1,766,483	52%

Funds Flow by Provider Type



Refuah Community Health Collaborative: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 149,310.94	\$ 149,310.94	\$ -	\$ 149,310.94
2.a.ii	20.00	20.00	0.00	20.00	\$ 97,922.03	\$ 97,922.03	\$ -	\$ 97,922.03
2.c.i	20.00	20.00	0.00	20.00	\$ 98,116.54	\$ 98,116.54	\$ -	\$ 98,116.54
3.a.i	16.00	16.00	0.00	16.00	\$ 97,511.03	\$ 97,511.03	\$ -	\$ 97,511.03
3.a.ii	16.00	16.00	0.00	16.00	\$ 92,228.01	\$ 92,228.01	\$ -	\$ 92,228.01
3.a.iii	16.00	16.00	0.00	16.00	\$ 79,911.01	\$ 79,911.01	\$ -	\$ 79,911.01
4.b.i	14.00	14.00	0.00	14.00	\$ 65,429.74	\$ 65,429.74	\$ -	\$ 65,429.74
AV Adjustments (Column F)								
Total	121.00	121.00	0.00	121.00	\$ 680,429	\$ 680,429	\$ -	\$ 680,429

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs

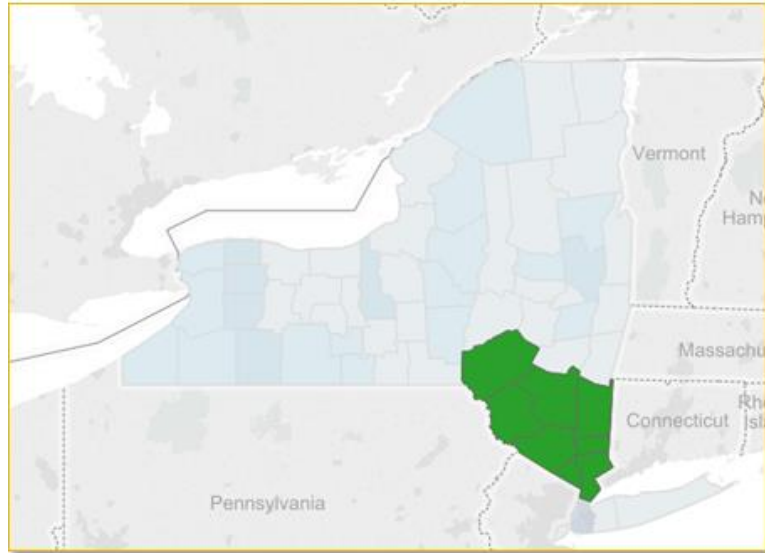


RCHC
REFUAH COMMUNITY HEALTH COLLABORATIVE

Integration of mental and physical health care

- The child psychiatry waiting list at Refuah Health Center has plummeted: from 66 patients to 15 patients, from 8 months for a new evaluation to 4 weeks for a new evaluation
- PCPs trained and empowered to treat and manage mental health conditions
- Social Workers offer immediate mental health evaluations and streamlined crisis management

WMCHHealth PPS



<ul style="list-style-type: none"> • PPS Service Area: Delaware County, Dutchess County, Orange County, Putnam County, Rockland County, Sullivan County, Ulster County, Westchester County • Attribution for Performance: 144,456 • Attribution for Performance – 2.d.i: 453,409 • Attribution for Valuation: 573,393 • Total Award Dollars: \$273,923,615 	
Core Team:	<ol style="list-style-type: none"> 1. June Keenan, MS, MPH – PPS DSRIP lead; Senior Vice President, Delivery System Transformation Executive Director, Center for Regional Healthcare Innovation Westchester Medical Center 2. Deborah Viola, MBA, PhD – Vice President, Director, Health Services Research and Data Analytics, Center for Regional Healthcare Innovation Westchester Medical Center 3. Janet (Jessie) Sullivan, MD – Vice President, Medical Director, Center for Regional Healthcare Innovation, Westchester Medical Center 4. Peg Moran, LSCW – Vice President, Operations, Center for Regional Healthcare Innovation, Westchester Medical Center 5. Maureen Doran, MBA, MS – Vice President, Integrated Care Network, Center for Regional Healthcare Innovation, Westchester Medical Center
<ul style="list-style-type: none"> • WMC is a large public hospital-led PPS – services areas in 8 counties of the lower Hudson Valley • Center for Regional Healthcare Innovation is Westchester Medical Center’s central services organization 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.a.iv Create a medical village using existing hospital infrastructure • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.d.iii Implementation of evidence-based medicine guidelines for asthma management • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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WMCHHealth PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

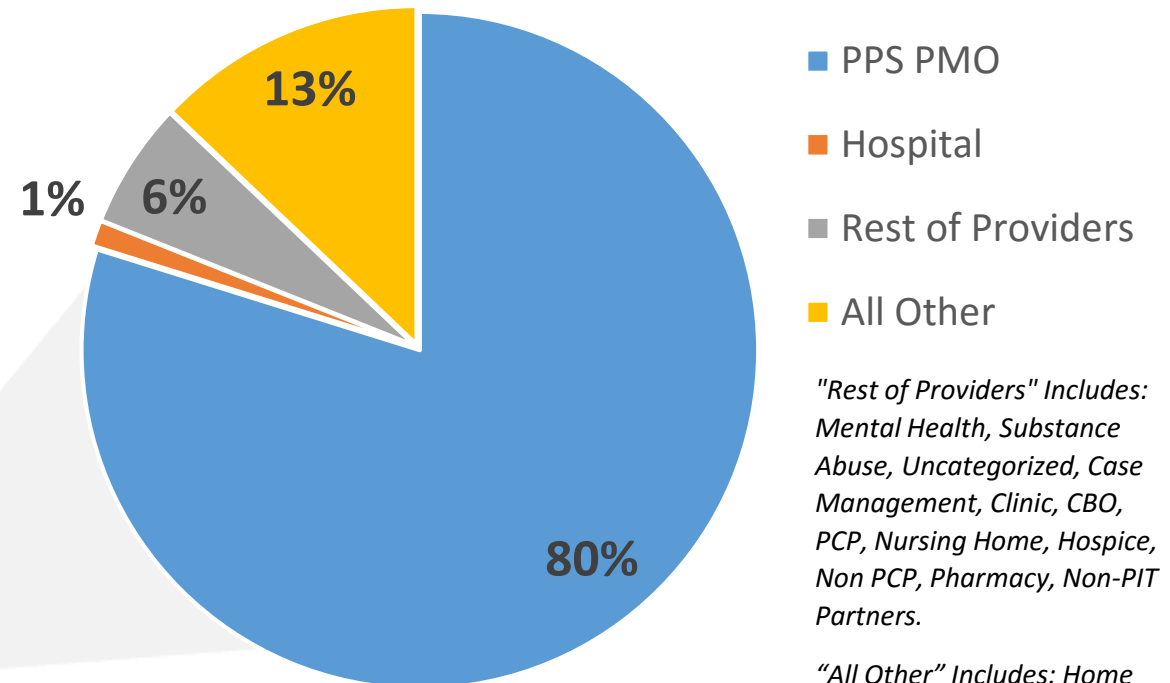
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$41,997,805	\$41,834,599	99.6%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$41,834,599	
Flowed	\$31,563,724	75%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

WMCHHealth PPS: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 1,101,546.82	\$ 1,101,546.82	\$ -	\$ 1,101,546.82
2.a.iii	20.00	20.00	0.00	20.00	\$ 904,842.03	\$ 904,842.03	\$ -	\$ 904,842.03
2.a.iv	20.00	20.00	0.00	20.00	\$ 1,062,205.86	\$ 1,062,205.86	\$ -	\$ 1,062,205.86
2.b.iv	20.00	20.00	0.00	20.00	\$ 845,830.59	\$ 845,830.59	\$ -	\$ 845,830.59
2.d.i	8.00	7.00	0.00	7.00	\$ 979,235.98	\$ 897,632.98	\$ -	\$ 897,632.98
3.a.i	16.00	16.00	0.00	16.00	\$ 758,383.35	\$ 758,383.35	\$ -	\$ 758,383.35
3.a.ii	16.00	16.00	0.00	16.00	\$ 727,807.72	\$ 727,807.72	\$ -	\$ 727,807.72
3.c.i	12.00	12.00	0.00	12.00	\$ 590,114.37	\$ 590,114.37	\$ -	\$ 590,114.37
3.d.iii	10.00	10.00	0.00	10.00	\$ 609,784.85	\$ 609,784.85	\$ -	\$ 609,784.85
4.b.i	14.00	14.00	0.00	14.00	\$ 452,421.01	\$ 452,421.01	\$ -	\$ 452,421.01
4.b.ii	21.00	21.00	0.00	21.00	\$ 334,398.14	\$ 334,398.14	\$ -	\$ 334,398.14
AV Adjustments (Column F)								
Total	176.00	175.00	0.00	175.00	\$ 8,366,571	\$ 8,284,968	\$ -	\$ 8,284,968

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs



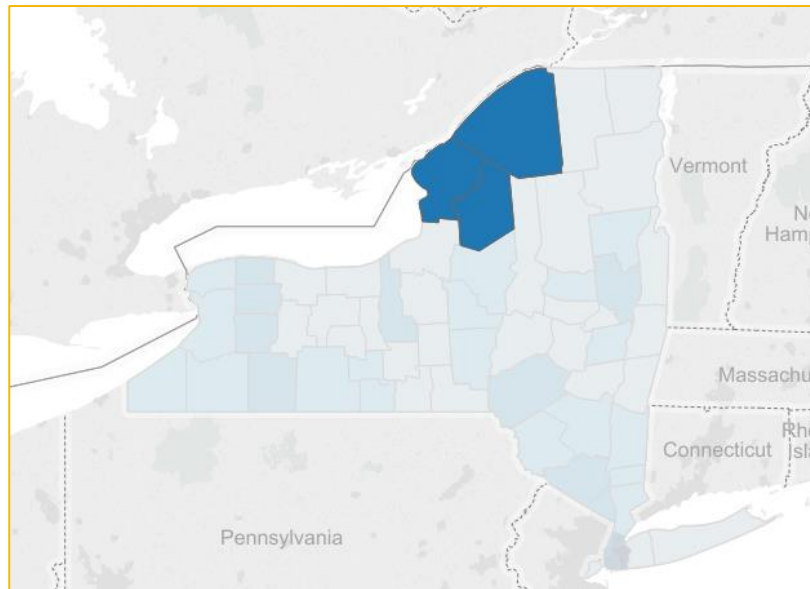
**Performing Provider
System (PPS)**

Westchester Medical Center Health Network

**Regional Population Health Promotion
Through the Hudson River DSRIP Public Health Council, in collaboration
with MHVC PPS and RCHC PPS:**

- Collaborating with 45+ government agencies and CBOs on Tobacco Cessation(4.b.i) and Cancer Screening (4.b.ii) public health projects.
- Adopted NYS Prevention Agenda's cancer screen rates as benchmark
- Launched timely anti-vaping campaign aimed at high school students—way ahead of new FDA ban (8/8/2016) on e-cigarette and vaping sales to those under 18.
- Distributed over 5,000 posters in high schools throughout the Hudson Valley.

North Country Initiative PPS



<ul style="list-style-type: none"> • PPS Service Area (3 counties): Jefferson, Lewis, St. Lawrence • Attribution for Performance: 39,755 • Attribution for Valuation: 61,994 • Total Award Dollars: \$78,062,821 											
Core Team:	<table border="0"> <tr> <td>1. Denise Young – Executive Director, Fort Drum Regional Health Planning Organization</td> <td>6. Ian Grant – Population Health Program Manager, Fort Drum Regional Health Planning Organization</td> </tr> <tr> <td>2. Brian Marcolini – Director, Fort Drum Regional Health Planning Organization</td> <td>7. Corey Zeigler – CIO, Fort Drum Regional Health Planning Organization (Note: Corey is also the CIO Steering Committee Co-Chair)</td> </tr> <tr> <td>3. Thomas Carman – CEO, Samaritan Medical Center</td> <td>8. Lindsay Knowlton – DSRIP Finance Director</td> </tr> <tr> <td>4. Erika Flint – DSRIP Director, Fort Drum Regional Health Planning Organization</td> <td></td> </tr> <tr> <td>5. Tracy Leonard – Deputy Director, Fort Drum Regional Health Planning Organization</td> <td></td> </tr> </table>	1. Denise Young – Executive Director, Fort Drum Regional Health Planning Organization	6. Ian Grant – Population Health Program Manager, Fort Drum Regional Health Planning Organization	2. Brian Marcolini – Director, Fort Drum Regional Health Planning Organization	7. Corey Zeigler – CIO, Fort Drum Regional Health Planning Organization (Note: Corey is also the CIO Steering Committee Co-Chair)	3. Thomas Carman – CEO, Samaritan Medical Center	8. Lindsay Knowlton – DSRIP Finance Director	4. Erika Flint – DSRIP Director, Fort Drum Regional Health Planning Organization		5. Tracy Leonard – Deputy Director, Fort Drum Regional Health Planning Organization	
1. Denise Young – Executive Director, Fort Drum Regional Health Planning Organization	6. Ian Grant – Population Health Program Manager, Fort Drum Regional Health Planning Organization										
2. Brian Marcolini – Director, Fort Drum Regional Health Planning Organization	7. Corey Zeigler – CIO, Fort Drum Regional Health Planning Organization (Note: Corey is also the CIO Steering Committee Co-Chair)										
3. Thomas Carman – CEO, Samaritan Medical Center	8. Lindsay Knowlton – DSRIP Finance Director										
4. Erika Flint – DSRIP Director, Fort Drum Regional Health Planning Organization											
5. Tracy Leonard – Deputy Director, Fort Drum Regional Health Planning Organization											
<ul style="list-style-type: none"> • North Country Initiative is the lead entity 											

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.a.iv Create a medical village using existing hospital infrastructure • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.b.i Cardio Disease Management - Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.c.i Diabetes Disease Management - Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.c.ii Implementation of evidence-based strategies to address chronic disease – primary and secondary prevention projects (adults only) • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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North Country Initiative PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

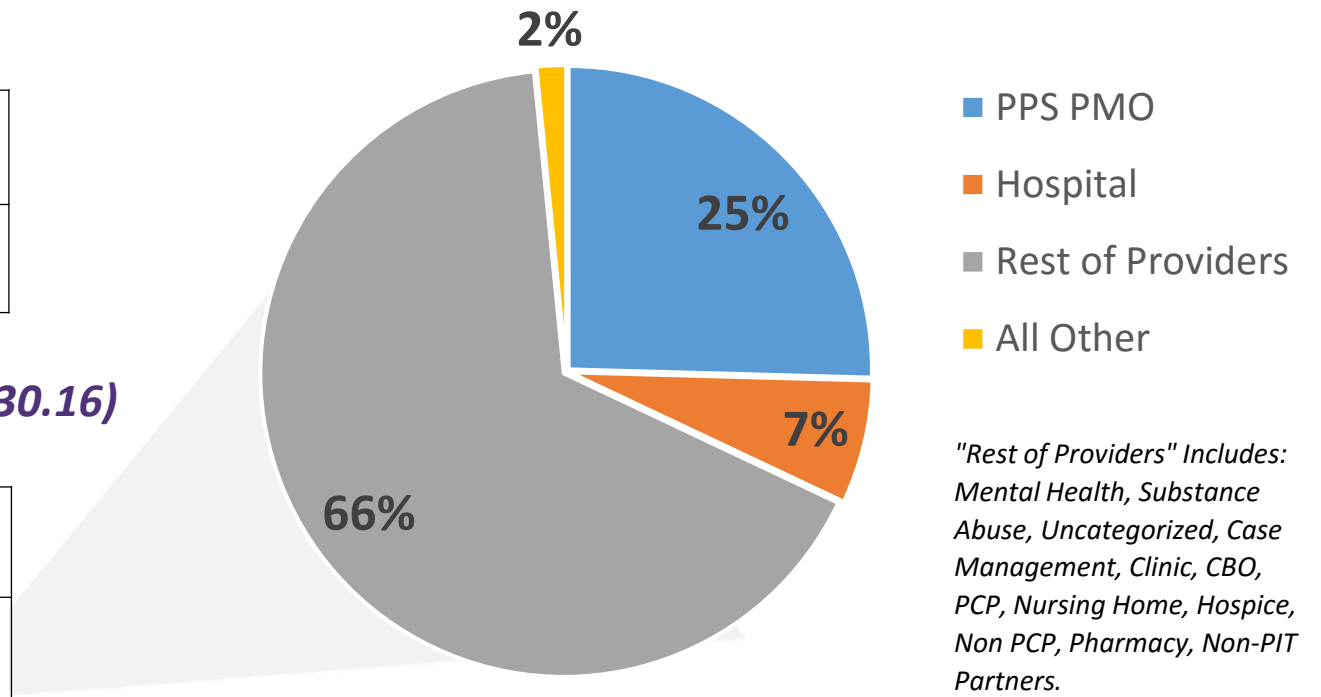
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$11,689,449	\$11,689,449	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$11,689,449	
Flowed	\$5,990,812	51%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

North Country Initiative PPS: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 333,848.98	\$ 333,848.98	\$ -	\$ 333,848.98
2.a.ii	20.00	20.00	0.00	20.00	\$ 226,719.32	\$ 226,719.32	\$ -	\$ 226,719.32
2.a.iv	19.00	19.00	0.00	19.00	\$ 344,530.82	\$ 344,530.82	\$ -	\$ 344,530.82
2.b.iv	20.00	20.00	0.00	20.00	\$ 253,039.50	\$ 253,039.50	\$ -	\$ 253,039.50
2.d.i	8.00	8.00	0.00	8.00	\$ 219,230.60	\$ 219,230.60	\$ -	\$ 219,230.60
3.a.i	16.00	16.00	0.00	16.00	\$ 225,156.12	\$ 225,156.12	\$ -	\$ 225,156.12
3.b.i	13.00	13.00	0.00	13.00	\$ 166,029.82	\$ 166,029.82	\$ -	\$ 166,029.82
3.c.i	12.00	12.00	0.00	12.00	\$ 167,284.41	\$ 167,284.41	\$ -	\$ 167,284.41
3.c.ii	12.00	12.00	0.00	12.00	\$ 165,885.21	\$ 165,885.21	\$ -	\$ 165,885.21
4.a.iii	16.00	16.00	0.00	16.00	\$ 127,604.01	\$ 127,604.01	\$ -	\$ 127,604.01
4.b.ii	21.00	21.00	0.00	21.00	\$ 108,463.41	\$ 108,463.41	\$ -	\$ 108,463.41
AV Adjustments (Column F)								
Total	176.00	176.00	0.00	176.00	\$ 2,337,792	\$ 2,337,792	\$ -	\$ 2,337,792

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

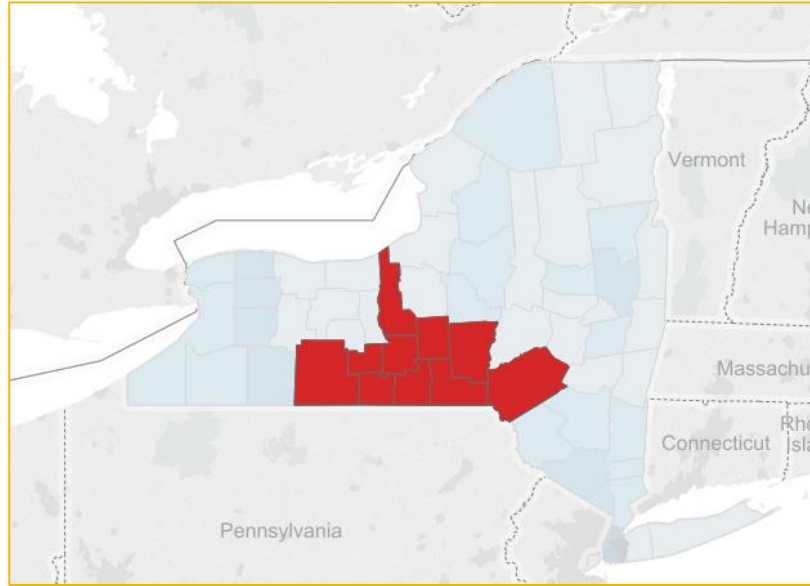
- The PPS has earned all available AVs



Collaborating with Higher Education

- Provider Incentive Programs
 - Approximately \$3 million for recruitment of 11 PCPs, 3 Nurse Practitioners, 2 Physician Assistants, 2 Psychologists, 2 Psychiatrists and 2 Dentists; Licensed Clinical Social Worker & Certified Diabetes Educator
- Regional Expansion of Graduate Medical Education providing financial support of residency spots at local GME Program, rotations at regional sites, minimum 3 year commitment to work in region

Care Compass Network



<ul style="list-style-type: none"> • PPS Service Area: Broome, Chemung, Chenango, Cortland, Delaware, Schuyler, Steuben, Tioga, Tompkins • Attribution for Performance: 102,386 • Attribution for Performance – 2.d.i: 97,548 • Attribution for Valuation: 186,101 • Total Award Dollars: \$224,540,275 							
Core Team:	<table border="0"> <tr> <td>1. Mark Ropiecki — DSRIP Executive Director</td> <td>4. Julie Rumage – Project Lead</td> </tr> <tr> <td>2. Robert Carangelo – Finance Officer</td> <td>5. Rebecca Kennis – Analyst</td> </tr> <tr> <td>3. Dawn Sculley – DSRIP Director</td> <td>6. Robin Kinslow-Evans – Strategic Advisor</td> </tr> </table>	1. Mark Ropiecki — DSRIP Executive Director	4. Julie Rumage – Project Lead	2. Robert Carangelo – Finance Officer	5. Rebecca Kennis – Analyst	3. Dawn Sculley – DSRIP Director	6. Robin Kinslow-Evans – Strategic Advisor
1. Mark Ropiecki — DSRIP Executive Director	4. Julie Rumage – Project Lead						
2. Robert Carangelo – Finance Officer	5. Rebecca Kennis – Analyst						
3. Dawn Sculley – DSRIP Director	6. Robin Kinslow-Evans – Strategic Advisor						
<ul style="list-style-type: none"> • New-Co co-led by United Health Services and Cortland Regional Medical Center • Collaboration efforts are underway with Finger Lakes PPS, Bassett Medical Centre and Central New York Care Collaborative 							

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.c.i Development of community-based health navigation services • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Care Compass Network: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

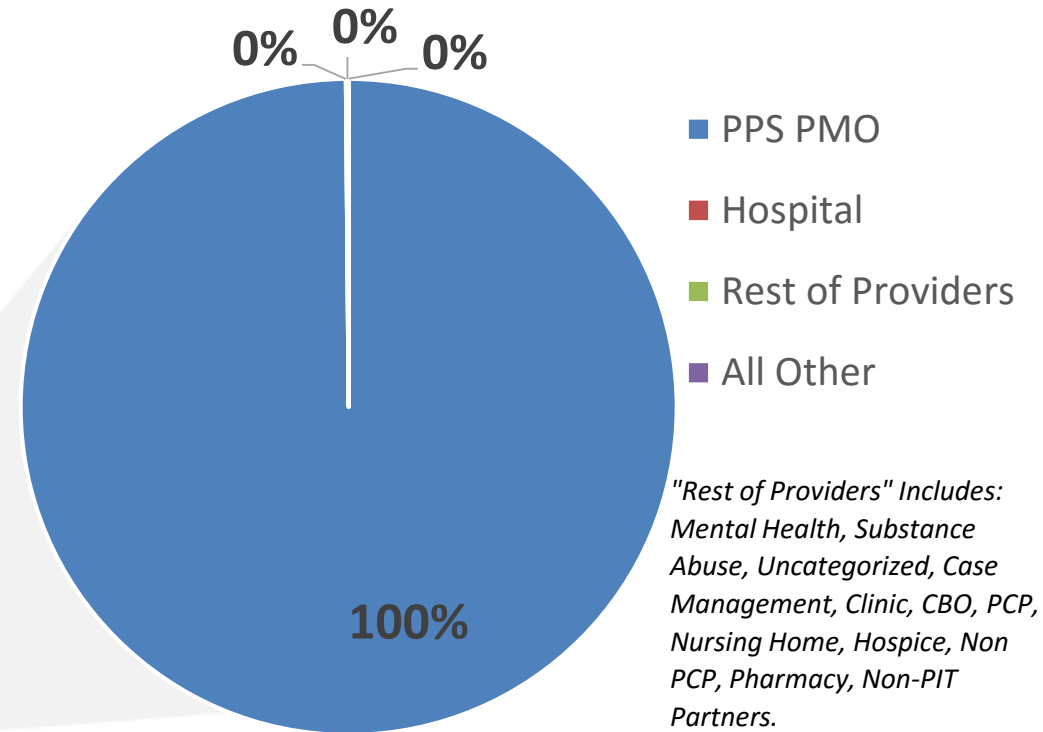
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$34,394,958	\$33,827,204	98.3%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$33,827,204	
Flowed	\$1,521,197	4%

Funds Flow by Provider Type



Care Compass Network: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 1,040,200.54	\$ 1,040,200.54	\$ -	\$ 1,040,200.54
2.b.iv	20.00	19.00	0.00	19.00	\$ 770,109.74	\$ 705,933.93	\$ -	\$ 705,933.93
2.b.vii	20.00	20.00	0.00	20.00	\$ 693,055.56	\$ 693,055.56	\$ -	\$ 693,055.56
2.c.i	20.00	19.00	0.00	19.00	\$ 686,349.88	\$ 629,154.06	\$ -	\$ 629,154.06
2.d.i	8.00	7.00	0.00	7.00	\$ 683,111.68	\$ 626,185.70	\$ -	\$ 626,185.70
3.a.i	16.00	15.00	0.00	15.00	\$ 675,604.78	\$ 619,304.38	\$ -	\$ 619,304.38
3.a.ii	16.00	15.00	0.00	15.00	\$ 639,889.50	\$ 586,565.37	\$ -	\$ 586,565.37
3.b.i	13.00	12.00	0.00	12.00	\$ 494,323.69	\$ 453,130.05	\$ -	\$ 453,130.05
3.g.i	7.00	6.00	0.00	6.00	\$ 380,308.50	\$ 348,616.12	\$ -	\$ 348,616.12
4.a.iii	16.00	16.00	0.00	16.00	\$ 383,055.98	\$ 383,055.98	\$ -	\$ 383,055.98
4.b.ii	21.00	21.00	0.00	21.00	\$ 319,148.58	\$ 319,148.58	\$ -	\$ 319,148.58
AV Adjustments (Column F)								
Total	176.00	169.00	0.00	169.00	\$ 6,765,158	\$ 6,404,350	\$ -	\$ 6,404,350

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement

DY2Q1 AV Progress Report:

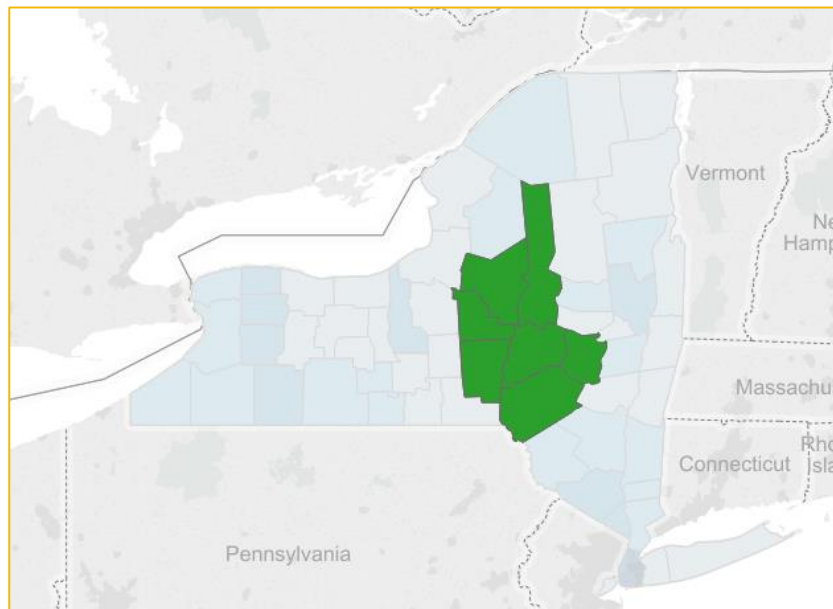
- The PPS has earned all available AVs



Integration of Primary and Behavioral Health

- 899/1019 PHQ-9 screenings completed of 1019 offered over 5 months (88%)
- 67 of 134 PHQ-9 screens scoring >15 referred to on-site BHC (50%)
- 78 patients with a PHQ-9 score of 15 higher received follow-up with BHC on-site
- Expanding program to include SBIRT in July 2016.

Leatherstocking Collaborative Health Partners



<ul style="list-style-type: none"> • PPS Service Area: Delaware, Herkimer, Madison, Otsego, Schoharie • Attribution for Performance: 41,716 • Attribution for Valuation: 62,043 • Total Award Dollars: \$71,839,378 									
Core Team:	<table border="0"> <tr> <td>1. Sue van der Sommen – DSRIP Executive Director</td> <td>5. Wendy Kiuber – Network Operations Coordinator</td> </tr> <tr> <td>2. Tom Manion – Director of Operations & Strategic Planning</td> <td>6. Dr. Steven Heneghan – Chief Medical Officer</td> </tr> <tr> <td>3. Amy Van Kampen – Director of Performance Metrics</td> <td>7. Mallory Mattson – Network Operations Manager</td> </tr> <tr> <td>4. Swathi Gurjala – DSRIP Program Manager</td> <td>8. Kara Travis – Senior Director, Patient Services</td> </tr> </table>	1. Sue van der Sommen – DSRIP Executive Director	5. Wendy Kiuber – Network Operations Coordinator	2. Tom Manion – Director of Operations & Strategic Planning	6. Dr. Steven Heneghan – Chief Medical Officer	3. Amy Van Kampen – Director of Performance Metrics	7. Mallory Mattson – Network Operations Manager	4. Swathi Gurjala – DSRIP Program Manager	8. Kara Travis – Senior Director, Patient Services
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4. Swathi Gurjala – DSRIP Program Manager	8. Kara Travis – Senior Director, Patient Services								
<ul style="list-style-type: none"> • Lead Organization: Bassett Medical Center; developed a NewCo to separate Bassett Medical Center as lead from the PPS. NewCo is an LLC, with d/b/a Leatherstocking Collaborative Health Partners. • 90+ collaborating agencies within their system. • Well connected with regional partners 									

Projects Selected:	<ul style="list-style-type: none"> • 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.b.viii Hospital-Home Care Collaboration Solutions • 2.c.i Development of community-based health navigation services • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.iv Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs • 3.d.iii Implementation of evidence-based medicine guidelines for asthma management • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
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Leatherstocking Collaborative Health Partners: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

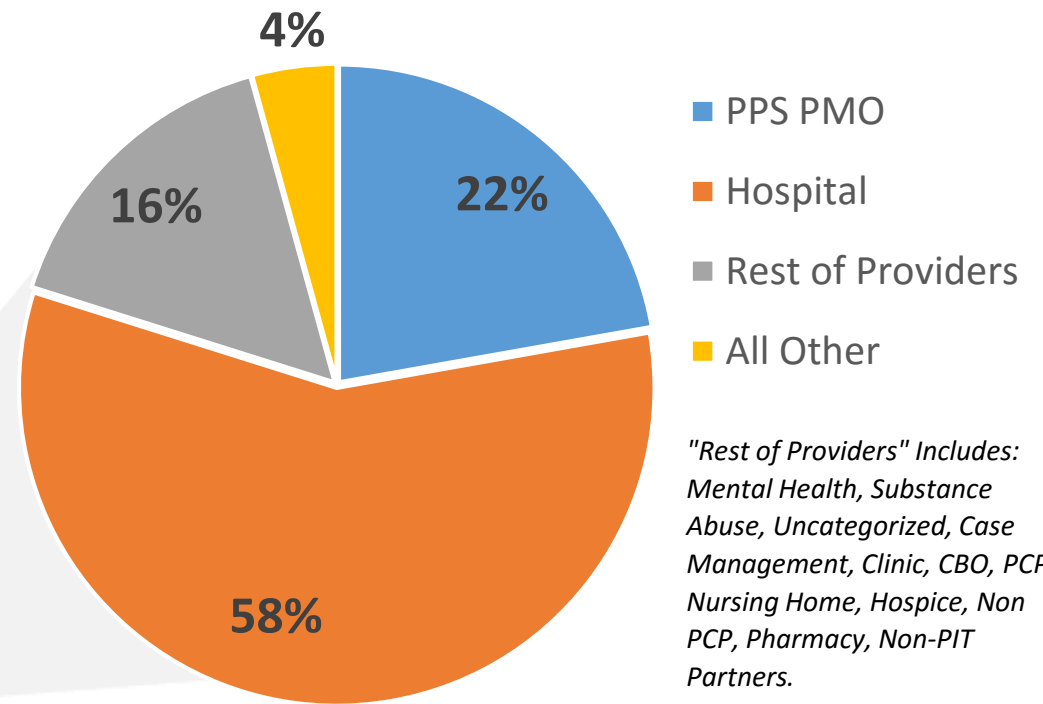
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$10,951,503	\$10,671,239	97.4%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$10,671,239	
Flowed	\$8,321,143	78%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Leatherstocking Collaborative Health Partners: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	(1.00)	4.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.ii	20.00	20.00	(1.00)	19.00	\$ 215,737.47	\$ 197,759.35	\$ -	\$ 197,759.35
2.b.vii	20.00	20.00	(1.00)	19.00	\$ 238,110.99	\$ 218,268.41	\$ -	\$ 218,268.41
2.b.viii	20.00	20.00	(1.00)	19.00	\$ 245,369.79	\$ 224,922.31	\$ -	\$ 224,922.31
2.c.i	20.00	20.00	(1.00)	19.00	\$ 223,488.12	\$ 204,864.11	\$ -	\$ 204,864.11
2.d.i	8.00	7.00	(1.00)	6.00	\$ 210,109.00	\$ 175,090.83	\$ -	\$ 175,090.83
3.a.i	16.00	16.00	(1.00)	15.00	\$ 217,789.38	\$ 199,640.26	\$ -	\$ 199,640.26
3.a.iv	16.00	16.00	(1.00)	15.00	\$ 216,694.46	\$ 198,636.58	\$ -	\$ 198,636.58
3.d.iii	10.00	10.00	(1.00)	9.00	\$ 164,427.58	\$ 150,725.28	\$ -	\$ 150,725.28
3.g.i	7.00	6.00	(1.00)	5.00	\$ 127,866.98	\$ 106,555.81	\$ -	\$ 106,555.81
4.a.iii	16.00	16.00	(1.00)	15.00	\$ 127,704.60	\$ 114,934.14	\$ -	\$ 114,934.14
4.b.i	14.00	14.00	(1.00)	13.00	\$ 146,860.30	\$ 132,174.27	\$ -	\$ 132,174.27
AV Adjustments (Column F)								
Total	167.00	165.00	(11.00)	154.00	\$ 2,134,159	\$ 1,923,571	\$ -	\$ 1,923,571

Description of DY1Q4 Scorecard Missed AVs:

- Financial Sustainability
- Patient Engagement

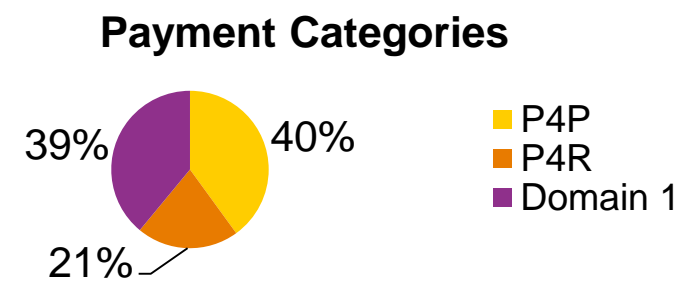
DY2Q1 AV Progress Report:

- The PPS has earned all available AVs

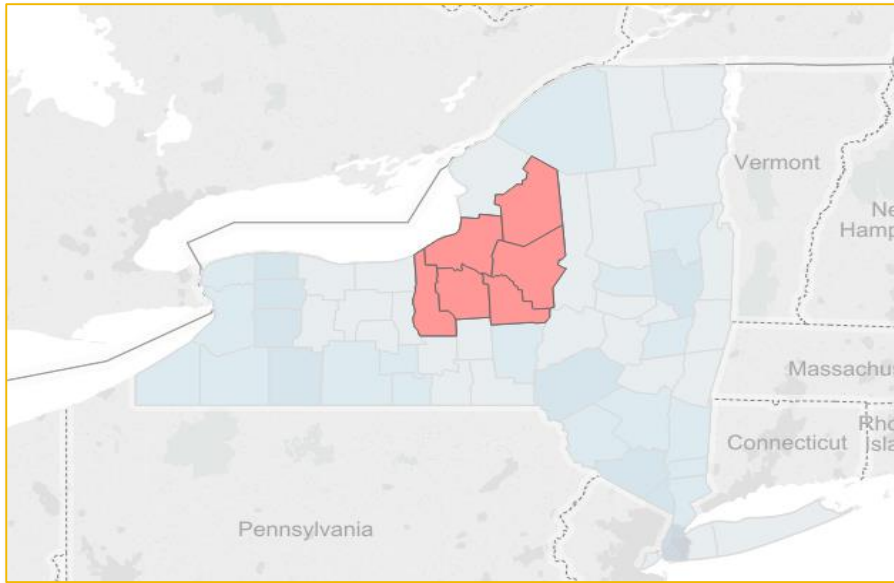


Accomplishments:

- Assigned metric “ownership” to individual leaders.
- Educated partners on P4P impacts and the potential to lose AVs if performance goals are missed
- Development of multiple P4P summaries and education tools
- Business Intelligence dashboard development based on EMR data for real-time performance.



Central New York Care Collaborative



<ul style="list-style-type: none"> • PPS Service Area: Cayuga, Lewis, Madison, Oneida, Onondaga, Oswego • Attribution for Performance: 186,744 • Attribution for Valuation: 262,144 • Total Award Dollars: \$323,029,955 													
Core Team:	<table border="0"> <tr> <td>1. Virginia Opihare – Executive Director</td> <td>7. Kelly Lane – Behavioral Health Lead</td> </tr> <tr> <td>2. Lauren Wetterhahn – DSRIP Program Coordinator</td> <td>8. Kate Weidman – Care Management & ED Care Triage Lead</td> </tr> <tr> <td>3. Joe Reilly – Interim DSRIP CIO</td> <td>9. Kelsie Montaque – Premature births & Patient Activation Lead</td> </tr> <tr> <td>4. BJ Adigun – Director of Communications</td> <td>10. Karen Joncas – PCMH and Cardiovascular disease Lead</td> </tr> <tr> <td>5. Elizabeth Fowler – Operations Coordinator</td> <td>11. Tammy VanEpps – Care Transitions and Palliative Care Lead</td> </tr> <tr> <td>6. Michele Treinin – Data & Performance Lead</td> <td></td> </tr> </table>	1. Virginia Opihare – Executive Director	7. Kelly Lane – Behavioral Health Lead	2. Lauren Wetterhahn – DSRIP Program Coordinator	8. Kate Weidman – Care Management & ED Care Triage Lead	3. Joe Reilly – Interim DSRIP CIO	9. Kelsie Montaque – Premature births & Patient Activation Lead	4. BJ Adigun – Director of Communications	10. Karen Joncas – PCMH and Cardiovascular disease Lead	5. Elizabeth Fowler – Operations Coordinator	11. Tammy VanEpps – Care Transitions and Palliative Care Lead	6. Michele Treinin – Data & Performance Lead	
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5. Elizabeth Fowler – Operations Coordinator	11. Tammy VanEpps – Care Transitions and Palliative Care Lead												
6. Michele Treinin – Data & Performance Lead													
<ul style="list-style-type: none"> • NewCo co-led by SUNY Upstate, St. Joseph's, Faxton St. Luke's and Auburn 													

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.d.i Reduce premature births
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Central New York Care Collaborative: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

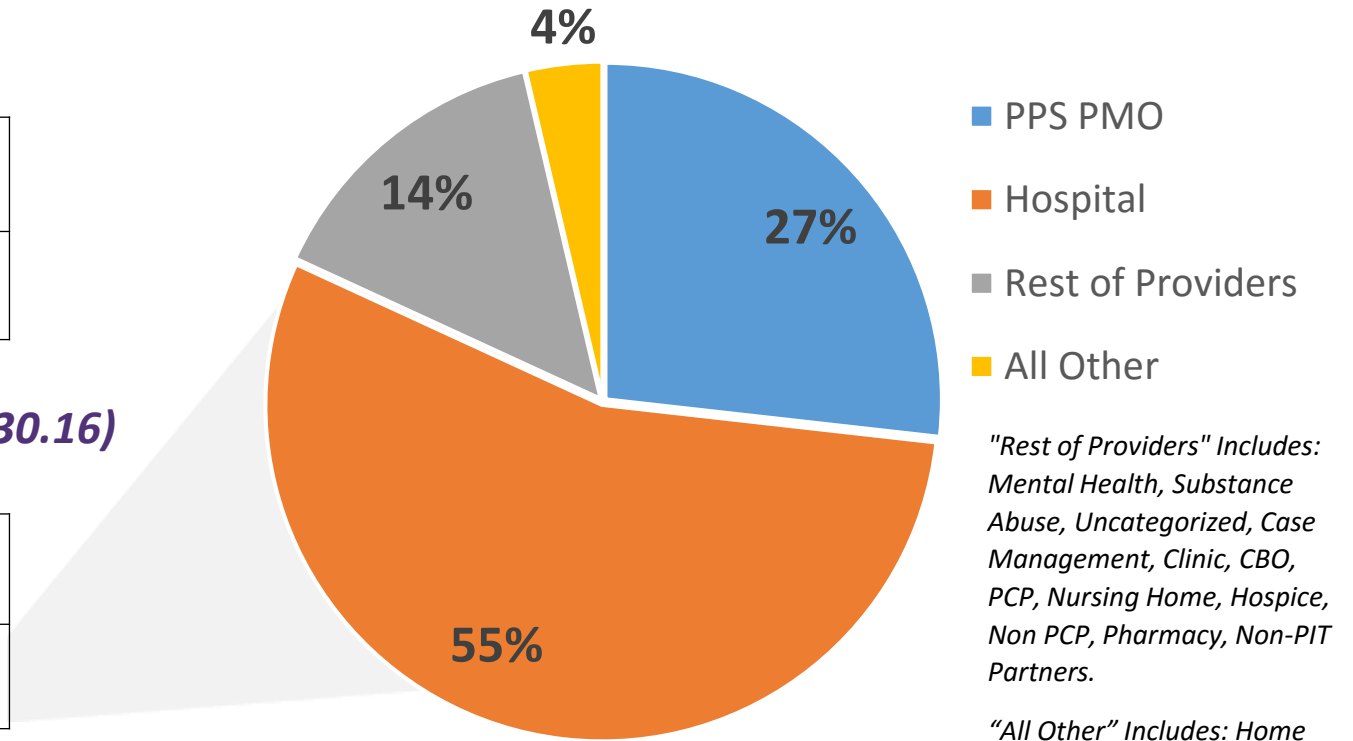
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$25,535,174	\$25,083,509	98.2%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$25,083,509	
Flowed	\$8,264,371	33%

Funds Flow by Provider Type



- PPS PMO
- Hospital
- Rest of Providers
- All Other

"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Central New York Care Collaborative: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	(1.00)	4.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	(1.00)	18.00	\$ 709,727.47	\$ 638,754.72	\$ -	\$ 638,754.72
2.a.iii	20.00	20.00	(1.00)	19.00	\$ 582,990.42	\$ 534,407.88	\$ -	\$ 534,407.88
2.b.iii	20.00	20.00	(1.00)	19.00	\$ 544,969.30	\$ 499,555.20	\$ -	\$ 499,555.20
2.b.iv	20.00	20.00	(1.00)	19.00	\$ 544,558.13	\$ 499,178.29	\$ -	\$ 499,178.29
2.d.i	7.00	7.00	(1.00)	6.00	\$ 471,220.67	\$ 424,098.60	\$ -	\$ 424,098.60
3.a.i	16.00	16.00	(1.00)	15.00	\$ 494,274.49	\$ 453,084.94	\$ -	\$ 453,084.94
3.a.ii	16.00	16.00	(1.00)	15.00	\$ 468,927.08	\$ 429,849.82	\$ -	\$ 429,849.82
3.b.i	13.00	13.00	(1.00)	12.00	\$ 363,360.48	\$ 333,080.44	\$ -	\$ 333,080.44
3.g.i	6.00	6.00	(1.00)	5.00	\$ 278,821.50	\$ 250,939.35	\$ -	\$ 250,939.35
4.a.iii	16.00	16.00	(1.00)	15.00	\$ 253,474.10	\$ 228,126.69	\$ -	\$ 228,126.69
4.d.i	32.00	32.00	(1.00)	31.00	\$ 304,168.91	\$ 273,752.02	\$ -	\$ 273,752.02
AV Adjustments (Column F)								
Total	185.00	185.00	(11.00)	174.00	\$ 5,016,493	\$ 4,564,828	\$ -	\$ 4,564,828

Description of DY1Q4 Scorecard Missed AVs:

- Workforce

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs

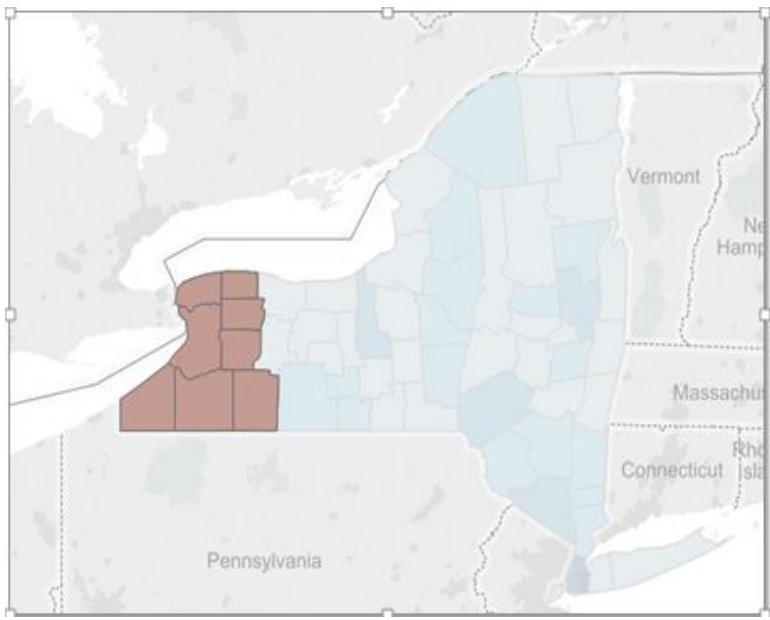


CNY CARE COLLABORATIVE

Integrating Behavioral Health Services into Primary Care Setting

- Over 40 contracted partner organizations participating in project
- Development of framework for workflows
- Relationship facilitation between PCPs and BH providers
- Development of Standards of Care protocol
 - Screenings for Substance Abuse and Depression
 - Focus on obesity, diabetes, cardiovascular disease
- **Approximately 14,000 actively engaged patients to-date**

Millennium Care Collaborative



<ul style="list-style-type: none"> • PPS Service Areas: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming • Attribution for Performance: 252,737 • Attribution for Valuation: 309,457 • Total Award Dollars: \$243,019,729 	
Core Team:	<ol style="list-style-type: none"> 1. Al Hammonds – Executive Director 2. Michelle Mercer – Chief Clinical Integration Officer 3. Liz Thelen – Project Administrator 4. Juan Santiago – Administrative Director 5. Tammy Fox – Director of PMO
<ul style="list-style-type: none"> • PPS Lead: Erie County Medical Center • Niagara Falls Memorial Medical Centre (NFMCC) PPS joined with ECMC PPS to form MCC. ECMC serves as the Lead in this PPS 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iii ED care triage for at-risk populations • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.b.viii Hospital-Home Care Collaboration Solutions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.f.i Increase support programs for maternal & child health (including high risk pregnancies) (Example: NurseFamily Partnership) • 4.a.i Promote mental, emotional and behavioral (MEB) well-being in communities • 4.d.i Reduce premature births
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Millennium Care Collaborative: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

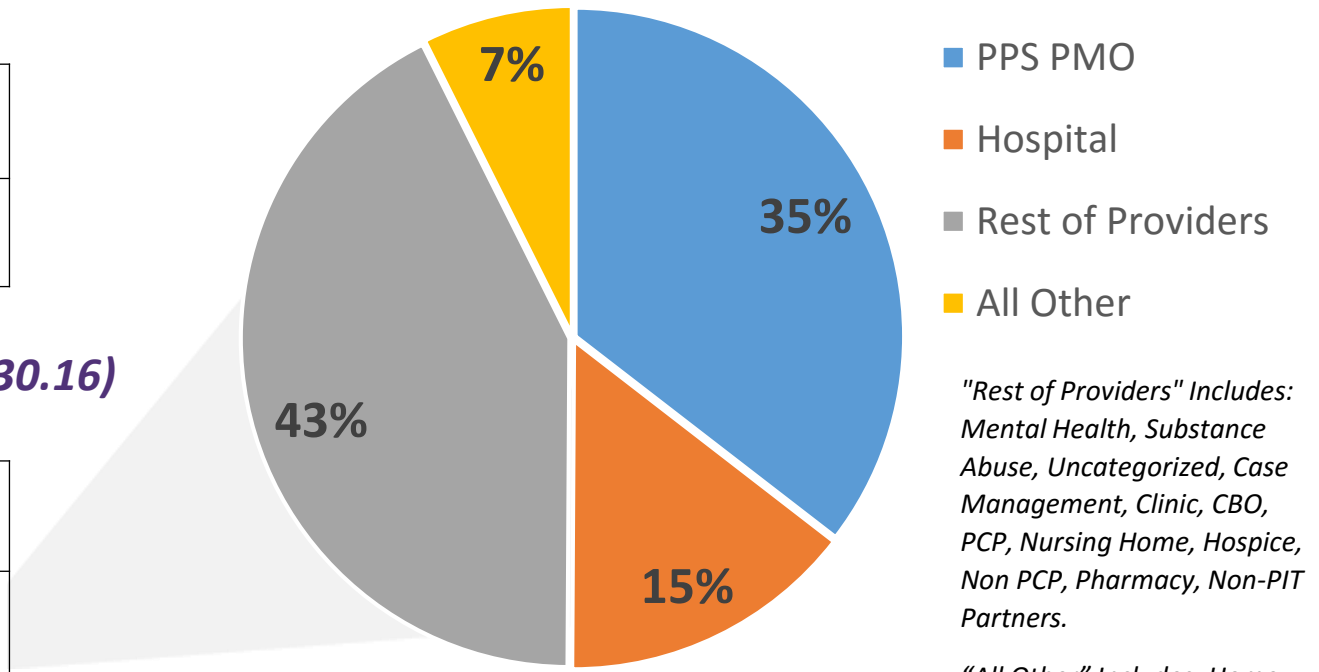
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$30,885,435	\$30,318,631	98.2%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$30,318,631	
Flowed	\$13,996,972	46%

Funds Flow by Provider Type



- PPS PMO
- Hospital
- Rest of Providers
- All Other

"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Millennium Collaborative Care: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	(1.00)	4.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	(1.00)	18.00	\$ 835,656.62	\$ 752,090.96	\$ -	\$ 752,090.96
2.b.iii	20.00	20.00	(1.00)	19.00	\$ 626,917.70	\$ 574,674.56	\$ -	\$ 574,674.56
2.b.vii	20.00	20.00	(1.00)	19.00	\$ 611,820.03	\$ 560,835.02	\$ -	\$ 560,835.02
2.b.viii	20.00	20.00	(1.00)	19.00	\$ 671,509.79	\$ 615,550.64	\$ -	\$ 615,550.64
2.d.i	8.00	8.00	(1.00)	7.00	\$ 614,076.66	\$ 562,903.60	\$ -	\$ 562,903.60
3.a.i	16.00	16.00	(1.00)	15.00	\$ 577,523.52	\$ 529,396.56	\$ -	\$ 529,396.56
3.a.ii	16.00	16.00	(1.00)	15.00	\$ 552,130.27	\$ 506,119.41	\$ -	\$ 506,119.41
3.b.i	13.00	13.00	(1.00)	12.00	\$ 439,733.15	\$ 403,088.72	\$ -	\$ 403,088.72
3.f.i	13.00	13.00	(1.00)	12.00	\$ 477,518.07	\$ 437,724.90	\$ -	\$ 437,724.90
4.a.i	16.00	16.00	(1.00)	15.00	\$ 298,448.79	\$ 268,603.91	\$ -	\$ 268,603.91
4.d.i	32.00	32.00	(1.00)	31.00	\$ 358,138.55	\$ 322,324.70	\$ -	\$ 322,324.70
AV Adjustments (Column F)								
Total	193.00	193.00	(11.00)	182.00	\$ 6,063,473	\$ 5,533,313	\$ -	\$ 5,533,313

Description of DY1Q4 Scorecard Missed AVs:

- Cultural Competency & Health Literacy

DY2Q1 AV Progress Report:

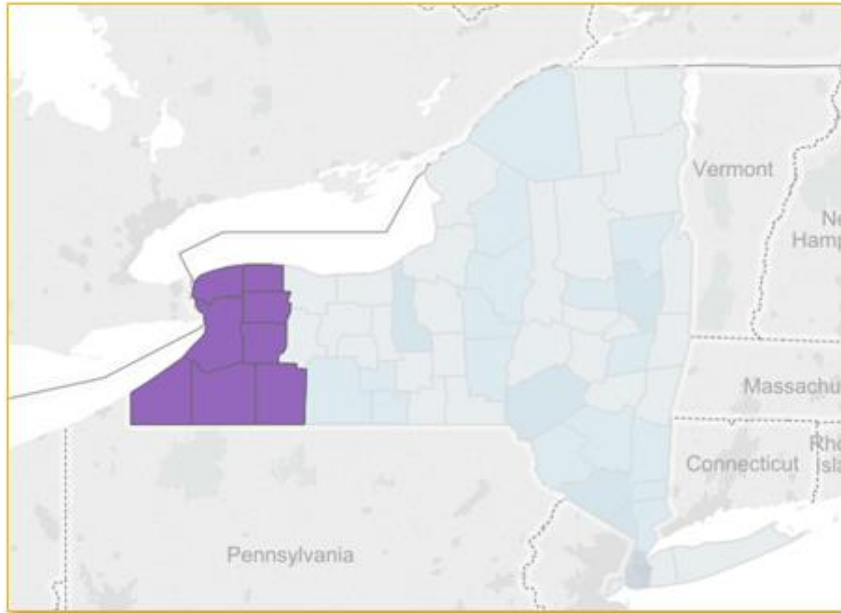
- The PPS has earned all available AVs



Maternal and Child Health

- Community Health Workers outreaching to, knocking on doors, and connecting with our community around health screening and preventive care
- Paraprofessional within the healthcare team with standardized screening tools and the ability to assist in the community addressing social determinants of health.
- More than 600 mothers and mothers to be engaged and being following through pregnancy and the first 2 years of child's life

Community Partners of Western New York



<ul style="list-style-type: none"> • PPS Service Areas: Chautauque, Erie, Niagara • Attribution for Performance: 85,278 • Attribution for Valuation: 43,375 • Total Award Dollars: \$92,253,402 											
Core Team:	<table border="0"> <tr> <td>1. Amy White-Storfer – DSRIP Director</td> <td>6. Patricia Podkulski – Director of Medical Policy & Accreditation</td> </tr> <tr> <td>2. Rachael Nees – System Director of Grants</td> <td>7. Sarah Cotter – Director of Clinical Transformation</td> </tr> <tr> <td>3. Cara Petrucci – Project Coordinator</td> <td>8. Thomas Schifferli – Project Coordinator</td> </tr> <tr> <td>4. Dr. Dapeng Cao – Manager of Healthcare Analytics</td> <td>9. Julie Lulek – Project Coordinator</td> </tr> <tr> <td>5. Dr. Carlos Santos – CMO</td> <td>10. Betsy Bittar – Manager, Internal Control and Tax</td> </tr> </table>	1. Amy White-Storfer – DSRIP Director	6. Patricia Podkulski – Director of Medical Policy & Accreditation	2. Rachael Nees – System Director of Grants	7. Sarah Cotter – Director of Clinical Transformation	3. Cara Petrucci – Project Coordinator	8. Thomas Schifferli – Project Coordinator	4. Dr. Dapeng Cao – Manager of Healthcare Analytics	9. Julie Lulek – Project Coordinator	5. Dr. Carlos Santos – CMO	10. Betsy Bittar – Manager, Internal Control and Tax
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5. Dr. Carlos Santos – CMO	10. Betsy Bittar – Manager, Internal Control and Tax										
<p>PPS Lead: Sisters of Charity Hospital/Community Partners of Western New York – IPA</p>											

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.c.ii Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.f.i Increase support programs for maternal & child health (including high risk pregnancies) (Example: NurseFamily Partnership) • 3.g.i Integration of palliative care into the PCMH Model • 4.a.i Promote mental, emotional and behavioral (MEB) well-being in communities • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
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Community Partners of Western New York: Payments and Funds Flow

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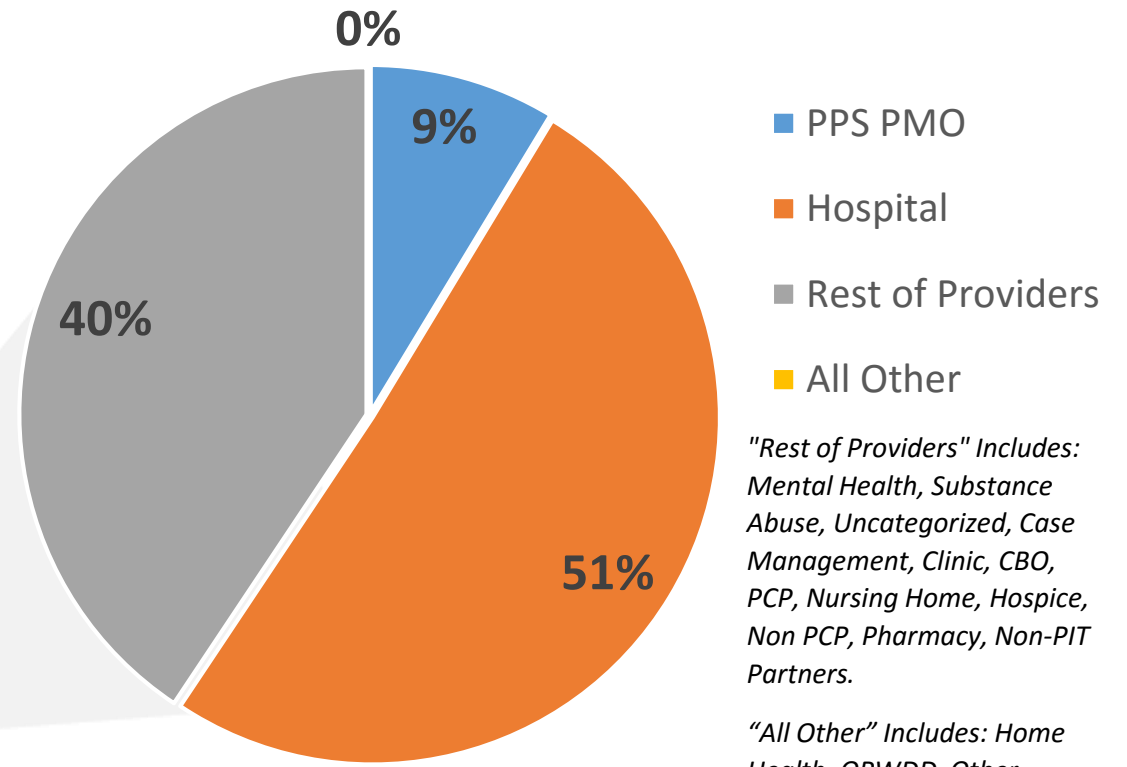
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$6,959,171	\$6,871,607	98.7%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$6,871,607	
Flowed	\$5,768,980	84%

Funds Flow by Provider Type



Community Partners of Western New York: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 221,579.12	\$ 221,579.12	\$ -	\$ 221,579.12
2.b.iii	20.00	19.00	0.00	19.00	\$ 176,860.92	\$ 162,122.51	\$ -	\$ 162,122.51
2.b.iv	20.00	20.00	0.00	20.00	\$ 169,791.37	\$ 169,791.37	\$ -	\$ 169,791.37
2.c.ii	20.00	19.00	0.00	19.00	\$ 138,346.66	\$ 126,817.77	\$ -	\$ 126,817.77
3.a.i	16.00	15.00	0.00	15.00	\$ 157,102.84	\$ 144,010.94	\$ -	\$ 144,010.94
3.b.i	13.00	13.00	0.00	13.00	\$ 113,246.90	\$ 113,246.90	\$ -	\$ 113,246.90
3.f.i	13.00	13.00	0.00	13.00	\$ 124,382.67	\$ 124,382.67	\$ -	\$ 124,382.67
3.g.i	7.00	6.00	0.00	6.00	\$ 84,872.65	\$ 77,799.93	\$ -	\$ 77,799.93
4.a.i	16.00	16.00	0.00	16.00	\$ 85,436.71	\$ 85,436.71	\$ -	\$ 85,436.71
4.b.i	14.00	14.00	0.00	14.00	\$ 102,644.29	\$ 102,644.29	\$ -	\$ 102,644.29
AV Adjustments (Column F)								
Total	158.00	154.00	0.00	154.00	\$ 1,374,264	\$ 1,327,832	\$ -	\$ 1,327,832

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement**

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs**



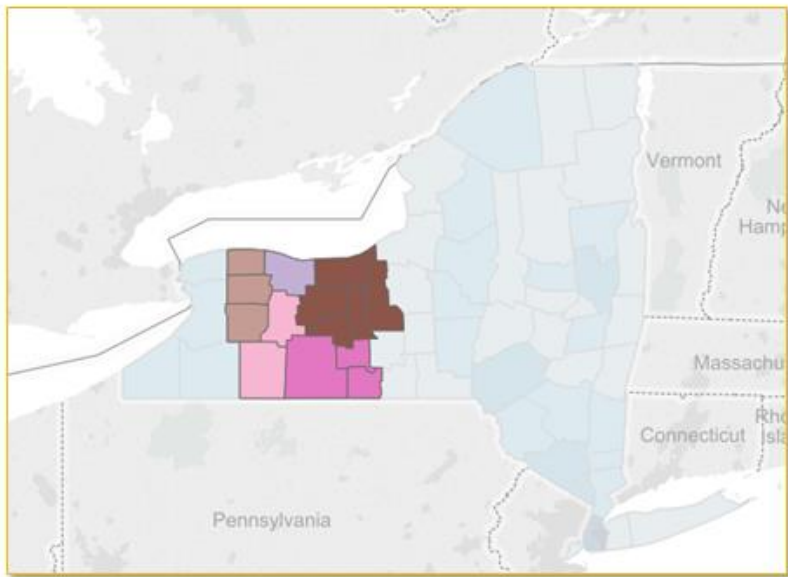
COMMUNITY PARTNERS OF WNY

Performing Provider System

Telemedicine Expansion

- Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services
- Partnering with Women and Children Hospital to contract with a third party vendor Specialist on Call (SOC).
- Clinical areas of focus have been inpatient neurology, outpatient neurology, and acute critical care.
- Additional pilot programs under development for additional use of telemedicine component.

Finger Lakes PPS



<ul style="list-style-type: none"> • PPS Service Areas: Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, Yates • Attribution for Performance: 296,058 • Attribution for Valuation: 413,289 • Total Award Dollars: \$565,448,177 	
Core Team:	<ol style="list-style-type: none"> 1. Carol Tegas – Executive Director 2. Janet King – Director, Project Management Office 3. John Pennell – Director of Finance 4. Collene Burns – Human Resources and Workforce Project Manager 5. Jose Rosario –IT Director 6. Sahar Elezabi – Chief Medical Officer
<ul style="list-style-type: none"> • NewCo with two co-leads: Rochester General Hospital and University of Rochester Medical Center (URMC) 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.vi Transitional supportive housing services • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.a.v Behavioral Interventions Paradigm (BIP) in Nursing Homes • 3.f.i Increase support programs for maternal & child health (including high risk pregnancies) (Example: NurseFamily Partnership) • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Finger Lakes PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

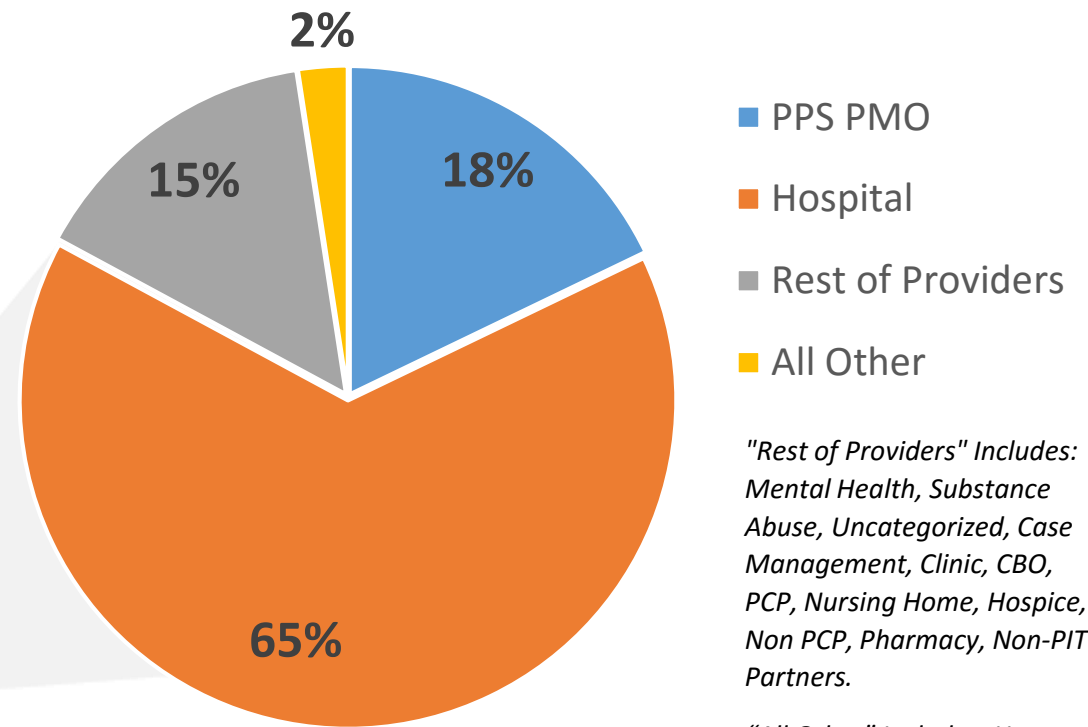
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$84,539,692	\$84,539,692	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$84,539,692	
Flowed	\$30,086,875	36%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Finger Lakes PPS: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 2,381,909.53	\$ 2,381,909.53	\$ -	\$ 2,381,909.53
2.b.iii	20.00	20.00	0.00	20.00	\$ 1,749,923.34	\$ 1,749,923.34	\$ -	\$ 1,749,923.34
2.b.iv	20.00	20.00	0.00	20.00	\$ 1,663,718.87	\$ 1,663,718.87	\$ -	\$ 1,663,718.87
2.b.vi	20.00	20.00	0.00	20.00	\$ 1,999,102.64	\$ 1,999,102.64	\$ -	\$ 1,999,102.64
2.d.i	8.00	8.00	0.00	8.00	\$ 1,466,921.05	\$ 1,466,921.05	\$ -	\$ 1,466,921.05
3.a.i	16.00	16.00	0.00	16.00	\$ 1,550,023.83	\$ 1,550,023.83	\$ -	\$ 1,550,023.83
3.a.ii	16.00	16.00	0.00	16.00	\$ 1,459,416.95	\$ 1,459,416.95	\$ -	\$ 1,459,416.95
3.a.v	8.00	8.00	0.00	8.00	\$ 1,701,363.95	\$ 1,701,363.95	\$ -	\$ 1,701,363.95
3.f.i	13.00	13.00	0.00	13.00	\$ 1,361,091.16	\$ 1,361,091.16	\$ -	\$ 1,361,091.16
4.a.iii	16.00	16.00	0.00	16.00	\$ 850,681.98	\$ 850,681.98	\$ -	\$ 850,681.98
4.b.ii	21.00	21.00	0.00	21.00	\$ 723,079.68	\$ 723,079.68	\$ -	\$ 723,079.68
AV Adjustments (Column F)								
Total	177.00	177.00	0.00	177.00	\$ 16,907,233	\$ 16,907,233	\$ -	\$ 16,907,233

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

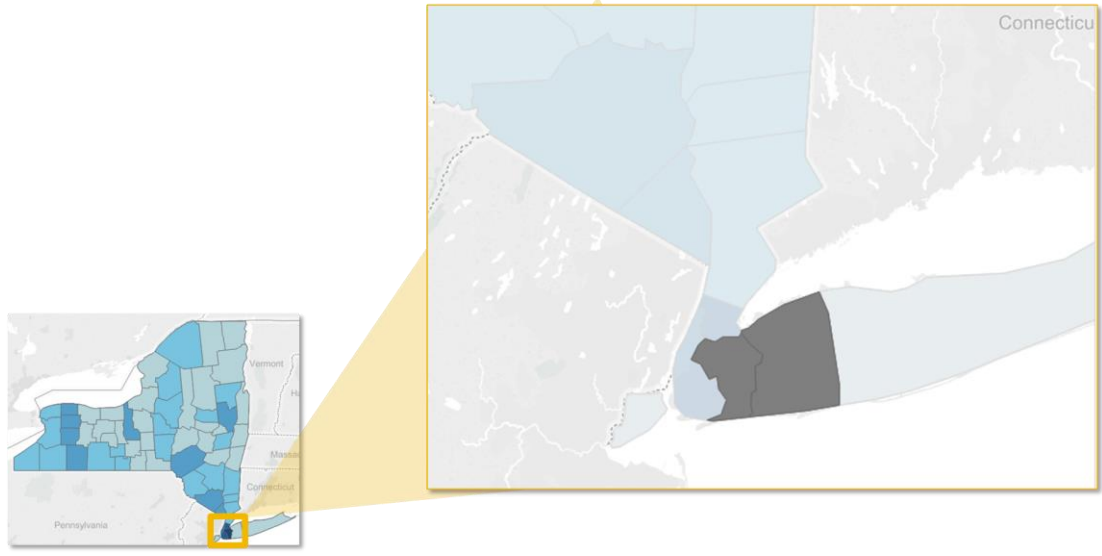
- The PPS has earned all available AVs



Transitional Housing Support

- Implementing an innovative partnership to address social determinants of health by providing a transitional housing solution.
- DePaul Community Services (CBO) dedicates psychiatric and medical step-down beds for Rochester Regional Health and UR Medicine.
 - **80%** Psychiatric Patients Transition to Permanent Housing
 - **61%** Medical Patients Transition to Permanent Housing
 - **30x** Cost Savings to Medicaid
- Improved Quality of Life and Health Outcomes

Nassau Queens PPS



<ul style="list-style-type: none"> • PPS Service Area: Nassau, Queens • Attribution for Performance: 417,162 • Attribution for Valuation: 1,030,400 (2.d.i: 281,301) • Total Award Dollars: \$535,396,603 									
Core Team:	<table border="0"> <tr> <td>1. David Nemiroff – Executive Director</td> <td>5. Karen Czizk – Workforce Director</td> </tr> <tr> <td>2. Megan Ryan – Compliance (NUMC)</td> <td>6. Thomas Melillo – Communications Director</td> </tr> <tr> <td>3. Dr. Gilberto Burgos – Medical Director</td> <td>7. Farooq Ajmal – Interim IT Director</td> </tr> <tr> <td>4. Thomas Poccia – Finance Director</td> <td>8. Ha Nguyen – Director of Project Operations</td> </tr> </table>	1. David Nemiroff – Executive Director	5. Karen Czizk – Workforce Director	2. Megan Ryan – Compliance (NUMC)	6. Thomas Melillo – Communications Director	3. Dr. Gilberto Burgos – Medical Director	7. Farooq Ajmal – Interim IT Director	4. Thomas Poccia – Finance Director	8. Ha Nguyen – Director of Project Operations
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3. Dr. Gilberto Burgos – Medical Director	7. Farooq Ajmal – Interim IT Director								
4. Thomas Poccia – Finance Director	8. Ha Nguyen – Director of Project Operations								
<ul style="list-style-type: none"> • NUMC serves as PPS lead • Nassau Queens PPS comprises Long Island Jewish Medical Center (LIJ), Nassau University Medical Center (NUMC), Catholic Health Services of Long Island (CHS) • Three entities operating as a “hub” model • Delegated Model with executive committee: 21 voting seats (NUMC – 11 members; LIJ – 5 members; CHS – 5 members) 									

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.ii Development of co-located primary care services in the emergency department (ED) • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
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Nassau Queens PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

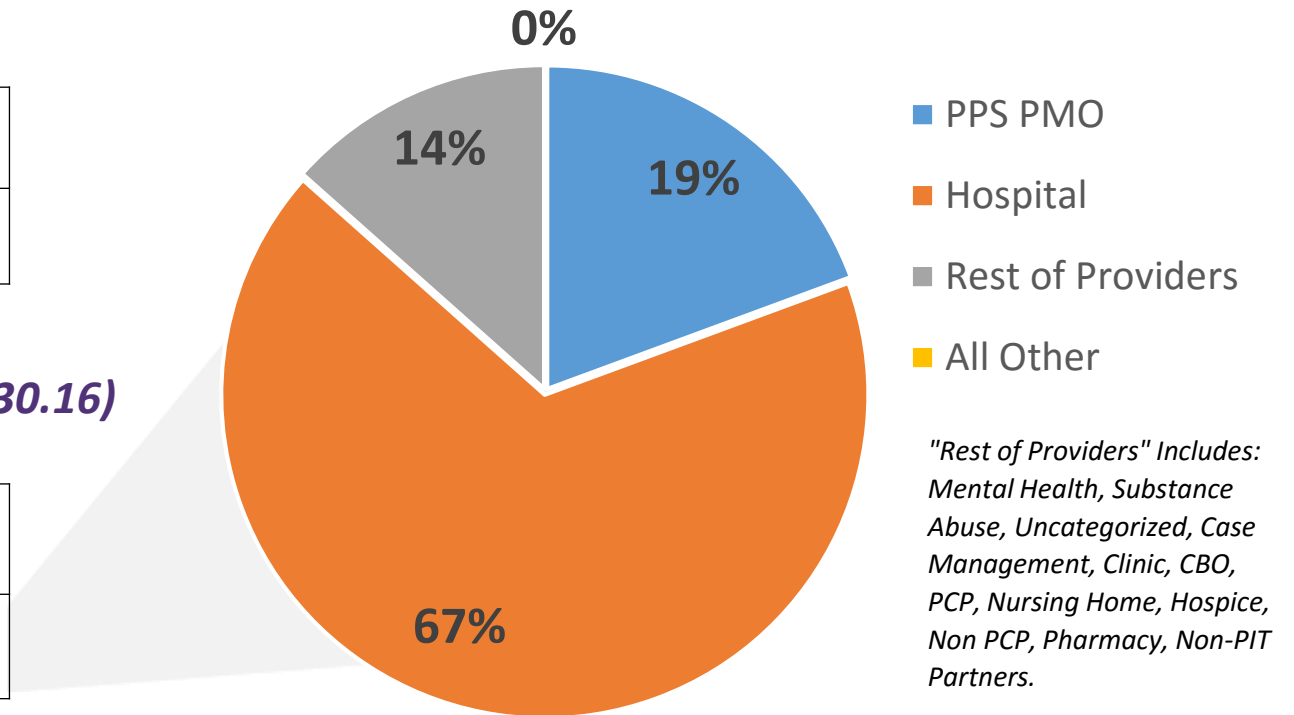
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$72,339,172	\$70,830,459	97.9%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$70,830,459	
Flowed	\$14,884,585	21%

Funds Flow by Provider Type



- PPS PMO
- Hospital
- Rest of Providers
- All Other

"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Nassau Queens PPS: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 1,979,504.37	\$ 1,979,504.37	\$ -	\$ 1,979,504.37
2.b.ii	20.00	20.00	0.00	20.00	\$ 1,413,931.70	\$ 1,413,931.70	\$ -	\$ 1,413,931.70
2.b.iv	20.00	20.00	0.00	20.00	\$ 1,519,976.57	\$ 1,519,976.57	\$ -	\$ 1,519,976.57
2.b.vii	20.00	19.00	0.00	19.00	\$ 1,449,279.99	\$ 1,328,506.66	\$ -	\$ 1,328,506.66
2.d.i	8.00	7.00	0.00	7.00	\$ 1,516,874.07	\$ 1,390,467.89	\$ -	\$ 1,390,467.89
3.a.i	16.00	16.00	0.00	16.00	\$ 1,366,333.29	\$ 1,366,333.29	\$ -	\$ 1,366,333.29
3.a.ii	16.00	15.00	0.00	15.00	\$ 1,307,886.82	\$ 1,198,896.25	\$ -	\$ 1,198,896.25
3.b.i	13.00	12.00	0.00	12.00	\$ 1,031,288.64	\$ 945,347.92	\$ -	\$ 945,347.92
3.c.i	12.00	12.00	0.00	12.00	\$ 1,060,448.77	\$ 1,060,448.77	\$ -	\$ 1,060,448.77
4.a.iii	16.00	16.00	0.00	16.00	\$ 706,965.85	\$ 706,965.85	\$ -	\$ 706,965.85
4.b.i	14.00	14.00	0.00	14.00	\$ 813,010.72	\$ 813,010.72	\$ -	\$ 813,010.72
AV Adjustments (Column F)								
Total	174.00	170.00	0.00	170.00	\$ 14,165,501	\$ 13,723,390	\$ -	\$ 13,723,390

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement

DY2Q1 AV Progress Report:

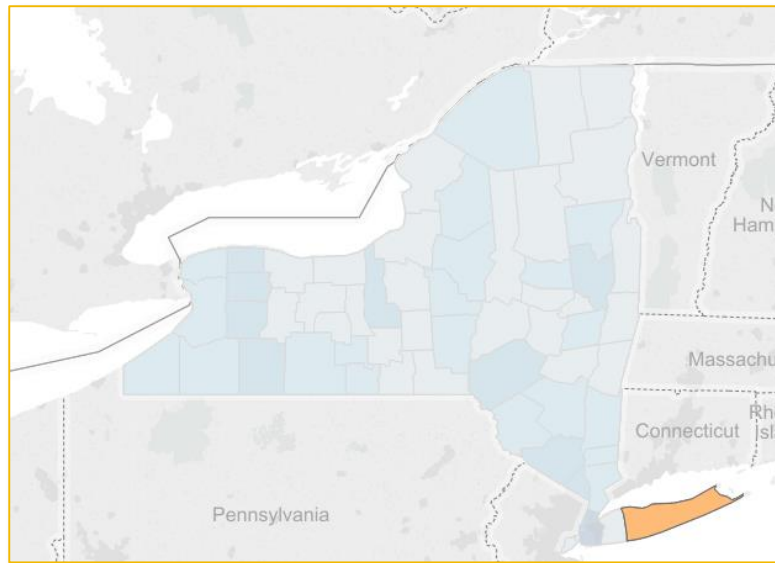
- The PPS has earned all available AVs



Patient Activation

- Successful outreach to more than 2,000 uninsured individuals with the PAM® survey
- Health systems partnered with CBOs to conduct outreach, surveys, and coaching
- Surveys were collected in Emergency Departments and Hospital-based clinics

Suffolk Care Collaborative



<ul style="list-style-type: none"> • PPS Service Counties: Suffolk County • Attribution for Performance: 212,287 • Attribution for Valuation: 437,896 (2.d.i: 305,957) • Total Award Dollars: \$298,562,084 		
Core Team:	<ol style="list-style-type: none"> 1. Joe Lamantia – Chief of Operations, Population Health 2. Dr. Linda Efferen, Medical Director 	<ol style="list-style-type: none"> 3. Alyssa Scully – Director, Project Management Office
<ul style="list-style-type: none"> • Stony Brook University Hospital is PPS lead, sole PPS in county • The PPS consists of three hubs headed by three main organizations: Stony Brook University Hospital, North Shore Long Island Jewish (NSLIJ), and Catholic Health Services of Long Island (CHS). Hubs are financially distinct. • Governance includes a Board of Directors, seven subcommittees, eleven project committees, and a PAC 		

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.b.ix Implementation of observational programs in hospitals • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.d.ii Expansion of asthma home-based self-management program • 4.a.ii Prevent Substance Abuse and other Mental Emotional Behavioral Disorders • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Suffolk Care Collaborative: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

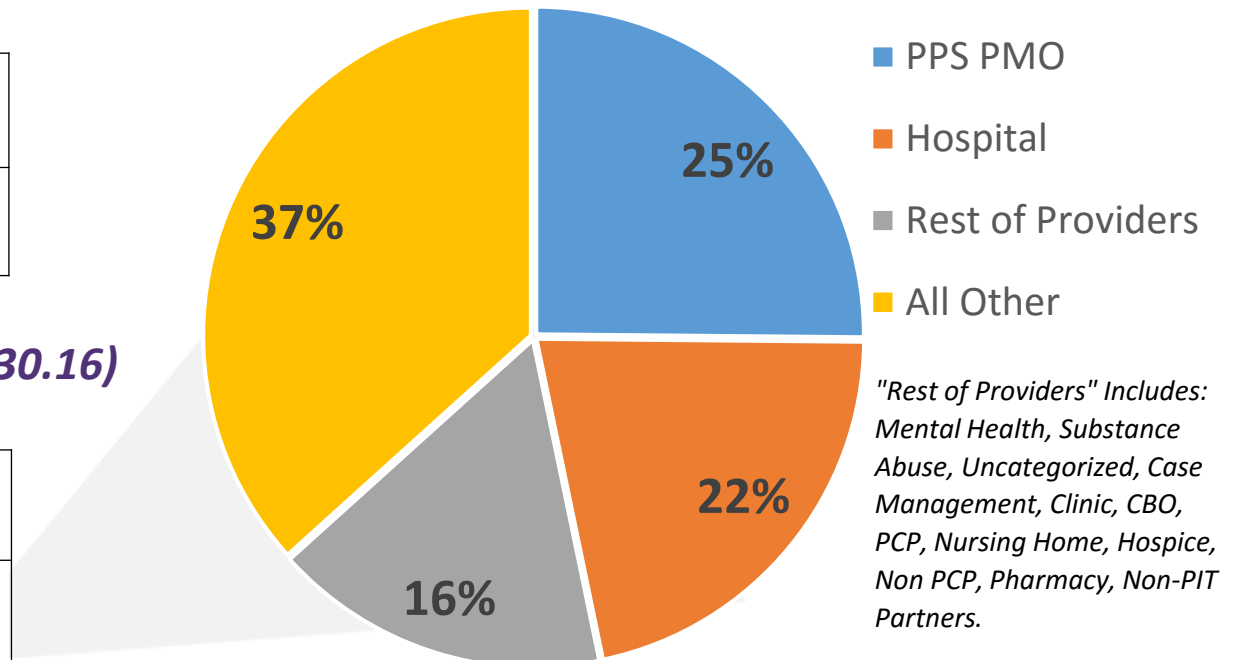
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$28,680,211	\$28,680,211	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$28,680,211	
Flowed	\$9,372,253	33%

Funds Flow by Provider Type



Suffolk Care Collaborative: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 841,243.12	\$ 841,243.12	\$ -	\$ 841,243.12
2.b.iv	20.00	20.00	0.00	20.00	\$ 645,954.53	\$ 645,954.53	\$ -	\$ 645,954.53
2.b.vii	20.00	20.00	0.00	20.00	\$ 615,910.14	\$ 615,910.14	\$ -	\$ 615,910.14
2.b.ix	20.00	20.00	0.00	20.00	\$ 540,799.15	\$ 540,799.15	\$ -	\$ 540,799.15
2.d.i	8.00	8.00	0.00	8.00	\$ 587,774.77	\$ 587,774.77	\$ -	\$ 587,774.77
3.a.i	16.00	16.00	0.00	16.00	\$ 585,865.74	\$ 585,865.74	\$ -	\$ 585,865.74
3.b.i	13.00	13.00	0.00	13.00	\$ 446,079.88	\$ 446,079.88	\$ -	\$ 446,079.88
3.c.i	12.00	12.00	0.00	12.00	\$ 450,665.95	\$ 450,665.95	\$ -	\$ 450,665.95
3.d.ii	10.00	10.00	0.00	10.00	\$ 465,688.15	\$ 465,688.15	\$ -	\$ 465,688.15
4.a.ii	16.00	16.00	0.00	16.00	\$ 300,443.97	\$ 300,443.97	\$ -	\$ 300,443.97
4.b.ii	21.00	21.00	0.00	21.00	\$ 255,377.37	\$ 255,377.37	\$ -	\$ 255,377.37
AV Adjustments (Column F)								
Total	175.00	175.00	0.00	175.00	\$ 5,735,803	\$ 5,735,803	\$ -	\$ 5,735,803

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

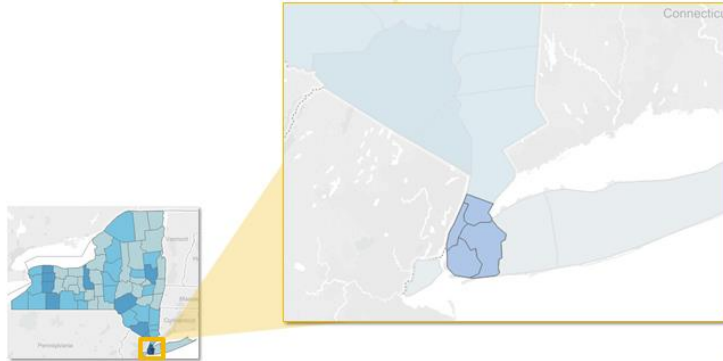
- The PPS has earned all available AVs



SCC Care Management Organization is operational

- Embedded in 4 PCP practices with plans to support 40 within 6 months
- Providing TOC services to 1 hospital with plans to support 5 within 6 months
- Goal to enhance patient self-care abilities, improve access to community resources and cut avoidable admissions through population health management

Advocate Community Providers



<ul style="list-style-type: none"> • PPS Service Area: Bronx, Brooklyn, Queens, Manhattan • Attribution for Performance: 644,916 • Attribution for Valuation: 312,623 • Total Award Dollars: \$700,038,844 																									
Core Team:	<table border="0"> <tr> <td>1. Dr. Ramon Tallaj – Chairman of the Board</td> <td>13. Dr. Richard Bernstein – Consultant Medical Director</td> </tr> <tr> <td>2. Mario Paredes – Chief Executive Officer</td> <td>14. Gloria Wong – VP, Operations Downtown</td> </tr> <tr> <td>3. Mary Ellen Connington– Chief Operating Officer</td> <td>15. Moises Perez-Martinez – VP, Workforce, Community & Government Relations</td> </tr> <tr> <td>4. Alexandro Damiron – Chief of Staff</td> <td>16. Thomas Milligan – VP, Communications</td> </tr> <tr> <td>5. Soraya Sussman - Quality Director</td> <td>17. Denisse Oller – Director of Integrated Outreach</td> </tr> <tr> <td>6. Tom Hoering – VP, Legal Affairs</td> <td>18. Angela Lee – Director of Multicultural Diversity Programs and Development</td> </tr> <tr> <td>7. Tonguc Yaman – Chief Information Officer</td> <td></td> </tr> <tr> <td>8. Corey Maher – Chief Technology Officer</td> <td></td> </tr> <tr> <td>9. John Dionisio – Director of Data Analytics</td> <td></td> </tr> <tr> <td>10. Lidia Virgil – VP, Healthcare Innovation</td> <td></td> </tr> <tr> <td>11. Tom Gimler – Compliance Officer</td> <td></td> </tr> <tr> <td>12. Dr. Diego Poneiman – Chief Medical Officer</td> <td></td> </tr> </table>	1. Dr. Ramon Tallaj – Chairman of the Board	13. Dr. Richard Bernstein – Consultant Medical Director	2. Mario Paredes – Chief Executive Officer	14. Gloria Wong – VP, Operations Downtown	3. Mary Ellen Connington– Chief Operating Officer	15. Moises Perez-Martinez – VP, Workforce, Community & Government Relations	4. Alexandro Damiron – Chief of Staff	16. Thomas Milligan – VP, Communications	5. Soraya Sussman - Quality Director	17. Denisse Oller – Director of Integrated Outreach	6. Tom Hoering – VP, Legal Affairs	18. Angela Lee – Director of Multicultural Diversity Programs and Development	7. Tonguc Yaman – Chief Information Officer		8. Corey Maher – Chief Technology Officer		9. John Dionisio – Director of Data Analytics		10. Lidia Virgil – VP, Healthcare Innovation		11. Tom Gimler – Compliance Officer		12. Dr. Diego Poneiman – Chief Medical Officer	
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12. Dr. Diego Poneiman – Chief Medical Officer																									
<ul style="list-style-type: none"> • Advocate Community Providers LLC (ACP) is a membership non-for-profit comprised of three members: AW Medical, NYCPP, Northwell (previously NSLIJ) • Delegated partnership model • Board Membership: 8 voting members (DY1: 25% AW, 50% NYCPP, 25% Northwell; March 31, 2016- DY5 12 voting members : 25% AW, 25% NYCPP, 50% Northwell) • NSLIJ serving as PPS fiduciary under Administrative Services Agreement 																									

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.d.iii Implementation of evidence-based medicine guidelines for asthma management • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Advocate Community Providers: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

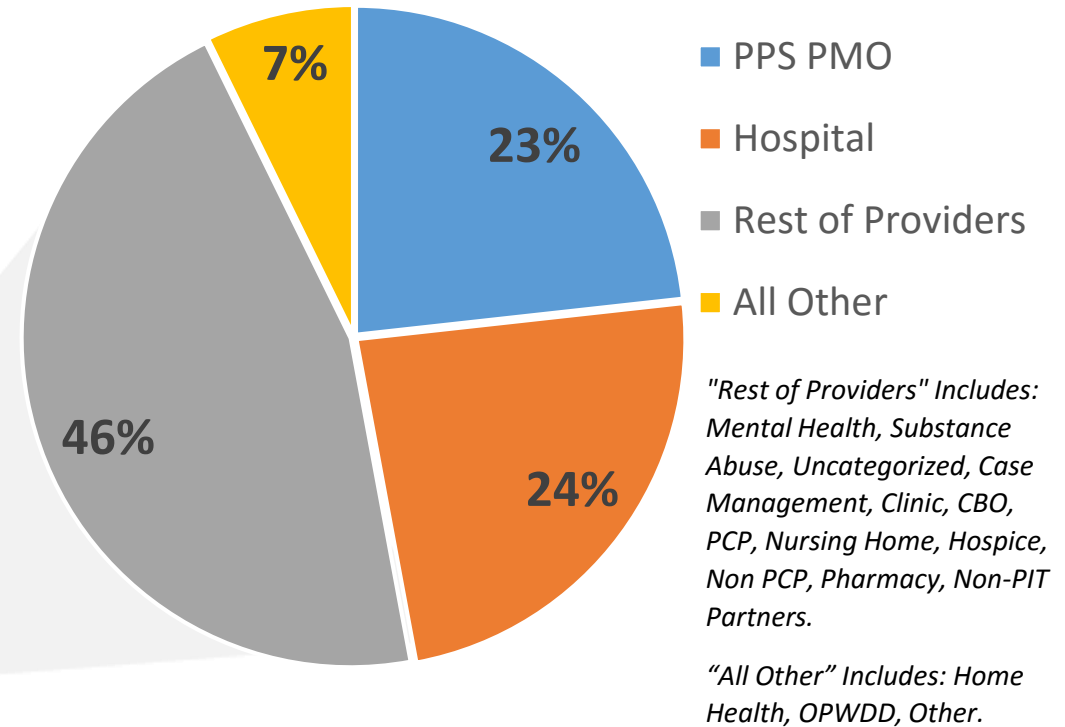
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$54,849,170	\$53,823,271	98.1%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$53,823,271	
Flowed	\$14,400,921	27%

Funds Flow by Provider Type



Advocate Community Providers: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	(1.00)	4.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	(1.00)	18.00	\$ 1,688,926.38	\$ 1,520,033.75	\$ -	\$ 1,520,033.75
2.a.iii	20.00	20.00	(1.00)	19.00	\$ 1,370,657.30	\$ 1,256,435.86	\$ -	\$ 1,256,435.86
2.b.iii	20.00	20.00	(1.00)	19.00	\$ 1,195,369.38	\$ 1,095,755.27	\$ -	\$ 1,095,755.27
2.b.iv	20.00	20.00	(1.00)	19.00	\$ 1,284,855.41	\$ 1,177,784.12	\$ -	\$ 1,177,784.12
3.a.i	16.00	16.00	(1.00)	15.00	\$ 1,153,373.94	\$ 1,057,259.44	\$ -	\$ 1,057,259.44
3.b.i	13.00	13.00	(1.00)	12.00	\$ 901,709.08	\$ 826,566.65	\$ -	\$ 826,566.65
3.c.i	12.00	12.00	(1.00)	11.00	\$ 930,949.20	\$ 853,370.10	\$ -	\$ 853,370.10
3.d.iii	10.00	9.00	(1.00)	8.00	\$ 951,404.04	\$ 792,836.70	\$ -	\$ 792,836.70
4.b.i	14.00	14.00	(1.00)	13.00	\$ 740,002.15	\$ 666,001.94	\$ -	\$ 666,001.94
4.b.ii	21.00	21.00	(1.00)	20.00	\$ 546,958.11	\$ 492,262.30	\$ -	\$ 492,262.30
AV Adjustments (Column F)								
Total	165.00	164.00	(10.00)	154.00	\$ 10,764,205	\$ 9,738,306	\$ -	\$ 9,738,306

Description of DY1Q4 Scorecard Missed AVs:

- Cultural Competency & Health Literacy
- Patient Engagement

DY2Q1 AV Progress Report:

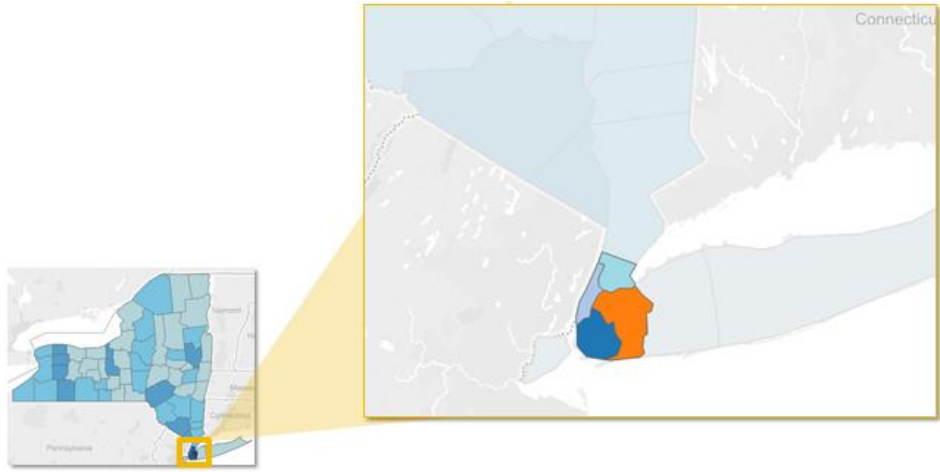
- The PPS has earned all available AVs



Engaging community partners

- Trained and deployed 21 Community Health Workers (CHWs) and 2 CHW Supervisors across Bronx, Brooklyn, Manhattan, Queens
- Executed contracts with CBOs for a total of \$250,000
- Conducted 12 community events with ~1,000 participants in Morrisania in the Bronx, the state's "sickest" community district
- Completed partnership agreements with 9 schools

OneCity Health ~ NYC Health + Hospitals



<ul style="list-style-type: none"> • PPS Service Area: Manhattan, Brooklyn, Bronx, Queens • Attribution for Performance: 657,070 • Attribution for Valuation: 2,760,602 • Attribution for 2.d.i: 2,097,260 • Total Award Dollars: \$1,215,165,724 	
Core Team:	<ol style="list-style-type: none"> 1. Christina Jenkins – PPS Lead/ CEO 2. Inez Sieben - COO 3. Wilbur Yen – Chief of Staff 3. Anna Flattau — CMO 4. Nicole Jordan-Martin – Executive Manager
<ul style="list-style-type: none"> • Originally 7 PPS that came together to form one HHC-led PPS • OneCity PPS has created a structure that allows for flexibility through one PPS with four “Hubs” (Brooklyn, Bronx, Queens, and Manhattan) • To ensure consistency between the “Hubs”, the HHC PPS will also have a strong central PPS governance structure • Cross PPS collaboration with Maimonides PPS on all projects • Network partners: ~11,000 (~1300 PCP, ~5000 non-PCP practitioners, 17 hospitals) 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.d.ii Expansion of asthma home-based self-management program • 3.g.i Integration of palliative care into the PCMH Model • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.c.ii Increase early access to, and retention in, HIV care
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OneCity Health: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

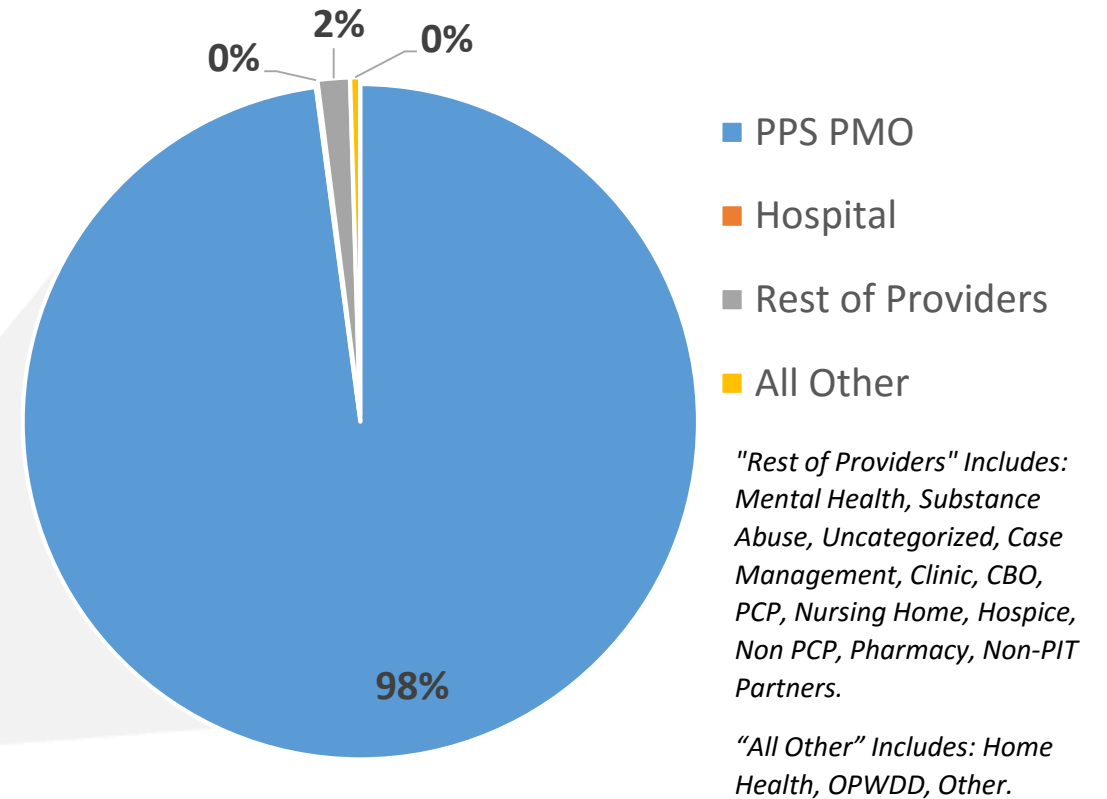
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$185,457,148	\$185,225,124	99.9%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$185,225,124	
Flowed	\$12,988,342	7%

Funds Flow by Provider Type



OneCity Health: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 5,303,399.73	\$ 5,303,399.73	\$ -	\$ 5,303,399.73
2.a.iii	19.00	19.00	0.00	19.00	\$ 4,250,907.19	\$ 4,250,907.19	\$ -	\$ 4,250,907.19
2.b.iii	19.00	19.00	0.00	19.00	\$ 4,002,194.46	\$ 4,002,194.46	\$ -	\$ 4,002,194.46
2.b.iv	19.00	19.00	0.00	19.00	\$ 3,958,944.24	\$ 3,958,944.24	\$ -	\$ 3,958,944.24
2.d.i	8.00	8.00	0.00	8.00	\$ 4,753,315.07	\$ 4,753,315.07	\$ -	\$ 4,753,315.07
3.a.i	16.00	16.00	0.00	16.00	\$ 3,554,585.82	\$ 3,554,585.82	\$ -	\$ 3,554,585.82
3.b.i	12.00	12.00	0.00	12.00	\$ 2,701,915.82	\$ 2,701,915.82	\$ -	\$ 2,701,915.82
3.d.ii	10.00	9.00	0.00	9.00	\$ 2,784,287.08	\$ 2,552,263.15	\$ -	\$ 2,552,263.15
3.g.i	7.00	7.00	0.00	7.00	\$ 2,040,490.57	\$ 2,040,490.57	\$ -	\$ 2,040,490.57
4.a.iii	16.00	16.00	0.00	16.00	\$ 1,894,071.33	\$ 1,894,071.33	\$ -	\$ 1,894,071.33
4.c.ii	16.00	16.00	0.00	16.00	\$ 1,799,367.77	\$ 1,799,367.77	\$ -	\$ 1,799,367.77
AV Adjustments (Column F)								
Total	161.00	160.00	0.00	160.00	\$ 37,043,479	\$ 36,811,455	\$ -	\$ 36,811,455

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement

DY2Q1 AV Progress Report:

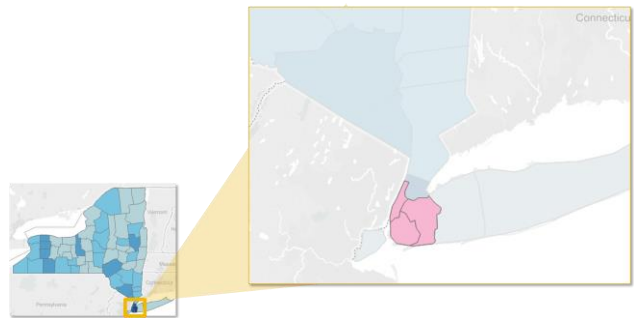
- The PPS has earned all available AVs



Patient Activation

- 35 community partners contracted
- 17 facilities* engaged
- 716 partner trainings in PAM® survey administration
- 44,608 PAM® surveys administered
- 471 connected to Primary Care
- 359 connected to insurance

Mount Sinai PPS



- PPS Service Area: Manhattan, Queens, Brooklyn
- Attribution for Performance: 364,804
- Attribution for Valuation: 136,370
- Total Award Dollars: \$389,900,648

Core Team:	<ol style="list-style-type: none"> 1. Art Gianelli — President, MSPPS 2. Jill Huck – Executive Director of PMO, MSPPS 3. Edwidge Thomas — DNP, ANP-BC, Medical Director, MSPPS 4. Patti Cuartas, — Senior Director of IT, MSPPS 5. Donny Patel — IT Director, Interoperability, Mount Sinai Health System 6. Stefani Rodriguez — Associate Director of Projects, MSPPS 	<ol style="list-style-type: none"> 7. Brian Wong, MD, MBA — Medical Director, Behavioral Health 8. Natalie Kil — Project Manager, Behavioral Health 9. Robert Benroth — Senior Manager. Data and Performance Improvement 10. Daniel Liss — Human Resources Project Manager 11. Tom Fitzsimmons — Actively Engaged Project Manager
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- One of the nation’s largest health systems with teaching hospitals in seven locations and many outpatient locations. Mount Sinai is a network of over 6,600 physicians and a large ambulatory footprint, including 12 ambulatory surgery centers. The Mount Sinai Health System and Icahn School of Medicine have a \$7B operating budget, with 35,000+ staff.
- The Mount Sinai system serves 1.4 million unique patients. Of these, 450,000 are Medicaid or uninsured and an additional 100,000 patients are dual eligible
- Mount Sinai is evolving to an LLC operating under a Delegated Governance structure. A PMO is established to provide operational and project management support. A Management Services Organization (MSO) will provide clinical integration and population management support
- Mount Sinai is the financial backer for Bronx Lebanon PPS and also contracted by BL to provide a DSRIP site director for that PPS

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.viii Hospital-Home Care Collaboration Solutions • 2.c.i Development of community-based health navigation services • 3.a.i Integration of primary care and behavioral health services • 3.a.iii Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer • 4.c.ii Increase early access to, and retention in, HIV care
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Mount Sinai PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

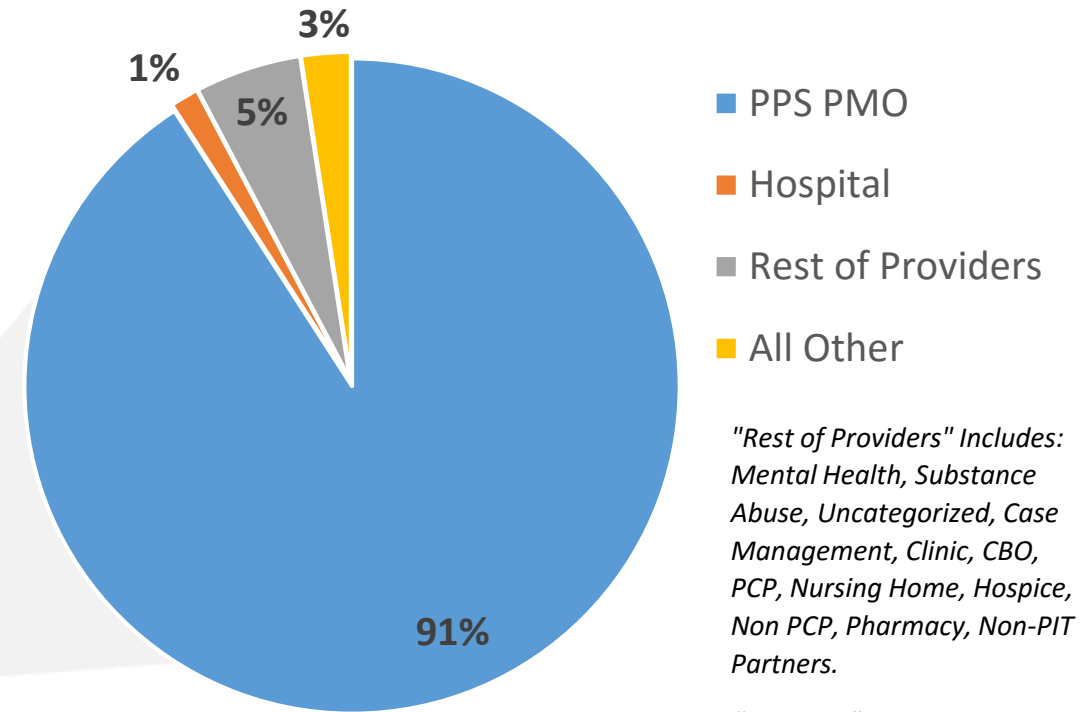
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$22,364,524	\$21,977,753	98.3%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$21,977,753	
Flowed	\$9,557,542	43%

Funds Flow by Provider Type



- PPS PMO
- Hospital
- Rest of Providers
- All Other

"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Mount Sinai PPS: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	(1.00)	4.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	(1.00)	18.00	\$ 733,345.34	\$ 660,010.81	\$ -	\$ 660,010.81
2.b.iv	20.00	20.00	(1.00)	19.00	\$ 526,365.19	\$ 482,501.42	\$ -	\$ 482,501.42
2.b.viii	20.00	20.00	(1.00)	19.00	\$ 570,579.51	\$ 523,031.22	\$ -	\$ 523,031.22
2.c.i	20.00	20.00	(1.00)	19.00	\$ 480,962.01	\$ 440,881.84	\$ -	\$ 440,881.84
3.a.i	16.00	16.00	(1.00)	15.00	\$ 469,651.75	\$ 430,514.11	\$ -	\$ 430,514.11
3.a.iii	16.00	16.00	(1.00)	15.00	\$ 392,735.60	\$ 360,007.64	\$ -	\$ 360,007.64
3.b.i	13.00	13.00	(1.00)	12.00	\$ 355,801.90	\$ 326,151.74	\$ -	\$ 326,151.74
3.c.i	12.00	12.00	(1.00)	11.00	\$ 369,816.44	\$ 338,998.40	\$ -	\$ 338,998.40
4.b.ii	21.00	21.00	(1.00)	20.00	\$ 235,057.40	\$ 211,551.66	\$ -	\$ 211,551.66
4.c.ii	16.00	16.00	(1.00)	15.00	\$ 261,052.00	\$ 234,946.80	\$ -	\$ 234,946.80
AV Adjustments (Column F)								
Total	173.00	173.00	(10.00)	163.00	\$ 4,395,367	\$ 4,008,596	\$ -	\$ 4,008,596

Description of DY1Q4 Scorecard Missed AVs:

- Workforce

DY2Q1 AV Progress Report:

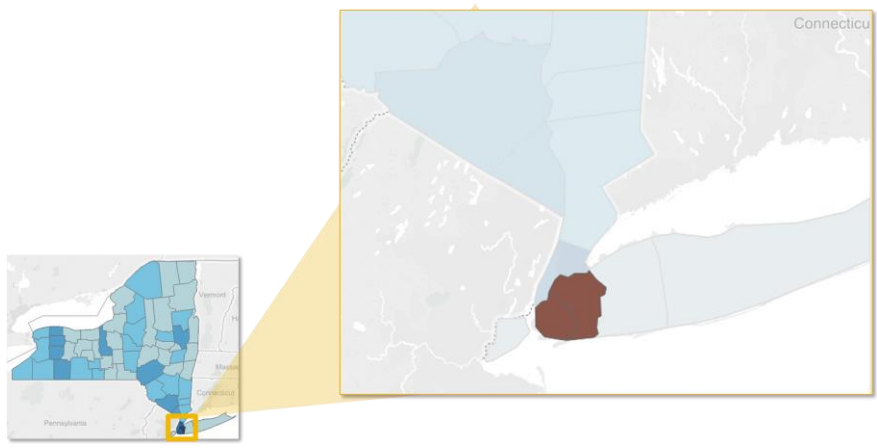
- The PPS has earned all available AVs



Defining value among CBO partners

- Developed a clinical values scorecard to identify potential contributions of CBOs using industry benchmarks for their provider type.
- Using the results to:
 - Define pilot project participants
 - Identify effective ways to contract with CBOs
 - Drive integration of CBOs into value based payment arrangements

Community Care of Brooklyn



- PPS Service Area: Brooklyn and parts of Queens
- Attribution for Performance: 448,420
- Attribution for Valuation: 212,586
- Total Award Dollars: \$489,039,450

Core Team:	1. David Cohen – PPS Lead, CEO of DSRIP Central Services Organization, MMC	5. Rob Cimino – Project Lead Information Technology, MMC
	2. Shari Suchoff – VP, Population Health Policy and Strategy, MMC	6. Christina Pickett – Director, Regional Implementation, MMC
	3. Karen Nelson – CMO of DSRIP Central Services Organization, MMC	7. Hannah Godlove – Director, Analytics and Reporting, MMC
	4. Caroline Greene – Chief Administration and Financial Officer, CSO, MMC	8. Colette Barrow– Administrative/Executive Assistant

- Selected the Collaborative Contracting Model and is designed to maximize participant buy-in
- Governed centrally by an Executive and Sub-Committee
- CSO is responsible for clinical supervision to service providers, call center support, IT services, staffing for PPS operations, training for participant staff of goal achievements, data analytics, and administrative services
- Maimonides Medical Center is the fiduciary and will be responsible for fulfilling the terms of the State DSRIP contract
- Formally collaborating with HHC PPS on all projects

Projects Selected:	• 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management
	• 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services
	• 2.b.iii ED care triage for at-risk populations
	• 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
	• 3.a.i Integration of primary care and behavioral health services
	• 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only)
	• 3.d.ii Expansion of asthma home-based self-management program
	• 3.g.i Integration of palliative care into the PCMH Mode
	• 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems
	• 4.c.ii Increase early access to, and retention in, HIV care

Community Care of Brooklyn: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

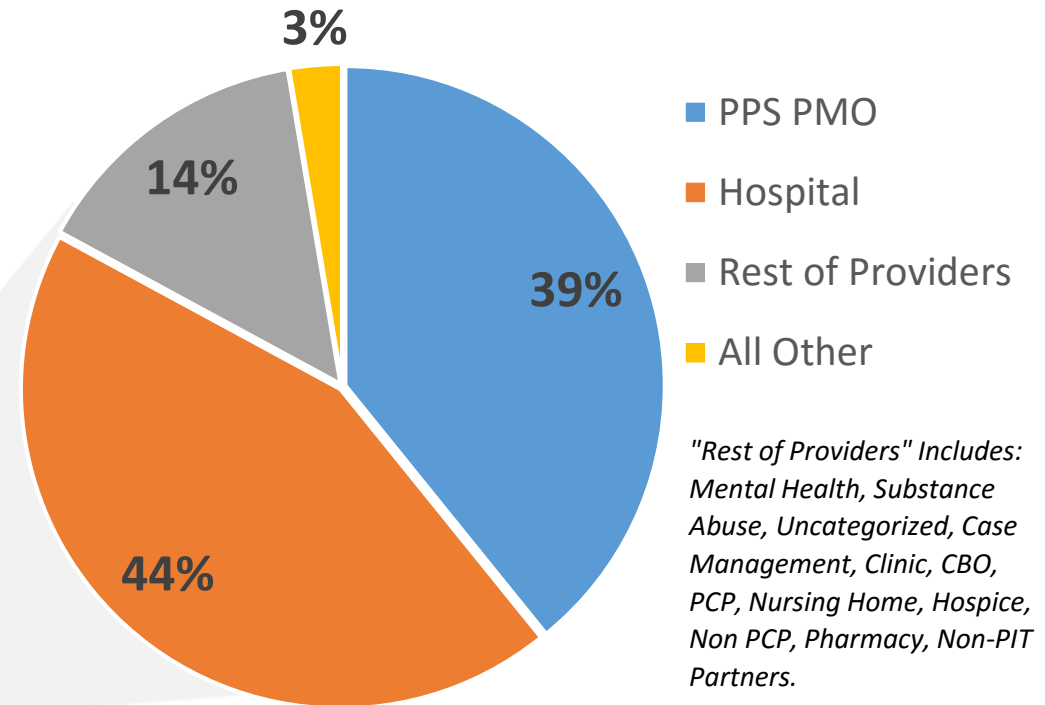
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$34,713,348	\$34,713,348	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$34,713,348	
Flowed	\$17,476,315	50%

Funds Flow by Provider Type



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Community Care of Brooklyn: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 1,166,108.62	\$ 1,166,108.62	\$ -	\$ 1,166,108.62
2.a.iii	20.00	20.00	0.00	20.00	\$ 914,048.79	\$ 914,048.79	\$ -	\$ 914,048.79
2.b.iii	19.00	19.00	0.00	19.00	\$ 831,364.65	\$ 831,364.65	\$ -	\$ 831,364.65
2.b.iv	20.00	20.00	0.00	20.00	\$ 824,338.16	\$ 824,338.16	\$ -	\$ 824,338.16
3.a.i	16.00	16.00	0.00	16.00	\$ 756,794.47	\$ 756,794.47	\$ -	\$ 756,794.47
3.b.i	13.00	13.00	0.00	13.00	\$ 561,690.12	\$ 561,690.12	\$ -	\$ 561,690.12
3.d.ii	9.00	9.00	0.00	9.00	\$ 608,475.17	\$ 608,475.17	\$ -	\$ 608,475.17
3.g.i	6.00	6.00	0.00	6.00	\$ 432,355.92	\$ 432,355.92	\$ -	\$ 432,355.92
4.a.iii	16.00	16.00	0.00	16.00	\$ 431,511.15	\$ 431,511.15	\$ -	\$ 431,511.15
4.c.ii	16.00	16.00	0.00	16.00	\$ 415,692.78	\$ 415,692.78	\$ -	\$ 415,692.78
AV Adjustments (Column F)								
Total	154.00	154.00	0.00	154.00	\$ 6,942,380	\$ 6,942,380	\$ -	\$ 6,942,380

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs

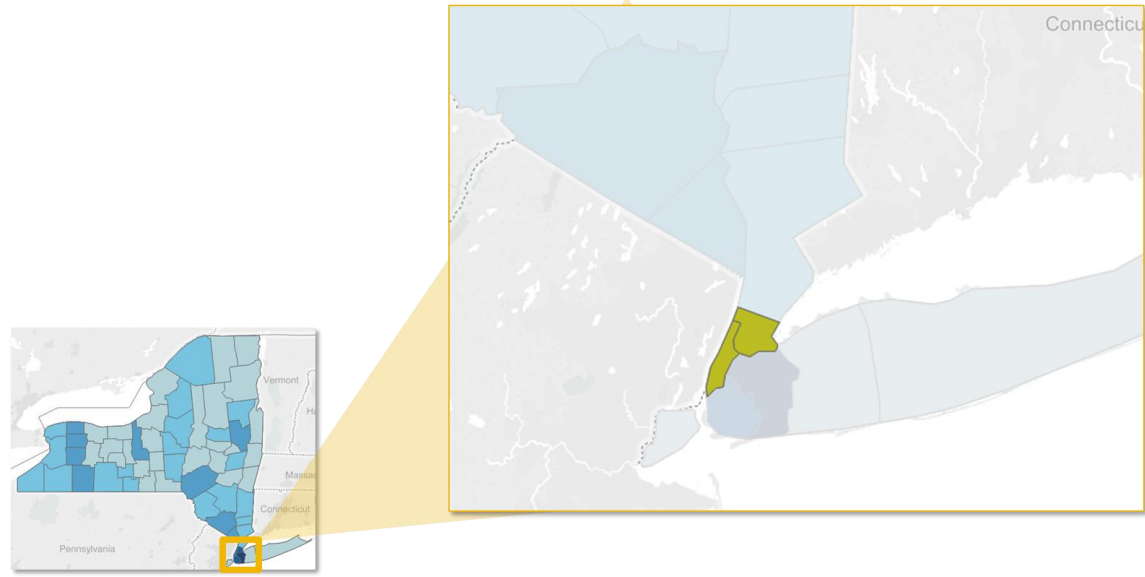


COMMUNITY CARE
OF
B R O O K L Y N

Engagement of HH and CMAs

- Brooklyn Health Home and CBC Health Home active participants in CCB governance committees and key workgroups
- Agreements with 5 Care Management Agencies providing on-site support at network hospitals
- Expanded use of Health Home care management / care coordination systems and processes to support care transitions, Health Home at Risk and PCMH+ initiatives

New York - Presbyterian PPS



- PPS Service Area: Manhattan – Bronx and Manhattan
- Attribution for Performance: 88,886
- Attribution for Valuation: 47,293
- Total Award Dollars: \$97,712,825

Core Team:	1. David Alge – PPS Lead/CEO	5. Lauren Alexander -- Senior Healthcare Analyst
	2. Isaac Kastenbaum – Director, Strategy	6. Tiffany Sturdivant Morrison – Manager of Operations
	3. Rachel Naiukow – Program Coordinator	
	4. Phyllis Lantos – CFO	
	5. Aurelia G. Boyer– CIO	

- Hospital-led PPS, academic institution – affiliated with Columbia
- NYP is a relatively small PPS, not typically a large service provider of Medicaid patients, but do service a higher proportion of Medicaid patients in upper (close to Bronx) and lower Manhattan locations
- Network is mainly comprised of providers in upper and lower Manhattan.

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.i Ambulatory Intensive Care Units (ICUs) • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 3.a.i Integration of primary care and behavioral health services • 3.a.ii Behavioral health community crisis stabilization services • 3.e.i Comprehensive Strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations – development of a Center of Excellence for Management of HIV/AIDS • 3.g.i Integration of palliative care into the PCMH Model • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health • 4.c.i Decrease HIV morbidity
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New York - Presbyterian PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

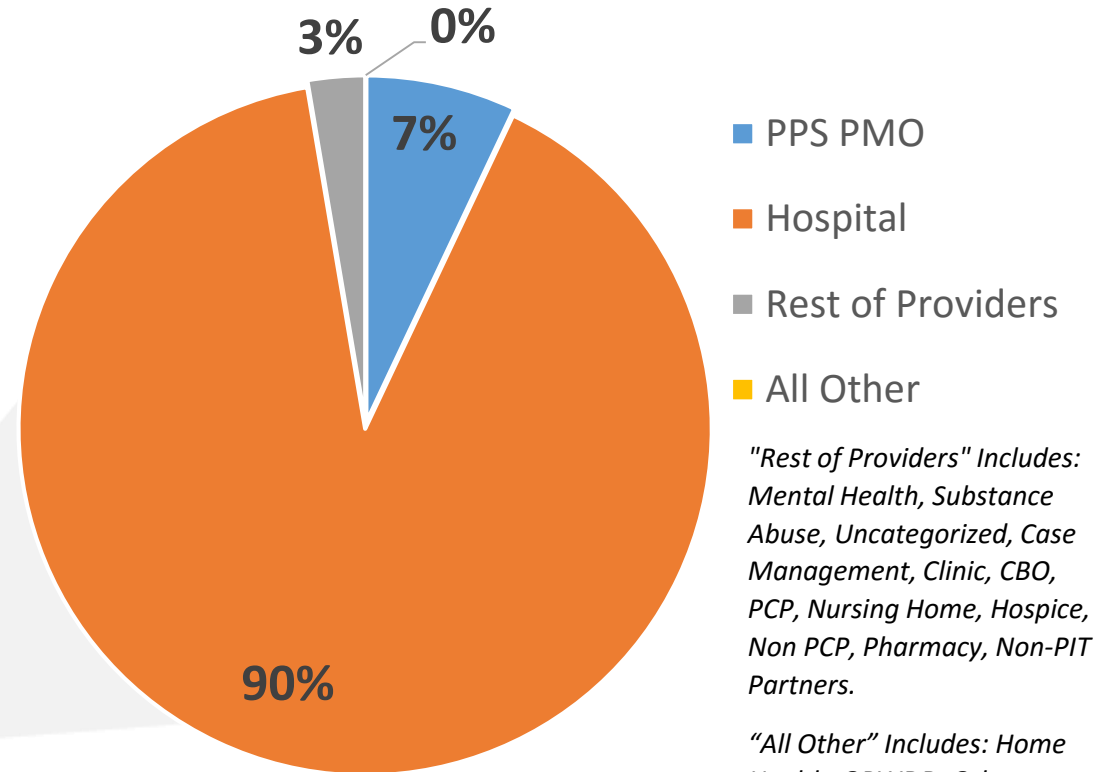
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$7,740,365	\$7,720,977	99.7%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$7,720,977	
Flowed	\$5,727,575	74%

Funds Flow by Provider Type



New York - Presbyterian PPS: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 249,803.27	\$ 249,803.27	\$ -	\$ 249,803.27
2.b.i	20.00	20.00	0.00	20.00	\$ 175,219.96	\$ 175,219.96	\$ -	\$ 175,219.96
2.b.iii	20.00	20.00	0.00	20.00	\$ 192,890.38	\$ 192,890.38	\$ -	\$ 192,890.38
2.b.iv	20.00	20.00	0.00	20.00	\$ 178,979.46	\$ 178,979.46	\$ -	\$ 178,979.46
3.a.i	16.00	16.00	0.00	16.00	\$ 156,266.83	\$ 156,266.83	\$ -	\$ 156,266.83
3.a.ii	16.00	16.00	0.00	16.00	\$ 155,098.23	\$ 155,098.23	\$ -	\$ 155,098.23
3.e.i	13.00	12.00	0.00	12.00	\$ 136,282.19	\$ 124,925.34	\$ -	\$ 124,925.34
3.g.i	7.00	6.00	0.00	6.00	\$ 96,376.88	\$ 88,345.47	\$ -	\$ 88,345.47
4.b.i	14.00	14.00	0.00	14.00	\$ 110,736.53	\$ 110,736.53	\$ -	\$ 110,736.53
4.c.i	16.00	16.00	0.00	16.00	\$ 92,477.20	\$ 92,477.20	\$ -	\$ 92,477.20
AV Adjustments (Column F)								
Total	161.00	159.00	0.00	159.00	\$ 1,544,131	\$ 1,524,743	\$ -	\$ 1,524,743

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement

DY2Q1 AV Progress Report:

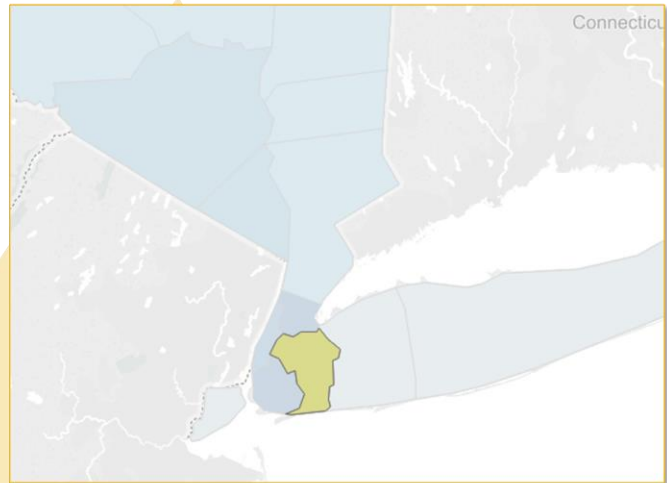
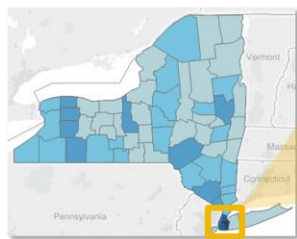
- Upon initial assessment, Missed 1 AV – Workforce, remains open for appeal as of today.



Care transitions intervention model to reduce 30-day readmissions for chronic health conditions

- Hired 8 RN Transitional Care Managers, developed evidenced based protocol to standardize the level of care for over 500 patients engaged
- Established contracts with 3 CBOs, on-boarded 6 CHWs for home and follow-up appointment visit accompaniment

New York - Presbyterian/Queens PPS



<ul style="list-style-type: none"> • PPS Service Area: Queens • Attribution for Performance: 29,627 • Attribution for Valuation: 12,962 • Total Award Dollars: \$31,776,993 					
Core Team:	<table border="0"> <tr> <td>1. Maureen Buglino – Vice President for Community Medicine and Emergency Medicine</td> <td>3. Sadia Choudhury – Executive Director</td> </tr> <tr> <td>2. Maria D’Urso – Administrative Director, Community Medicine</td> <td></td> </tr> </table>	1. Maureen Buglino – Vice President for Community Medicine and Emergency Medicine	3. Sadia Choudhury – Executive Director	2. Maria D’Urso – Administrative Director, Community Medicine	
1. Maureen Buglino – Vice President for Community Medicine and Emergency Medicine	3. Sadia Choudhury – Executive Director				
2. Maria D’Urso – Administrative Director, Community Medicine					
<ul style="list-style-type: none"> • NYP/Q is a single hospital-led PPS • NewYork-Presbyterian and New York Hospital of Queens affiliated in summer 2015 • NYP/Q and Presbyterian do not have overlapping projects or service areas but are looking for collaboration opportunities such as legal advice • Collaboration efforts are underway with Advocate Community Partners, Mount Sinai and Health and Hospitals Corporation 					

Projects Selected:	<ul style="list-style-type: none"> • 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) • 2.b.v Care transitions intervention for skilled nursing facility (SNF) residents • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.b.viii Hospital-Home Care Collaboration Solutions • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.d.iii Implementation of evidence-based medicine guidelines for asthma management • 3.g.ii Integration of palliative care into nursing homes • 4.c.ii Increase early access to, and retention in, HIV care
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New York - Presbyterian/Queens PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

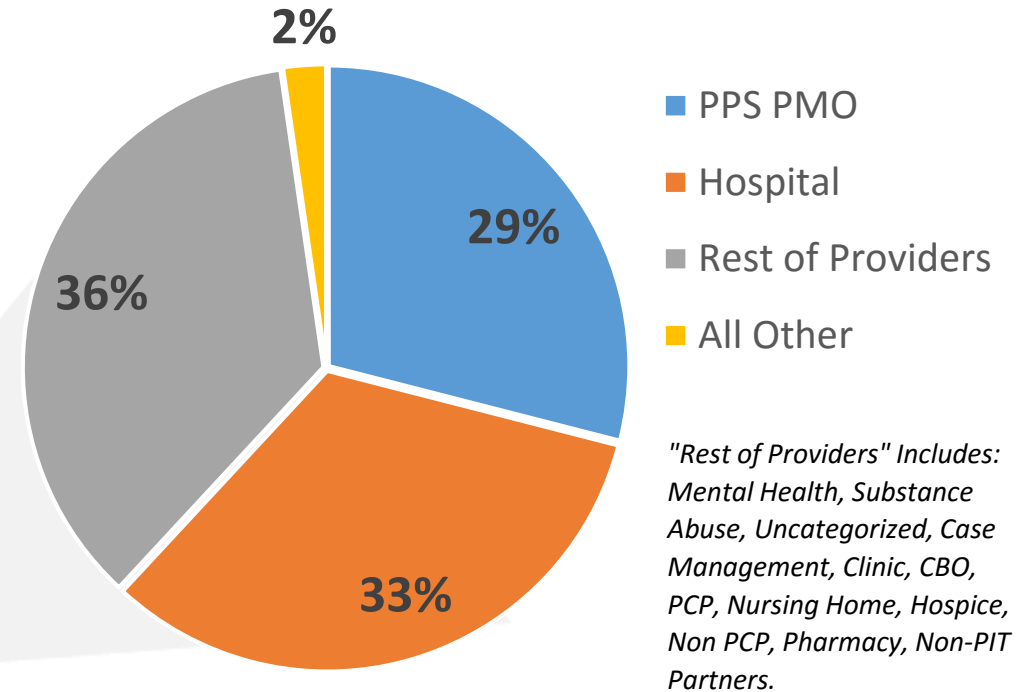
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$1,837,562	\$1,837,562	100%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$1,837,562	
Flowed	\$647,673	35%

Funds Flow by Provider Type



New York - Presbyterian/Queens PPS: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.ii	20.00	20.00	0.00	20.00	\$ 43,903.72	\$ 43,903.72	\$ -	\$ 43,903.72
2.b.v	20.00	20.00	0.00	20.00	\$ 54,694.11	\$ 54,694.11	\$ -	\$ 54,694.11
2.b.vii	20.00	20.00	0.00	20.00	\$ 49,176.14	\$ 49,176.14	\$ -	\$ 49,176.14
2.b.viii	20.00	20.00	0.00	20.00	\$ 51,250.88	\$ 51,250.88	\$ -	\$ 51,250.88
3.a.i	16.00	16.00	0.00	16.00	\$ 44,256.16	\$ 44,256.16	\$ -	\$ 44,256.16
3.b.i	13.00	13.00	0.00	13.00	\$ 33,082.18	\$ 33,082.18	\$ -	\$ 33,082.18
3.d.ii	10.00	10.00	0.00	10.00	\$ 35,739.23	\$ 35,739.23	\$ -	\$ 35,739.23
3.g.ii	7.00	7.00	0.00	7.00	\$ 31,410.35	\$ 31,410.35	\$ -	\$ 31,410.35
4.c.ii	16.00	16.00	0.00	16.00	\$ 23,984.33	\$ 23,984.33	\$ -	\$ 23,984.33
AV Adjustments (Column F)								
Total	142.00	142.00	0.00	142.00	\$ 367,497	\$ 367,497	\$ -	\$ 367,497

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

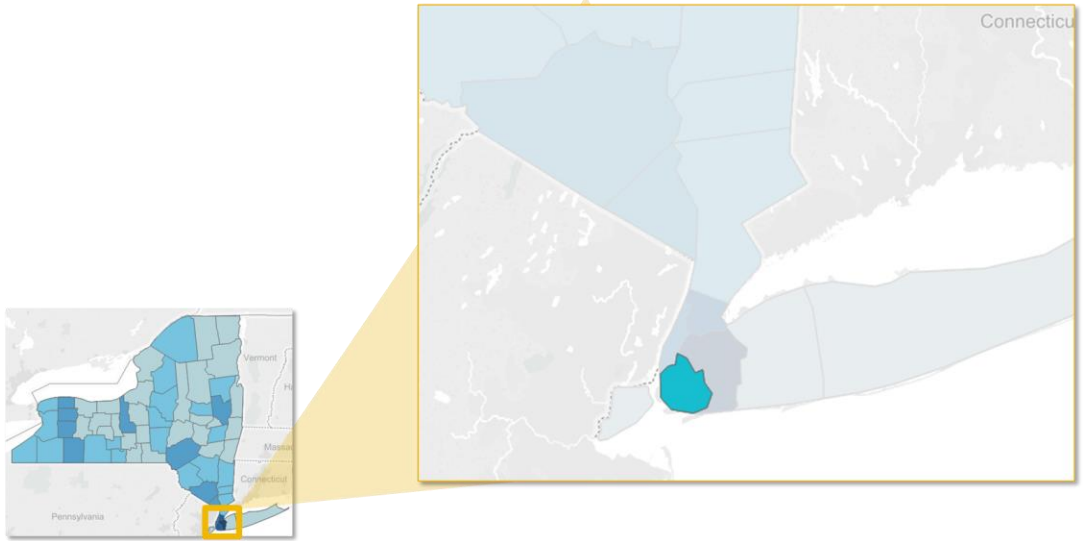
- The PPS has earned all available AVs

└ NewYork-Presbyterian └ Queens

Connecting Providers

- Brightpoint Health serves a predominately homeless patient population with almost half of their patients presenting from nearby shelters.
- Through the MAX Program, Brightpoint Health has created an integrated care team including Health Homes as an active member to better connect and engage with their patient population directly in the shelter.

Brooklyn Bridges PPS



<ul style="list-style-type: none"> • PPS Service Area: Brooklyn (partners are also located in Manhattan and Queens) • Attribution for Performance: 116,211 • Attribution for Valuation: 74,326 • Total Award Dollars: \$127,740,537 									
Core Team:	<table border="0"> <tr> <td>1. Wendy Goldstein – CEO NYU Lutheran Medical Center</td> <td>5. Lisa Vancheri – Director, Long Range Financial Planning, NYU Langone</td> </tr> <tr> <td>2. Larry McReynolds – Executive Sponsor</td> <td>6. Kris Batchoo – Project Manager, DSRIP</td> </tr> <tr> <td>3. Alessandra Taverna-Trani – Executive Director</td> <td>7. Dina Budman – Project Manager, DSRIP</td> </tr> <tr> <td>4. Greg Kerr – Senior Vice President of Clinical Operation</td> <td>8. Darren Kaw – Project Manager, DSRIP</td> </tr> </table>	1. Wendy Goldstein – CEO NYU Lutheran Medical Center	5. Lisa Vancheri – Director, Long Range Financial Planning, NYU Langone	2. Larry McReynolds – Executive Sponsor	6. Kris Batchoo – Project Manager, DSRIP	3. Alessandra Taverna-Trani – Executive Director	7. Dina Budman – Project Manager, DSRIP	4. Greg Kerr – Senior Vice President of Clinical Operation	8. Darren Kaw – Project Manager, DSRIP
1. Wendy Goldstein – CEO NYU Lutheran Medical Center	5. Lisa Vancheri – Director, Long Range Financial Planning, NYU Langone								
2. Larry McReynolds – Executive Sponsor	6. Kris Batchoo – Project Manager, DSRIP								
3. Alessandra Taverna-Trani – Executive Director	7. Dina Budman – Project Manager, DSRIP								
4. Greg Kerr – Senior Vice President of Clinical Operation	8. Darren Kaw – Project Manager, DSRIP								
<ul style="list-style-type: none"> • Financially backed by NYU (NYU acquired Lutheran Medical Center and is now called NYU Lutheran) • NYU Lutheran has previously collaborated with HHC and Maimonides on almost all projects, looking to collaborate more with New York Presbyterian and ACP • Lowest attribution compared to other PPS in their service area (i.e. HHC and Maimonides) 									

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.b.iii ED care triage for at-risk populations • 2.b.ix Implementation of observational programs in hospitals • 2.c.i Development of community-based health navigation services • 3.a.i Integration of primary care and behavioral health services • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.d.ii Expansion of asthma home-based self-management program • 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health • 4.c.ii Increase early access to, and retention in, HIV care
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Brooklyn Bridges PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

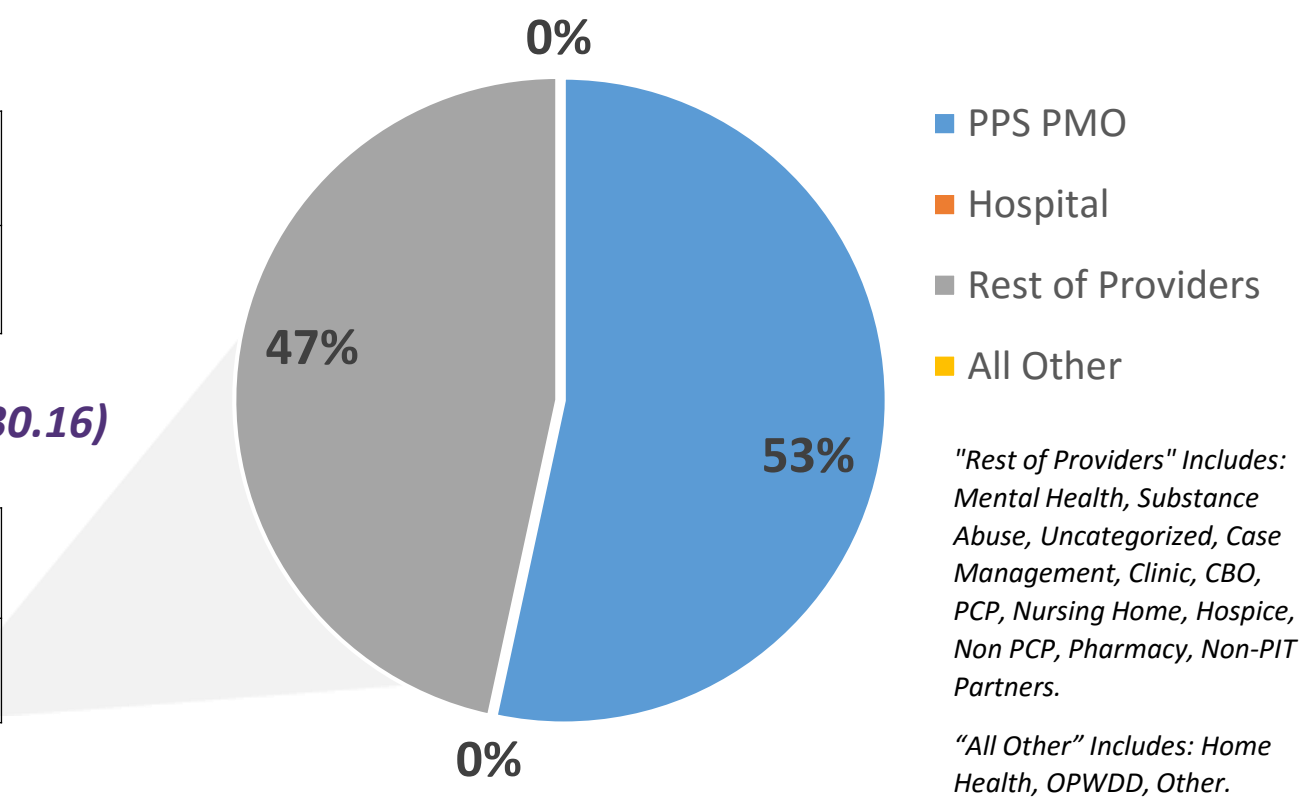
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$10,965,866	\$10,948,848	99.8%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$10,948,848	
Flowed	\$643,617	6%

Funds Flow by Provider Type



- PPS PMO
- Hospital
- Rest of Providers
- All Other

"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Brooklyn Bridges PPS: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 397,926.59	\$ 397,926.59	\$ -	\$ 397,926.59
2.b.iii	20.00	20.00	0.00	20.00	\$ 283,971.21	\$ 283,971.21	\$ -	\$ 283,971.21
2.b.ix	20.00	20.00	0.00	20.00	\$ 255,209.03	\$ 255,209.03	\$ -	\$ 255,209.03
2.c.i	20.00	20.00	0.00	20.00	\$ 267,352.09	\$ 267,352.09	\$ -	\$ 267,352.09
3.a.i	16.00	16.00	0.00	16.00	\$ 262,502.51	\$ 262,502.51	\$ -	\$ 262,502.51
3.c.i	12.00	12.00	0.00	12.00	\$ 197,266.11	\$ 197,266.11	\$ -	\$ 197,266.11
3.d.ii	10.00	9.00	0.00	9.00	\$ 204,227.56	\$ 187,208.60	\$ -	\$ 187,208.60
4.b.i	14.00	14.00	0.00	14.00	\$ 175,885.08	\$ 175,885.08	\$ -	\$ 175,885.08
4.c.ii	16.00	16.00	0.00	16.00	\$ 145,337.95	\$ 145,337.95	\$ -	\$ 145,337.95
AV Adjustments (Column F)								
Total	147.00	146.00	0.00	146.00	\$ 2,189,678	\$ 2,172,659	\$ -	\$ 2,172,659

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement

DY2Q1 AV Progress Report:

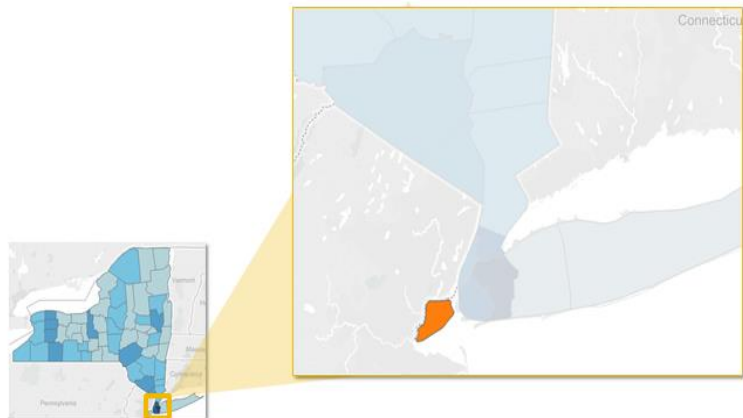
- The PPS has earned all available AVs



Integrating Behavioral Health and Primary Care for patients with diabetes

- PHQ 2 screening increased from 28% to 89% among 230 patients
- Improved warm handoff from ED to health center services
- Implemented a “Prescription for Health” personalized diet and exercise plan into the HER
- Pilot will be expanded to other sites

Staten Island PPS



<ul style="list-style-type: none"> • PPS Service Area: Staten Island (only PPS in SI) • Attribution for Performance: 76,295 • Attribution for Valuation: 180,268 • Attribution for 2.d.i: 96,782 • Total Award Dollars: \$217,087,986 	
Core Team:	<ol style="list-style-type: none"> 1. Joe Conte (RUMC) – Executive Director, DSRIP 2. Salvatore Volpe – CMO, DSRIP 3. William Myhre – Sr. Director of Workforce, DSRIP 4. Anyi Chen – IT, DSRIP 5. Victoria Njoku-Anokam – Director of Behavioral Health 6. Jessica Steinhart – Director of Ambulatory Initiatives 7. Mary Han – Project Lead, INTERACT and Palliative Care 8. Lashana Lewis – Finance Lead 9. Celina Ramsey – Dr. Health Literacy, Diversity and Outreach, DSRIP
<ul style="list-style-type: none"> • Staten Island PPS is a comparably smaller market for healthcare services in the NYC metropolitan area – this is especially true relative to the amount of providers on the island • The two major hospitals on SI are Richmond University Medical Center (RUMC) and Staten Island University Hospital (SIUH), which combined have 86% of all Medicaid discharges, and 90% of self-pay discharges • To implement and manage the SI PPS, a NewCo governance and management structure was formed • North Shore LIJ is involved in all governance and financial discussions/decisions • Staten Island PPS is the only PPS in this service area (Staten Island) and will receive all the Medicaid lives 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF) • 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care • 3.a.i Integration of primary care and behavioral health services • 3.a.iv Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.g.ii Integration of palliative care into nursing homes • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
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Staten Island PPS: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

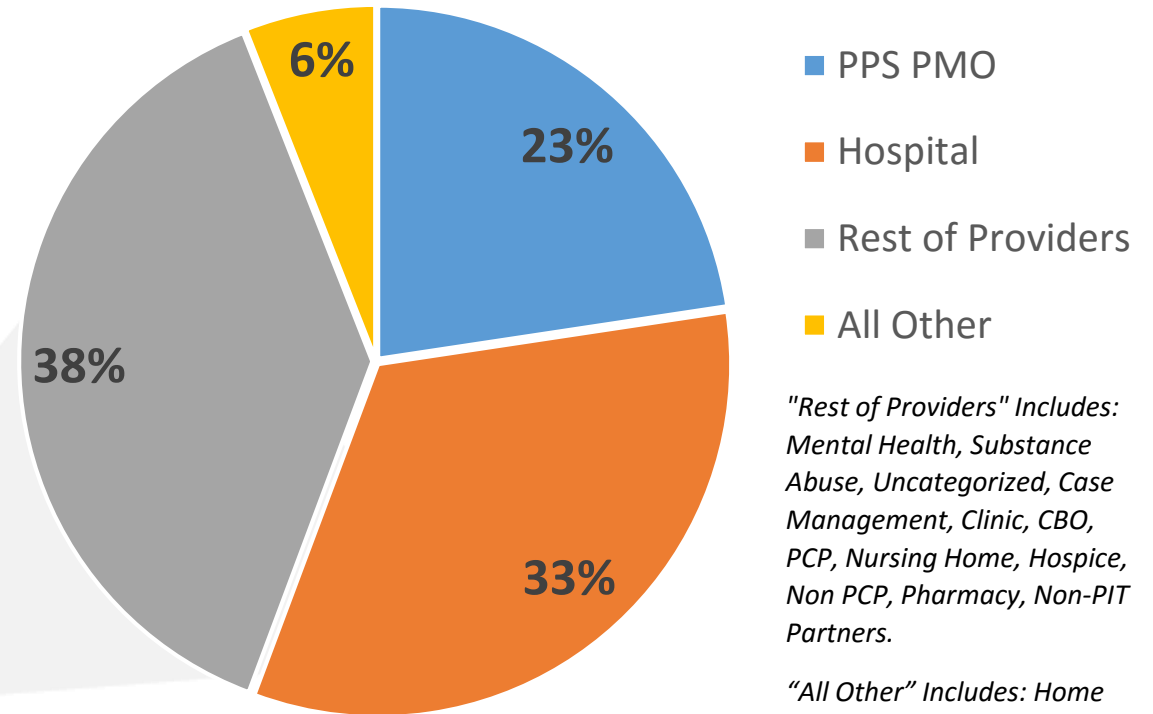
Funds Flow by Provider Type

Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$33,153,807	\$33,088,559	99.8%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$33,088,559	
Flowed	\$13,044,470	39%



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Staten Island PPS: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.iii	20.00	20.00	0.00	20.00	\$ 782,984.28	\$ 782,984.28	\$ -	\$ 782,984.28
2.b.iv	20.00	20.00	0.00	20.00	\$ 745,320.57	\$ 745,320.57	\$ -	\$ 745,320.57
2.b.vii	20.00	20.00	0.00	20.00	\$ 693,509.13	\$ 693,509.13	\$ -	\$ 693,509.13
2.b.viii	20.00	20.00	0.00	20.00	\$ 772,526.24	\$ 772,526.24	\$ -	\$ 772,526.24
2.d.i	8.00	8.00	0.00	8.00	\$ 662,581.96	\$ 662,581.96	\$ -	\$ 662,581.96
3.a.i	16.00	16.00	0.00	16.00	\$ 662,319.34	\$ 662,319.34	\$ -	\$ 662,319.34
3.a.iv	16.00	16.00	0.00	16.00	\$ 633,931.07	\$ 633,931.07	\$ -	\$ 633,931.07
3.c.i	12.00	12.00	0.00	12.00	\$ 523,325.83	\$ 523,325.83	\$ -	\$ 523,325.83
3.g.ii	7.00	7.00	0.00	7.00	\$ 454,494.72	\$ 454,494.72	\$ -	\$ 454,494.72
4.a.iii	16.00	16.00	0.00	16.00	\$ 371,049.98	\$ 371,049.98	\$ -	\$ 371,049.98
4.b.ii	21.00	21.00	0.00	21.00	\$ 315,392.48	\$ 315,392.48	\$ -	\$ 315,392.48
AV Adjustments (Column F)								
Total	176.00	176.00	0.00	176.00	\$ 6,617,436	\$ 6,617,436	\$ -	\$ 6,617,436

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

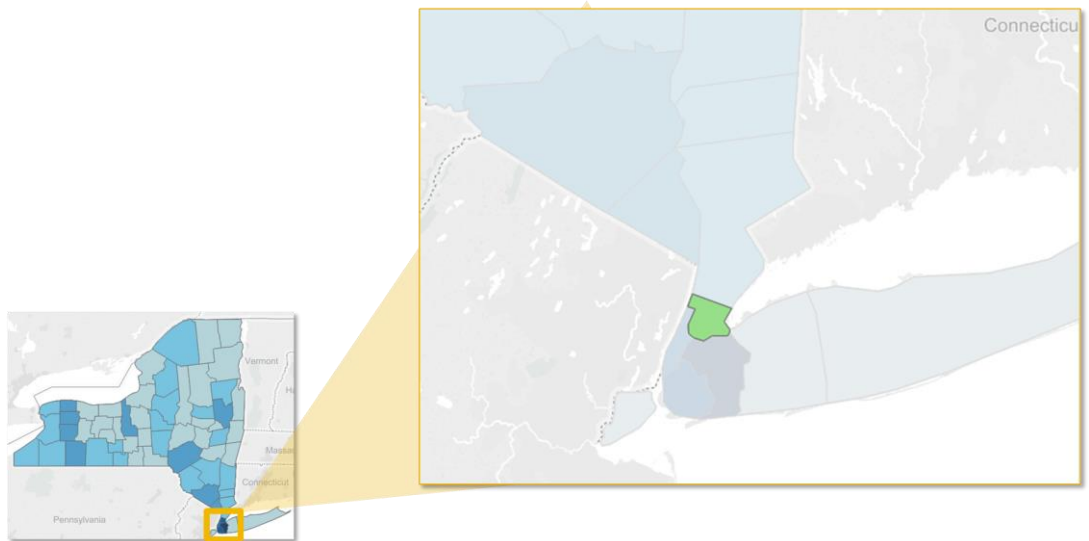
- The PPS has earned all available AVs



Telemedicine Expansion

- Focused on nursing home, disability and aging-in-place populations
- Perform medical evaluations via videoconferencing for patients, providing Weekend Coverage
- 65% improvement in Patient Transfer Rate in 2nd month of pilot
- Transfer rate per 1000 decreased from 2.53 to 1.53 and continued to 1.41 in the 3rd month

Bronx Health Access (Bronx Lebanon Hospital Center PPS)



<ul style="list-style-type: none"> • PPS Service Area: Bronx • Attribution for Performance: 142,054 • Attribution for Valuation: 70,861 • Total Award Dollars: \$153,930,779 	
Core Team:	<ol style="list-style-type: none"> 1. Dennis Maquiling – Executive Director, Bronx Lebanon 2. Doris Saintil – Site Director 3. Steven Maggio – Senior Project Manager
<ul style="list-style-type: none"> • Bronx Lebanon Hospital Center (BLHC) is a 972 bed teaching hospital with a psychiatric facility, two long-term care facilities, a network of outpatient practices and the Bronx Health Home • Provides over 1 million outpatient visits annually and an ER volume of 141,000 visits in 2013. 80% of patient visits are from the Medicaid or uninsured population • BLHC is an investor and part of the governance structure of the HealthFirst MCO • Bronx Health Access is evolving from an interim governance structure and collaborative contracting model to an LLC under the Delegated Authority model • The PPS is backed financially by Mount Sinai PPS and is contracting with them for site director PMO • Collaborating on implementation with other Bronx PPS (e.g. St. Barnabas, HHC, ACP) 	

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.i Ambulatory Intensive Care Units (ICUs) • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 3.a.i Integration of primary care and behavioral health services • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.d.ii Expansion of asthma home-based self-management program • 3.f.i Increase support programs for maternal & child health (including high risk pregnancies) (Example: NurseFamily Partnership) • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.c.ii Increase early access to, and retention in, HIV care
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Bronx Health Access: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

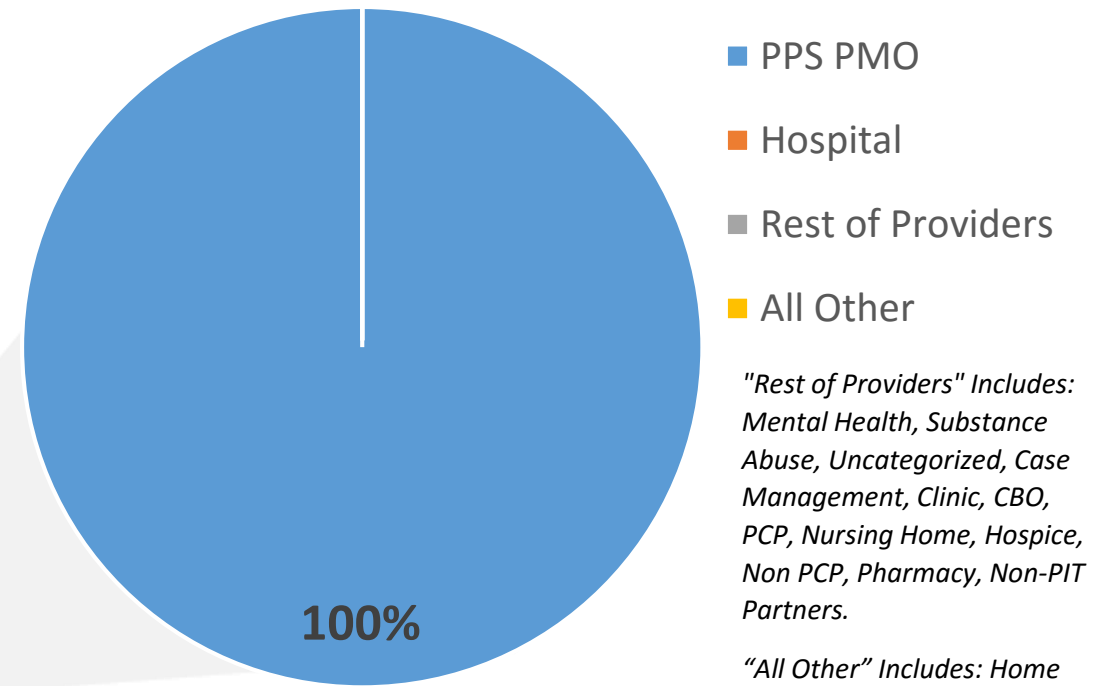
Funds Flow by Provider Type

Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$11,714,525	\$11,511,609	98.3%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$11,511,609	
Flowed	\$1,404,796	12%



"Rest of Providers" Includes: Mental Health, Substance Abuse, Uncategorized, Case Management, Clinic, CBO, PCP, Nursing Home, Hospice, Non PCP, Pharmacy, Non-PIT Partners.

"All Other" Includes: Home Health, OPWDD, Other.

Bronx Health Access: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 379,548.03	\$ 379,548.03	\$ -	\$ 379,548.03
2.a.iii	20.00	20.00	0.00	20.00	\$ 283,525.28	\$ 283,525.28	\$ -	\$ 283,525.28
2.b.i	20.00	20.00	0.00	20.00	\$ 232,844.50	\$ 232,844.50	\$ -	\$ 232,844.50
2.b.iv	20.00	20.00	0.00	20.00	\$ 278,332.71	\$ 278,332.71	\$ -	\$ 278,332.71
3.a.i	16.00	16.00	0.00	16.00	\$ 239,833.07	\$ 239,833.07	\$ -	\$ 239,833.07
3.c.i	12.00	12.00	0.00	12.00	\$ 190,231.02	\$ 190,231.02	\$ -	\$ 190,231.02
3.d.ii	10.00	10.00	0.00	10.00	\$ 203,601.75	\$ 203,601.75	\$ -	\$ 203,601.75
3.f.i	13.00	13.00	0.00	13.00	\$ 209,961.00	\$ 209,961.00	\$ -	\$ 209,961.00
4.a.iii	16.00	16.00	0.00	16.00	\$ 145,855.06	\$ 145,855.06	\$ -	\$ 145,855.06
4.c.ii	16.00	16.00	0.00	16.00	\$ 138,493.22	\$ 138,493.22	\$ -	\$ 138,493.22
AV Adjustments (Column F)								
Total	162.00	162.00	0.00	162.00	\$ 2,302,226	\$ 2,302,226	\$ -	\$ 2,302,226

Description of DY1Q4 Scorecard Missed AVs:

- N/A

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs

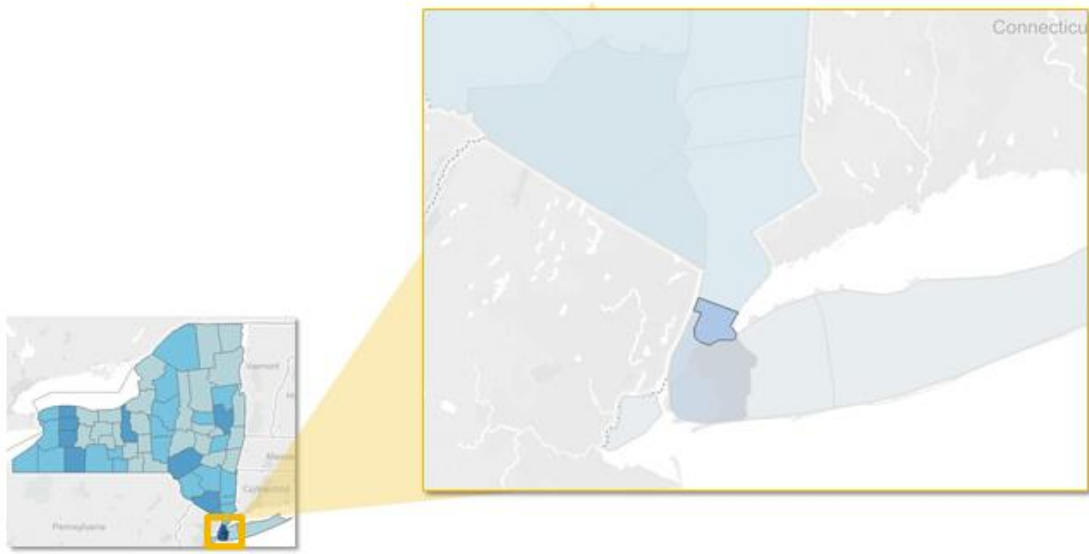


Connecting Providers

65% of key network partners are linked to RHIO

Resources are allocated to develop system-wide reports to identify and link eligible patients with Health Homes and improve communication with PCPs around ED/IP admissions and missing services

Bronx Partners for Healthy Communities (St. Barnabas Hospital dba SBH Health System PPS)



<ul style="list-style-type: none"> • PPS Service Area: Bronx • Attribution for Performance: 356,863 • Attribution for Valuation: 159,201 • Total Award Dollars: \$384,271,362 					
Core Team:	<table border="0"> <tr> <td>1. Leonard Walsh – Chief Operations Officer</td> <td>3. J. Robin Moon – Senior Director, DSRIP Care Delivery & Practice Innovations</td> </tr> <tr> <td>2. Irene Kaufmann – Executive Director, DSRIP</td> <td>4. Amanda Ascher – Medical Director</td> </tr> </table>	1. Leonard Walsh – Chief Operations Officer	3. J. Robin Moon – Senior Director, DSRIP Care Delivery & Practice Innovations	2. Irene Kaufmann – Executive Director, DSRIP	4. Amanda Ascher – Medical Director
1. Leonard Walsh – Chief Operations Officer	3. J. Robin Moon – Senior Director, DSRIP Care Delivery & Practice Innovations				
2. Irene Kaufmann – Executive Director, DSRIP	4. Amanda Ascher – Medical Director				
<ul style="list-style-type: none"> • Collaborative Contracting Model • Representative consensus based governance (Executive Committee and 4 Committees) with CSO • Montefiore noted as fiduciary in event SBH cannot meet lead responsibilities • Network partners: 6,601 (~930 PCP, ~3300 non-PCP practitioners, 12 hospitals) 					

Projects Selected:	<ul style="list-style-type: none"> • 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management • 2.a.iii Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services • 2.b.iii ED care triage for at-risk populations • 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions • 3.a.i Integration of primary care and behavioral health services • 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) • 3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only) • 3.d.ii Expansion of asthma home-based self-management program • 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems • 4.c.ii Increase early access to, and retention in, HIV care
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Bronx Partners for Healthy Communities: Payments and Funds Flow

The tables show the total dollars distributed to the PPS, over the course of three payments, that were earned based on reporting during DSRIP Year 1 (April 2015 - March of 2016). The pie chart provides self-reported detail on the PPS' total funds flowed to downstream providers and partners through June 2016.

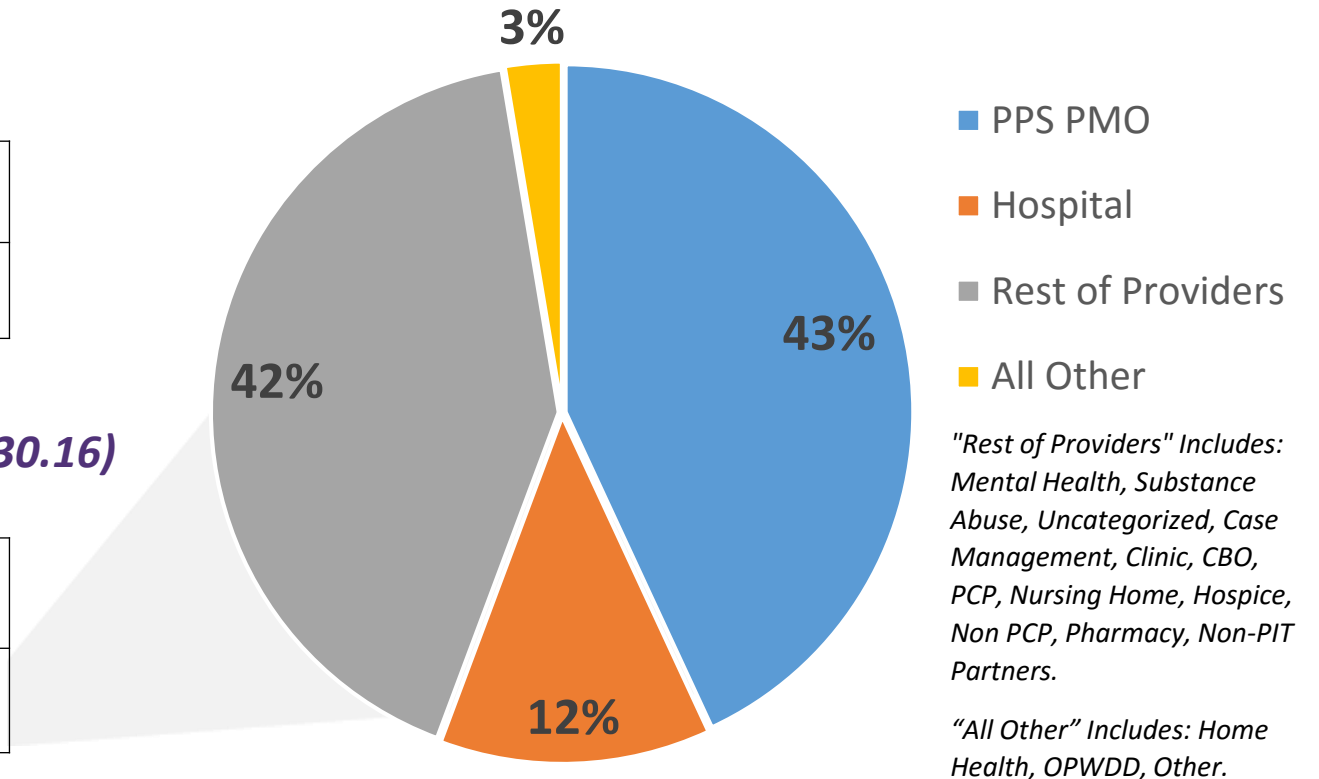
Total Distributed to PPS; Earned during DY1

Available	Earned	% Earned
\$26,988,716	\$26,930,696	99.8%

Total Funds Flowed by the PPS through DY2Q1 (6.30.16)

Earned	\$26,930,696	
Flowed	\$18,532,650	66%

Funds Flow by Provider Type



Bronx Partners for Healthy Communities: DY1Q4 Scorecard

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	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	19.00	19.00	0.00	19.00	\$ 864,652.92	\$ 864,652.92	\$ -	\$ 864,652.92
2.a.iii	20.00	19.00	0.00	19.00	\$ 696,245.27	\$ 638,224.83	\$ -	\$ 638,224.83
2.b.iii	20.00	20.00	0.00	20.00	\$ 627,976.34	\$ 627,976.34	\$ -	\$ 627,976.34
2.b.iv	19.00	19.00	0.00	19.00	\$ 636,235.68	\$ 636,235.68	\$ -	\$ 636,235.68
3.a.i	16.00	16.00	0.00	16.00	\$ 572,905.93	\$ 572,905.93	\$ -	\$ 572,905.93
3.b.i	13.00	13.00	0.00	13.00	\$ 431,514.01	\$ 431,514.01	\$ -	\$ 431,514.01
3.c.i	12.00	12.00	0.00	12.00	\$ 453,807.04	\$ 453,807.04	\$ -	\$ 453,807.04
3.d.ii	9.00	9.00	0.00	9.00	\$ 463,586.43	\$ 463,586.43	\$ -	\$ 463,586.43
4.a.iii	16.00	16.00	0.00	16.00	\$ 327,687.60	\$ 327,687.60	\$ -	\$ 327,687.60
4.c.ii	16.00	16.00	0.00	16.00	\$ 311,303.22	\$ 311,303.22	\$ -	\$ 311,303.22
AV Adjustments (Column F)								
Total	160.00	159.00	0.00	159.00	\$ 5,385,914	\$ 5,327,894	\$ -	\$ 5,327,894

Description of DY1Q4 Scorecard Missed AVs:

- Patient Engagement

DY2Q1 AV Progress Report:

- The PPS has earned all available AVs



BRONX PARTNERS FOR
HEALTHY COMMUNITIES



Implementing Community Health Programs

- Recognizing they know the community, speak the language, and have a strong track record of service delivery, BPHC has contracted with a.i.r. Bronx for the delivery of home-base asthma services
- Resourcing Health People Community Preventative Health Institute to deliver a Diabetes Self-Management Program, offering classes for 600-800 students from community hot spots delivered by coaches recruited from the community