



**Department
of Health**

**Medicaid
Redesign Team**

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

DSRIP Scoring Summary:
Bronx-Lebanon Hospital Center

February 17 - 20, 2015



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PPS Informational Page and Proposal Overview

PPS Name: Bronx-Lebanon Hospital Center

PPS Lead Organization: Bronx-Lebanon Hospital Center

PPS Service Counties: Bronx

Total Attributed Population: 133,177

Goals of the PPS:

1. Create a network of care that improves access, quality and efficiency for the safety net population

Network Composition:

Provider Types	Total Providers in Network
Primary Care Physicians	406
Non-PCP Practitioners	1,168
Hospitals	8
Clinics	60
Health Home / Care Management	21
Behavioral Health	187
Substance Abuse	33
Skilled Nursing Facilities / Nursing Homes	27
Pharmacy	4
Hospice	3
Community Based Organizations	13
All Other	751



Projects Selected – Summary Table

Project Selection	Project Title	Index Score	Number of PPS' Pursuing Project	% of PPS' Selecting Project
2.a.i	Create Integrated Delivery Systems focused on Evidence-based Medicine/Population Health Management	56	22	88%
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	46	10	20%
2.b.i	Ambulatory Intensive Care Units (ICUs)	36	2	8%
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	43	17	68%
3.a.i	Integration of primary care and behavioral health services	39	25	100%
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	30	10	40%
3.d.ii	Expansion of asthma home-based self-management program	31	8	32%
3.f.i	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)	32	4	16%
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	20	13	52%
4.c.ii	Increase early access to, and retention in, HIV care	19	7	28%
	Cumulative Index Score	352		
	PPS Rank by Cumulative Index Score	18		

Organizational and Project Scoring Summary Tables

Organizational Component Scores

Please note, the organizational component score is worth 30% of the final score with the Project score representing 70% of the overall score for each DSRIP project.

Section Points Possible		Reviewer Scores						Subjective Scores				Objective Score	Final Org Score ²
Section	Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score ¹	Workforce Score	
Executive Summary	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	Pass
Governance	25	23.98	24.06	24.38	24.58	23.08	22.50	24.02	23.76	24.02	24.02	N/A	24.02
Community Needs Assessment	25	25.00	24.17	24.58	24.17	25.00	19.65	24.38	23.76	24.58	24.58	N/A	24.58
Workforce Strategy	20	15.40	16.00	16.00	15.22	15.30	16.00	15.70	15.65	15.65	15.70	2.00	17.70
Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	4.44	5.00	5.00	5.00	4.11	5.00	5.00	4.76	4.89	5.00	N/A	5.00
PPS Cultural Competency/Health Literacy	15	14.17	15.00	15.00	15.00	15.00	15.00	15.00	14.86	15.00	15.00	N/A	15.00
DSRIP Budget & Flow of Funds	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	Pass
Financial Sustainability Plan	10	10.00	10.00	9.44	10.00	9.26	10.00	10.00	9.78	9.89	10.00	N/A	10.00
												Total	96.30

¹ **Selected Subjective Score** is the highest of the median, average, and trimmed average

² **Final Org Score** is the sum of the *Selected Subjective Score* and *Workforce Score*

Project Scores

Please note, the project scores are worth 70% of the final score with the Organizational score representing 30% of the overall score for each DSRIP project.

Points Possible		Reviewer Scores						Subjective Scores				Objective Scores		Total Project Score ²
Project #	Subjective Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score ¹	Scale Score	Speed Score	
2.a.i	40	40.00	36.67	38.33	40.00	35.00	40.00	39.17	38.33	39.00	39.17	13.75	30.00	82.92
2.a.iii	20	20.00	18.67	18.67	20.00	17.33	20.00	19.33	19.11	19.47	19.47	23.04	32.67	75.17
2.b.i	20	20.00	18.33	20.00	20.00	18.33	20.00	20.00	19.44	19.44	20.00	23.14	38.00	81.14
2.b.iv	20	20.00	20.00	20.00	20.00	18.67	20.00	20.00	19.78	20.00	20.00	28.98	32.25	81.23
3.a.i	20	18.67	18.67	20.00	20.00	17.33	20.00	19.33	19.11	19.47	19.47	23.43	32.00	74.90
3.c.i	20	18.67	18.67	20.00	20.00	16.00	20.00	19.33	18.89	19.47	19.47	25.68	33.50	78.65
3.d.ii	20	20.00	20.00	20.00	20.00	17.33	20.00	20.00	19.56	20.00	20.00	30.43	32.67	83.09
3.f.i	20	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	28.63	34.33	82.96
4.a.iii	100	94.44	94.44	100.00	100.00	88.89	100.00	97.22	96.30	97.78	97.78	0.00	0.00	97.78
4.c.ii	100	88.89	100.00	100.00	94.44	88.89	100.00	97.22	95.37	95.37	97.22	0.00	0.00	97.22

¹ **Selected Subjective Score** is the highest of the median, average, and trimmed average

² **Total Project Score** is the sum of *Selected Subjective Score*, *Scale Score*, and *Speed Score*



Final Application Score Calculation

30% Organizational Score, 70% Project Score + Bonuses

Project #	Organizational Score	Weighted Organizational Score (0.3)	Project Score	Weighted Project Score (0.7)	Bonus (2.a.i IDS)	Bonus (Workforce)	Bonus (2.d.i Project)	Final Application Score
2.a.i	96.30	28.89	82.92	58.04	3.00	1.33	TBD	91.27
2.a.iii	96.30	28.89	75.17	52.62	N/A	1.33	TBD	82.85
2.b.i	96.30	28.89	81.14	56.79	N/A	1.33	TBD	87.02
2.b.iv	96.30	28.89	81.23	56.86	N/A	1.33	TBD	87.09
3.a.i	96.30	28.89	74.90	52.43	N/A	1.33	TBD	82.65
3.c.i	96.30	28.89	78.65	55.06	N/A	1.33	TBD	85.28
3.d.ii	96.30	28.89	83.09	58.16	N/A	1.33	TBD	88.39
3.f.i	96.30	28.89	82.96	58.08	N/A	1.33	TBD	88.30
4.a.iii	96.30	28.89	97.78	68.44	N/A	1.33	TBD	98.67
4.c.ii	96.30	28.89	97.22	68.06	N/A	1.33	TBD	98.28

Organizational Scoring – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Executive Summary	Pass	Pass/Fail	<ul style="list-style-type: none"> PPS' Executive Summary received passing evaluation from all scorers 	
Governance	24.02	25	<ul style="list-style-type: none"> Response provides sufficient information on how the governance structure will ensure adequate governance and management of the program Response readily identifies coalition providers included in the organizational structure and the PPS' strategy to contract with community based organizations Response sufficiently explains the role of the Project Advisory Committee in the development of the organizational structure, as well as the input the PAC had during the CNA Response adequately outlines the PP's process for sanctioning or removing a poorly performing member of the network, in accordance with the standard terms and conditions of the waiver Response comprehensively describes processes that will be implemented to support the financial success of the organization and the decision making of the PPS' governance structure 	<ul style="list-style-type: none"> The governance models are not fully explained in terms related to creating the foundation for the success of the BHLC PPS toward achieving its DSRIP goals Response addresses quality standards but does not address care management processes and the ability to be held accountable for realizing clinical outcomes Response does not indicate which issues require a super-majority vote No indication that Medicaid or uninsured members has been involved in planning process to date Does not describe PPS' plan to establish a compliance program in accordance with NYS Social Security Law 363-d More detail preferred about how PPS will intervene to provide assistance to low performing providers

Section	Subjective Points	Points Possible	Strengths	Comments
Community Needs Assessment	24.58	25	<ul style="list-style-type: none"> • Response adequately explains the Community Needs Assessment's process and methodology • Response clearly explains how the current composition of providers needs to be modified to meet the needs of the community • Response sufficiently outlines existing community resources, including the number and types of resources available to the PPS • Response conveys prevalence of diseases such as diabetes, asthma, etc, as captured by the CNA • Response prioritizes needs appropriately, reflects information, and draws conclusions from the CNA and prior application responses 	<ul style="list-style-type: none"> • A more robust discussion of expanding transportation to outpatient medical and behavioral health services seems warranted • Mentions types of risk factors but does not mention prevalence of risk factors that impact health status • Response offered no reference to the adequacy of nursing home bed capacity
Workforce Strategy	15.70	20	<ul style="list-style-type: none"> • Response sufficiently describes new jobs that will be created as a result of this implementation • Response clearly explains steps undertaken in the stakeholder engagement process that contributed to the development of the workforce strategy • Response clearly identifies labor groups that have been consulted in planning and development 	<ul style="list-style-type: none"> • Description lacks specificity on the process. Although the response says the retraining will be done by unions, it lacks specificity as to how • Response could have been more detailed in terms of efforts to mitigate any impact on existing employees' wages and benefits • Response does not adequately describe what steps have already been undertaken in the development of their redeployment strategy • Response focuses on what has been done with TEF-related projects but does not describe what will be done moving forward
Data Sharing, Confidentiality, and Rapid Cycle Evaluation	5.00	5	<ul style="list-style-type: none"> • Response clearly explains how the PPS intends to use collected patient data to evaluate performance of partners and providers, conduct quality assessment and improvement activities, and conduct population-based activities to improve the health of the targeted population • Response sufficiently explains how rapid-cycle evaluation will assist in facilitating the successful development of a highly functioning PPS 	<ul style="list-style-type: none"> • Description of three proposed patient confidentiality models does not indicate a firm direction of how all PPS partners will be brought in collectively • Insufficient description of the PPS IT Team's reporting to PPS leadership • Response does not describe the singular person or unit within the PPS to interpret and apply RCE findings

Section	Subjective Points	Points Possible	Strengths	Comments
Cultural Competency/Health Literacy	15.00	15	<ul style="list-style-type: none"> The response provided good ideas beyond the need for translators Response sufficiently explains initiatives the PPS will pursue to promote health literacy, e.g. strategies for individuals with low vision and provider training plan incorporating CBO expertise from the community Response describes PPS' intentions to contract with community based organizations toward achieving and maintaining health literacy throughout the program 	<ul style="list-style-type: none"> This response did not go far enough in resolving the issue of Spanish speaking individuals (50% of the population) and providers who do not speak Spanish
DSRIP Budget & Flow of Funds	Pass	Pass/Fail	<ul style="list-style-type: none"> PPS received universal passing evaluations in all five Budget and & Flow of Funds categories 	
Financial Sustainability Plan	10.00	10	<ul style="list-style-type: none"> Response clearly explains how the PPS will sustain outcomes after the conclusion of the program Response sufficiently explains how payment transformation will assist the PPS in achieving a path to financial stability 	<ul style="list-style-type: none"> Text is missing regarding the sustainability of Care Coordination agencies. The premise was raised, but left unaddressed Response does not describe how fragile safety net providers will be addressed through the financial sustainability vision
Final Organizational Score	96.30	100		

Bonus Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Bonus Points – Population Health Management	3.00	3	<ul style="list-style-type: none"> PPS has population health management experience with New York Medicaid population Response clearly identifies how the PPS has engaged key partners with proven population health management skill sets 	
Bonus Points - Workforce	1.33	3		<ul style="list-style-type: none"> PPS intends to contract with 1199 SEIU Training and Employment
Bonus Points – 2.d.i	TBD	TBD		<ul style="list-style-type: none"> PPS did not pursue project 2.d.i



Project Scoring - Narrative Summaries

Project 2.a.i

PPS Name: Bronx-Lebanon Hospital Center

DSRIP Project Number: 2.a.i

DSRIP Project Title: Create Integrated Delivery Systems that are focused on Evidence Based Medicine/ Population Health Management

Number of PPS' Pursuing This Project: 22

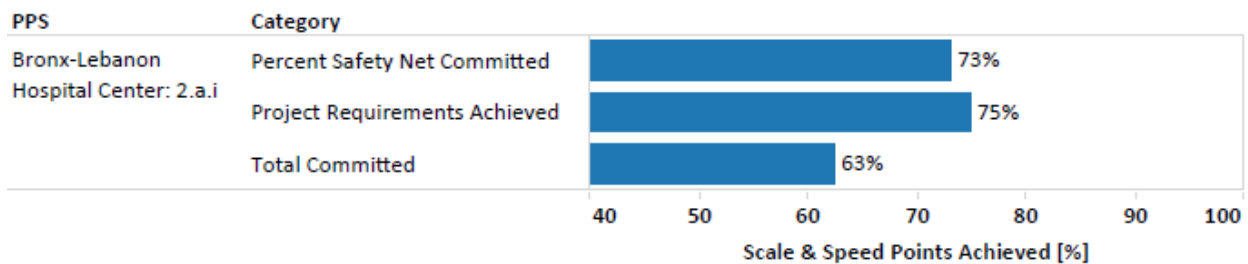
Final Application Score
91.27

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
39.17	40	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets/resources to be mobilized to help this project meet the needs of the community Response clearly outlines the PPS' plans to coordinate on this project with other PPSs serving an overlapping area Response commits to having a comprehensive acute bed management strategy and action plan for reducing unnecessary beds 	<ul style="list-style-type: none"> Response is too general. Does not link gaps identified in the Community Needs Assessment to a project design Response does not clearly describe how identified challenges will be addressed

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Bronx-Lebanon Hospital Center: 2.a.i	Percent Safety Net Committed	28.66%	7.31	10
	Project Requirements Achieved	DY4 Q3/Q4	30.00	40
	Total Committed	2690	6.25	10





Project 2.a.iii

PPS Name: Bronx-Lebanon Hospital Center

DSRIP Project Number: 2.a.iii

DSRIP Project Title: 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

Number of PPS' Pursuing This Project: 10

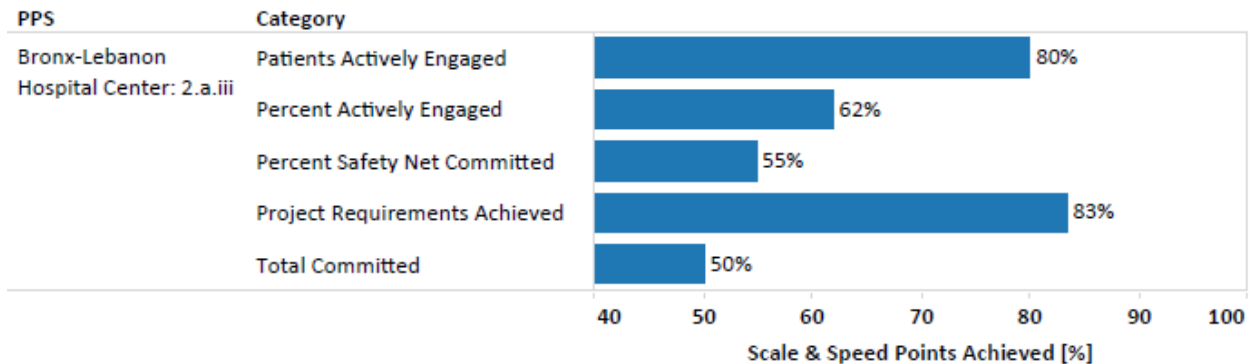
Final Application Score
82.85

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.47	20	<ul style="list-style-type: none"> Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included Response clearly outlines the PPS' plans to coordinate on this project with other PPSs serving an overlapping area Response clearly identifies the use of existing health homes to ensure early success 	<ul style="list-style-type: none"> Response identifies many qualifying conditions that the project appears to lack an understanding of the targeted population

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Bronx-Lebanon Hospital Center: 2.a.iii	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	7.51%	12.38	20
	Percent Safety Net Committed	4.42%	5.50	10
	Project Requirements Achieved	DY4 Q1/Q2	16.67	20
	Total Committed	333	5.00	10





Project 2.b.i

PPS Name: Bronx-Lebanon Hospital Center

DSRIP Project Number: 2.b.i

DSRIP Project Title: Ambulatory Intensive Care Units (ICUs)

Number of PPS' Pursuing This Project: 2

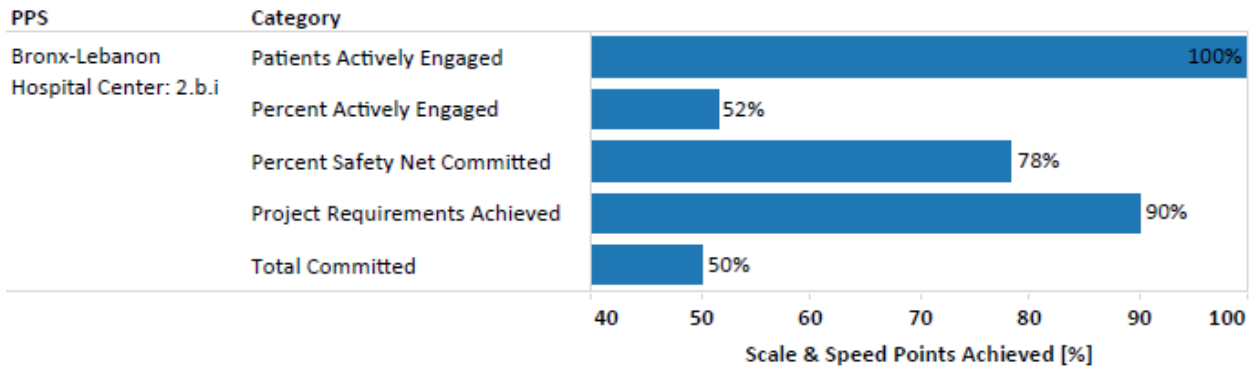
Final Application Score
87.02

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets/resources to be mobilized to meet the needs of the community Response sufficiently identifies project challenges PPS will encounter in implementing this project Response references new programs that will be developed, such as a Nuka model, to support warm handoffs through the use of pods 	<ul style="list-style-type: none"> Response identifies many qualifying conditions that the project appears to lack an understanding of the targeted population

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Bronx-Lebanon Hospital Center: 2.b.i	Patients Actively Engaged	DY4 Q3/Q4	20.00	20
	Percent Actively Engaged	0.79%	10.30	20
	Percent Safety Net Committed	4.80%	7.83	10
	Project Requirements Achieved	DY4 Q3/Q4	18.00	20
	Total Committed	2	5.00	10





Project 2.b.iv

Name: Bronx-Lebanon Hospital Center

DSRIP Project Number: 2.b.iv

DSRIP Project Title: Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

Number of PPS' Pursuing This Project: 17

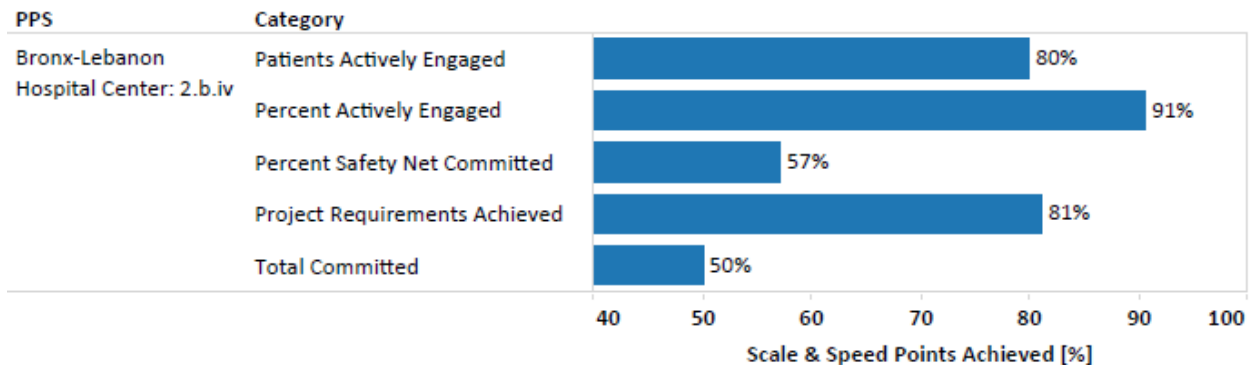
Final Application Score 87.09

Individual Project Score:

Table with 4 columns: Subjective Points, Points Possible, Strengths, and Comments. It details the scoring for the project, showing 20.00 subjective points out of 20 possible points, with specific strengths and comments provided.

Project Scale and Speed:

Table with 5 columns: PPS, Category, PPS Submission, Points Achieved, and Possible Points. It lists various project categories and their corresponding submission dates, points achieved, and possible points.





Project 3.a.i

PPS Name: Bronx-Lebanon Hospital Center

DSRIP Project Number: 3.a.i

DSRIP Project Title: Integration of primary care and behavioral health services

Number of PPS' Pursuing This Project: 25

Final Application Score

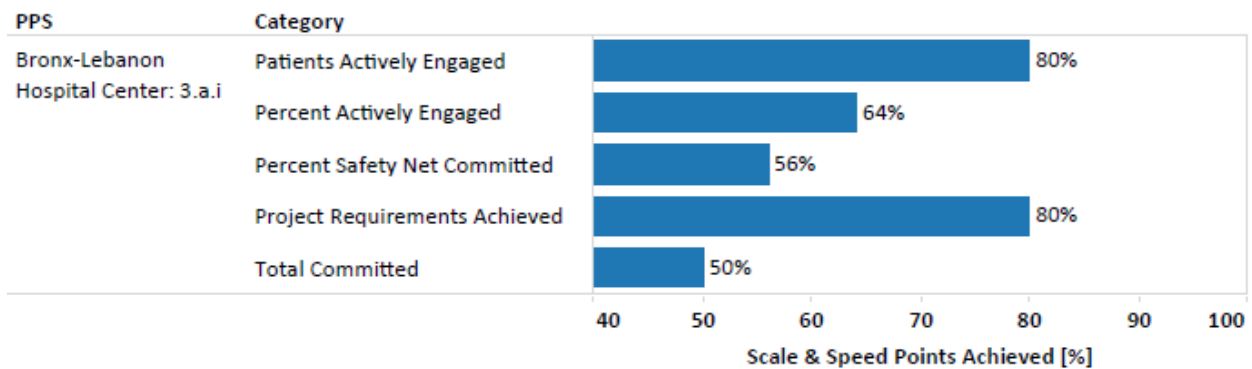
82.65

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.47	20	<ul style="list-style-type: none"> Response sufficiently identifies project challenges or anticipated issues the PPS will encounter in implementing this project and describes how these challenges will be appropriately addressed Response notes that the PPS has a three-way signed letter with two other PPSs in the region to collaborate on implementation Response includes good use of telehealth to expand capacity 	<ul style="list-style-type: none"> Response does not provide detail regarding the patient population this project will target

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Bronx-Lebanon Hospital Center: 3.a.i	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	22.54%	12.82	20
	Percent Safety Net Committed	4.03%	5.61	10
	Project Requirements Achieved	DY4 Q3/Q4	16.00	20
	Total Committed	335	5.00	10





Project 3.c.i

PPS Name: Bronx-Lebanon Hospital Center

DSRIP Project Number: 3.c.i

DSRIP Project Title: Evidence-based strategies for disease management in high risk/affected populations (adults only)

Number of PPS' Pursuing This Project: 10

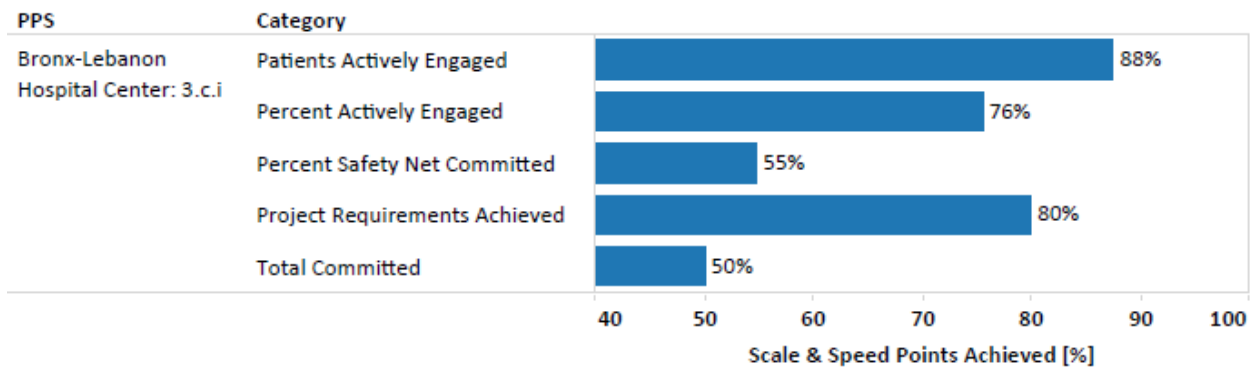
Final Application Score
85.28

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.47	20	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets/resources to be mobilized to meet the needs of the community Response clearly outlines the PPS' plans to coordinate with other PPS' serving overlapping area. For instance, signed support letter with other PPS' in service area Response includes CBOs in the community as a current asset 	<ul style="list-style-type: none"> Response does not provide detail regarding the geography, demography or social need of the patient population this project will target Response would benefit by a more detailed description of how care coordination can be the answer to almost all challenges

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Bronx-Lebanon Hospital Center: 3.c.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	15.02%	15.11	20
	Percent Safety Net Committed	3.74%	5.48	10
	Project Requirements Achieved	DY4 Q3/Q4	16.00	20
	Total Committed	296	5.00	10





Project 3.d.ii

PPS Name: Bronx-Lebanon Hospital Center

DSRIP Project Number: 3.d.ii

DSRIP Project Title: Expansion of asthma home-based self-management program

Number of PPS' Pursuing This Project: 8

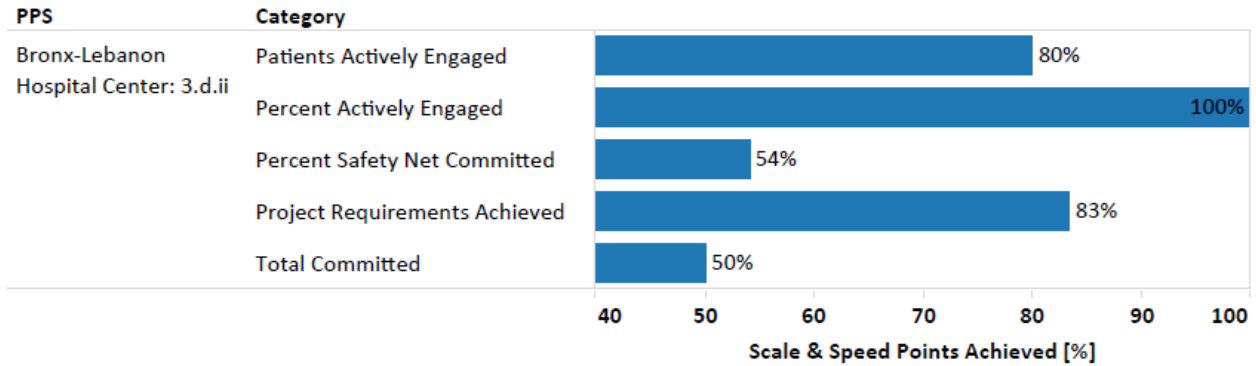
Final Application Score
88.39

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets/resources to be mobilized to meet the needs of the community PPS commits to embedding community health workers in hospitals to ensure patients begin receiving education quickly PPS commits to addressing environmental triggers Response indicates use of CBOs, e.g. A.I.R.NYC, to provide support for the patient population 	<ul style="list-style-type: none"> Response does not provide detail regarding the geography, demography or social need of the patient population this project will target

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Bronx-Lebanon Hospital Center: 3.d.ii	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	13.52%	20.00	20
	Percent Safety Net Committed	2.95%	5.43	10
	Project Requirements Achieved	DY4 Q1/Q2	16.67	20
	Total Committed	219	5.00	10





Project 3.f.i

PPS Name: Bronx-Lebanon Hospital Center

DSRIP Project Number: 3.f.i

DSRIP Project Title: Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)

Number of PPS' Pursuing This Project: 4

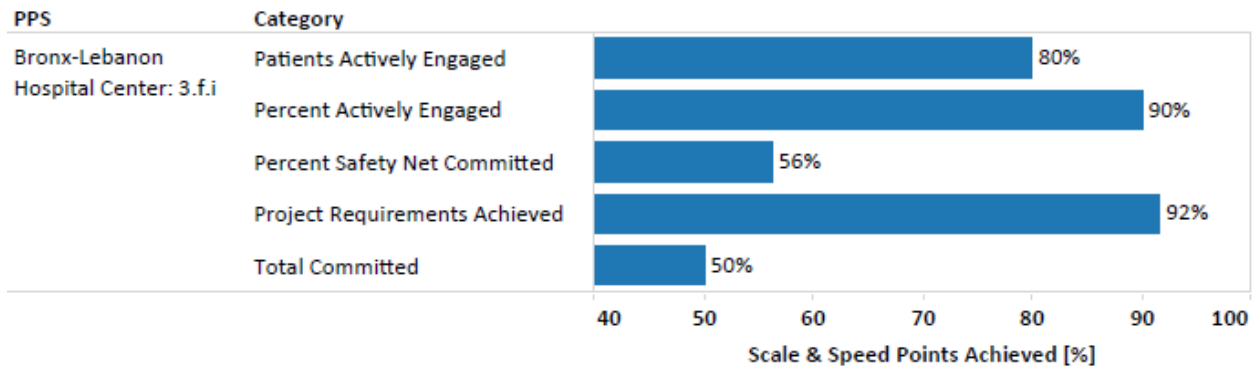
Final Application Score
88.30

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response effectively links CNA's findings with project design and sites included Response provides a sufficient summary of the current assets/resources to be mobilized to meet the needs of the community Response sufficiently identifies project challenges PPS will encounter implementing this project and describes how these challenges will be addressed 	<ul style="list-style-type: none"> Response indicates the intent to collaborate, but aside from the health information exchange, does not define activities to be coordinated

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Bronx-Lebanon Hospital Center: 3.f.i	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	0.60%	18.01	20
	Percent Safety Net Committed	5.13%	5.62	10
	Project Requirements Achieved	DY2 Q3/Q4	18.33	20
	Total Committed	6	5.00	10





Project 4.a.iii

PPS Name: Bronx-Lebanon Hospital Center

DSRIP Project Number: 4.a.iii

DSRIP Project Title: Strengthen Mental Health and Substance Abuse Infrastructure across Systems

Number of PPS' Pursuing This Project: 13

Final Application Score

98.67

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
97.78	100	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets/resources to be mobilized to meet the needs of the community PPS commits to addressing environmental triggers Response indicates stigma in the community – big factor in accessing behavioral health services Response clearly identifies specific CBO's that will provide critical services to targeted population 	<ul style="list-style-type: none"> Response describes the need, but did not cite specific figures from its CNA in discussing its efforts to expand collaborative care Milestones only cover the first quarter of 2015



Project 4.c.ii

PPS Name: Bronx-Lebanon Hospital Center

DSRIP Project Number: 4.c.ii

DSRIP Project Title: Increase early access to, and retention in, HIV care

Number of PPS' Pursuing This Project: 7

Final Application Score
98.28

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
97.22	100	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets/resources to be mobilized to help this project meet the needs of the community Response clearly outlines the PPS' plans to coordinate on this project with other PPSs serving an overlapping area Response develops peer specialist health navigation resources for maximum effectiveness in communities 	<ul style="list-style-type: none"> Response needs more specific details regarding the project's targeted population, in terms of geography or how they interact with the health system Response does not provide milestone timelines