New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

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Quarterly Report - Implementation Plan for Sisters of Charity Hospital of Buffalo, New York

Year and Quarter: DY2, Q3 **Quarterly Report Status:** Adjudicated

Status By Section

Section	Description	Status
Section 01	Budget	Completed
Section 02	Governance	Completed
Section 03	Financial Stability	Completed
Section 04	Cultural Competency & Health Literacy	Completed
Section 05	IT Systems and Processes	Completed
Section 06	Performance Reporting	Completed
Section 07	Practitioner Engagement	Completed
Section 08	Population Health Management	Completed
Section 09	Clinical Integration	Completed
Section 10	General Project Reporting	Completed
Section 11	Workforce	Completed

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
2.b.iii	ED care triage for at-risk populations	Completed
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed
2.c.ii	Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services	Completed
3.a.i	Integration of primary care and behavioral health services	Completed
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	Completed
3.f.i	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)	Completed
3.g.i	Integration of palliative care into the PCMH Model	Completed
4.a.i	Promote mental, emotional and behavioral (MEB) well-being in communities	Completed
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	Completed

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Section 01 – Budget

IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY

Instructions :

READ ONLY - The Baseline Budget table was left for ease of reference during reporting.

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	6,871,607	7,322,875	11,842,008	10,486,053	6,871,607	43,394,151
Cost of Project Implementation & Administration	**4,603,976**	**4,027,582**	**5,328,903**	**4,718,724**	**3,092,223**	**21,771,408**
Administration	1,443,037	1,318,118	2,131,561	1,887,490	1,236,889	8,017,095
Implementation	3,160,939	2,709,464	3,197,342	2,831,234	1,855,334	13,754,313
Revenue Loss	**1,236,889**	**1,318,118**	**2,131,561**	**1,887,490**	**1,236,889**	**7,810,947**
Internal PPS Provider Bonus Payments	**618,445**	**1,244,889**	**3,434,182**	**3,145,816**	**2,198,914**	**10,642,246**
Cost of non-covered services	**343,580**	**659,059**	**828,941**	**524,303**	**206,148**	**2,562,031**
Other	**68,717**	**73,228**	**118,421**	**209,720**	**137,433**	**607,519**
Contingency fund	68,717	73,228	118,421	209,720	137,433	607,519
Total Expenditures	**6,871,607**	**7,322,876**	**11,842,008**	**10,486,053**	**6,871,607**	**43,394,151**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

This budget assumes CPWNY achieving 100% Net Project Valuation. The other revenue categories (Safety Net Equity Guarantee, Safety Net Equity Performance, Net High Performance Fund, and Additional Performance Fund) are not included because only the Net Project Valuation amounts are preloaded in MAPP tool.
"Other" category includes contingency fund.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)

Instructions :

Please include updates on waiver revenue budget items for this quarterly reporting period. Reported actual spending will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Waiver Revenue DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
7,322,875	43,394,151	4,975,048	36,034,618

Budget Items	DY2 Q3 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	**697,298**	**4,751,463**	**2,205,447**	**54.76%**	**17,019,945**	**78.18%**
Administration	201,296					
Implementation	496,002					
Revenue Loss	**0**	**982,378**	**1,318,118**	**100.00%**	**6,828,569**	**87.42%**
Internal PPS Provider Bonus Payments	**195,598**	**1,625,692**	**719,197**	**57.77%**	**9,016,554**	**84.72%**
Cost of non-covered services	**0**	**0**	**659,059**	**100.00%**	**2,562,031**	**100.00%**
Other	**0**	**0**	**73,228**	**100.00%**	**607,519**	**100.00%**
Contingency fund	0					
Total Expenditures	**892,896**	**7,359,533**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY

Instructions :

READ ONLY - The Baseline Funds Flow table was left for ease of reference during reporting.

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	6,871,607	7,322,875	11,842,008	10,486,053	6,871,607	43,394,151
Practitioner - Primary Care Provider (PCP)	1,924,050	1,977,176	3,197,342	2,726,374	1,821,316	11,646,258
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	1,236,889	1,318,118	2,131,561	1,887,490	1,236,889	7,810,947
Clinic	343,580	366,144	592,100	524,303	343,580	2,169,707
Case Management / Health Home	0	0	0	0	0	0
Mental Health	481,013	585,830	1,184,201	1,153,466	721,519	4,126,029
Substance Abuse	137,432	146,458	236,840	209,721	137,432	867,883
Nursing Home	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0
Hospice	137,432	146,458	355,260	209,721	137,432	986,303
Community Based Organizations	343,580	366,144	592,100	629,163	412,296	2,343,283
All Other	824,593	1,098,431	1,421,041	1,258,326	755,537	5,357,928
Uncategorized						0
PPS PMO	1,443,038	1,318,118	2,131,563	1,887,490	1,305,606	8,085,815
Total Funds Distributed	**6,871,607**	**7,322,877**	**11,842,008**	**10,486,054**	**6,871,607**	**43,394,153**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

This funds flow assumes CPWNY achieving 100% Net Project Valuation. The other revenue categories (Safety Net Equity Guarantee, Safety Net Equity Performance, Net High Performance Fund, and Additional Performance Fund) are not included because only the Net Project Valuation amounts are preloaded in MAPP tool.

CPWNY PPS plans to directly fund primary care and hospital projects as well as initiatives with behavioral health providers. Care management and

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skilled nursing facilities are organizational components of the Catholic Health System, therefore funding for these entities will appear with Catholic Health in the "all other category".

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)

Instructions :

Please include updates on waiver revenue flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Waiver Revenue DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
7,322,875.00	43,394,151.00	4,975,048.31	36,056,782.69

Funds Flow Items	DY2 Q3 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q3 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	Percent Spent By Project											DY Adjusted Difference	Cumulative Difference
						Projects Selected By PPS												
						2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i			
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	1,000,740	0	0	0	0	0	0	0	0	0	0		1,977,176	10,645,518
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	77,093	0	0	0	0	0	0	0	0	0	0		0	0
Hospital	0	0.00%	0	0.00%	2,924,517	0	0	0	0	0	0	0	0	0	0		1,318,118	4,886,430
Clinic	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		366,144	2,169,707
Case Management / Health Home	0	0.00%	0	0.00%	13,009	0	0	0	0	0	0	0	0	0	0		0	0
Mental Health	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		585,830	4,126,029
Substance Abuse	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		146,458	867,883
Nursing Home	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		0	0
Hospice	0	0.00%	0	0.00%	150,768	0	0	0	0	0	0	0	0	0	0		146,458	835,535
Community Based Organizations	691,600	0.00%	0	0.00%	2,204,437.45	29.34	1.92	16.95	3.72	3.02	1.83	5.42	16.66	9.76	11.38		0	138,845.55
All Other	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		1,098,431	5,357,928
Uncategorized	0	0.00%	0	0.00%	62,162	0	0	0	0	0	0	0	0	0	0		0	0
Additional Providers	0	0.00%	0	0.00%	0													
PPS PMO	201,296	100.00%	597,637.24	100.00%	904,641.86												720,480.76	7,181,173.14
Total	**892,896**	**22.54%**	**597,637.24**	**25.45%**	**7,337,368.31**													

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Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dcao	Templates	46_DY2Q3_BDGT_MDL14_TEMPL_PPS_2nd_Tier_Funds_Flow_Reporting_Template_DY2Q3_Final_8856.xlsx	CPWNY's DY2Q3 2nd Tier Funds Flow Reporting Template, which covers both waiver and non-waiver revenue.	01/26/2017 10:49 AM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q3**
Practitioner - Primary Care Provider (PCP)		**0**
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-Primary Care Provider (PCP)		**0**
	Practitioner - Non-Primary Care Provider (PCP)	0
Hospital		**0**
	Hospital	0
Clinic		**0**
	Clinic	0
Case Management / Health Home		**0**
	Case Management / Health Home	0
Mental Health		**0**
	Mental Health	0
Substance Abuse		**0**
	Substance Abuse	0
Nursing Home		**0**
	Nursing Home	0
Pharmacy		**0**
	Pharmacy	0
Hospice		**0**
	Hospice	0
Community Based Organizations		**691,600**
Catholic Medical Partners	Community Based Organizations	691,600
All Other		**0**
	All Other	0
Uncategorized		**0**
	Uncategorized	0

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY2Q3**
Additional Providers			**0**
	Additional Providers		0

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IPQR Module 1.5 - Prescribed Milestones

Instructions :

Please provide updates to baseline target dates and work breakdown tasks with target dates for required milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	YES
Task 1. Distribute the Project Impact Assessment and Matrix (prepared as part of current state financial stability assessment) to network provider partners with explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impact of DSRIP projects and expectations of costs they will incur	Completed	1. Distribute the Project Impact Assessment and Matrix (prepared as part of current state financial stability assessment) to network provider partners with explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impact of DSRIP projects and expectations of costs they will incur	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Complete a preliminary PPS Level budget for Administration, Implementation, Revenue Loss, Cost of Services not Covered budget categories (Excludes Bonus, Contingency and High Performance categories)	Completed	2. Complete a preliminary PPS Level budget for Administration, Implementation, Revenue Loss, Cost of Services not Covered budget categories (Excludes Bonus, Contingency and High Performance categories)	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Review the provider level projections of DSRIP impacts and costs submitted by network providers. During provider specific budget processes, develop preliminary - final provider level budgets including completion of Provider Specific funds flow plan	Completed	3. Review the provider level projections of DSRIP impacts and costs submitted by network providers. During provider specific budget processes, develop preliminary - final provider level budgets including completion of Provider Specific funds flow plan	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 4. Develop the funds flow approach and	Completed	4. Develop the funds flow approach and distribution plan with drivers and requirements for each of the funds flow budget	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
distribution plan with drivers and requirements for each of the funds flow budget categories		categories							
Task 5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input	Completed	5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Revise plan based on consultation and finalize; obtain approval from Finance Committee	Completed	6. Revise plan based on consultation and finalize; obtain approval from Finance Committee	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee	Completed	7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 8. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Executive Committee	Completed	8. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Executive Committee	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 9. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements	Completed	9. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 10. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners	Completed	10. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 11. Roll out education and training sessions for providers regarding the funds flow plan, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds. Individual sessions will be run for larger providers; collaborative group	Completed	11. Roll out education and training sessions for providers regarding the funds flow plan, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds. Individual sessions will be run for larger providers; collaborative group sessions will be run for smaller providers and for providers with close operational ties	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
sessions will be run for smaller providers and for providers with close operational ties									

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Complete funds flow budget and distribution plan and communicate with network	dcao	Documentation/Certification	46_DY2Q3_BDGT_MDL15_PRES1_DOC_6._Funds_Flow_Milestone_1_DY2_Q3_Update_8657.docx	Update statement for Funds Flow Milestone 1	01/25/2017 01:39 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with network	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass (with Exception) & Complete	

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IPQR Module 1.6 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)

Instructions :

This table contains five budget categories for non-waiver revenue baseline budget reporting . Please add rows to this table as necessary in order to identify sub-categories.

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Non-Waiver Revenue	7,952,227	7,952,227	7,952,227	7,952,227	7,952,226	39,761,134
Cost of Project Implementation & Administration	**5,327,992**	**4,373,725**	**3,578,502**	**3,578,502**	**3,578,502**	**20,437,223**
Administration	1,669,968	1,431,401	1,431,401	1,431,401	1,431,401	7,395,572
Implementation	3,658,024	2,942,324	2,147,101	2,147,101	2,147,101	13,041,651
Revenue Loss	**1,431,401**	**1,431,401**	**1,431,401**	**1,431,401**	**1,431,401**	**7,157,005**
Internal PPS Provider Bonus Payments	**715,700**	**1,351,879**	**2,306,146**	**2,385,668**	**2,544,712**	**9,304,105**
Cost of non-covered services	**397,611**	**715,700**	**556,656**	**397,611**	**238,567**	**2,306,145**
Other	**79,523**	**79,522**	**79,522**	**159,045**	**159,044**	**556,656**
Contingency Fund	79,523	79,522	79,522	159,045	159,044	556,656
Total Expenditures	**7,952,227**	**7,952,227**	**7,952,227**	**7,952,227**	**7,952,226**	**39,761,134**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

The 5-year Non-Waiver funds flow baseline projection was created based on the assumption of receiving Non-Waiver revenue on time. Given that CPWNY did not receive any Non-Waiver revenue in DY1, the actual Non-Waiver revenue funds flow will be delayed until CPWNY receive the funds.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)

Instructions :

Please include updates on non-waiver revenue budget items for this quarterly reporting period. Reported actual spending will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
7,952,227	39,761,134	5,585,542	37,394,449

Budget Items	DY2 Q3 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	**702,899**	**1,836,771**	**2,536,954**	**58.00%**	**18,600,452**	**91.01%**
Administration	202,913					
Implementation	499,986					
Revenue Loss	**0**	**0**	**1,431,401**	**100.00%**	**7,157,005**	**100.00%**
Internal PPS Provider Bonus Payments	**197,169**	**529,914**	**821,965**	**60.80%**	**8,774,191**	**94.30%**
Cost of non-covered services	**0**	**0**	**715,700**	**100.00%**	**2,306,145**	**100.00%**
Other	**0**	**0**	**79,522**	**100.00%**	**556,656**	**100.00%**
Contingency Fund	0					
Total Expenditures	**900,068**	**2,366,685**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)

Instructions :

In the table below, please detail your PPS's projected flow of non-waiver funds by provider type.

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Non-Waiver Revenue	7,952,227	7,952,227	7,952,227	7,952,227	7,952,226	39,761,134
Practitioner - Primary Care Provider (PCP)	2,226,624	2,147,101	2,147,101	2,067,579	2,107,733	10,696,138
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	1,431,401	1,431,401	1,431,401	1,431,401	1,431,401	7,157,005
Clinic	397,611	397,611	397,611	397,611	397,611	1,988,055
Case Management / Health Home	0	0	0	0	0	0
Mental Health	556,656	636,178	795,223	874,745	834,984	3,697,786
Substance Abuse	159,045	159,045	159,045	159,045	159,044	795,224
Nursing Home	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0
Hospice	159,045	159,045	238,567	159,045	159,044	874,746
Community Based Organizations	397,611	397,611	397,611	477,134	477,133	2,147,100
All Other	954,267	1,192,834	954,267	954,267	874,351	4,929,986
Uncategorized	0	0	0	0	0	0
PPS PMO	1,669,967	1,431,401	1,431,401	1,431,400	1,510,925	7,475,094
Total Funds Distributed	**7,952,227**	**7,952,227**	**7,952,227**	**7,952,227**	**7,952,226**	**39,761,134**
Undistributed Non-Waiver Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

The 5-year Non-Waiver funds flow baseline projection was created based on the assumption of receiving Non-Waiver revenue on time. Given that CPWNY did not receive any Non-Waiver revenue in DY1, the actual Non-Waiver revenue funds flow will be delayed until CPWNY receive the funds.

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CPWNY PPS plans to directly fund primary care and hospital projects as well as initiatives with behavioral health providers. Care management and skilled nursing facilities are organizational components of the Catholic Health System, therefore funding for these entities will appear with Catholic Health in the "all other category".

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

New York State Department Of Health
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Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)

Instructions :

Please include updates on flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated.
Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
7,952,227.00	39,761,134.00	5,585,541.66	37,394,448.66

Funds Flow Items	DY2 Q3 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q3 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	2,147,101	10,696,138
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	0	0.00%	0	0.00%	0	1,431,401	7,157,005
Clinic	0	0.00%	0	0.00%	0	397,611	1,988,055
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0
Mental Health	0	0.00%	0	0.00%	0	636,178	3,697,786
Substance Abuse	0	0.00%	0	0.00%	0	159,045	795,224
Nursing Home	0	0.00%	0	0.00%	0	0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0
Hospice	0	0.00%	0	0.00%	0	159,045	874,746
Community Based Organizations	697,155	0.00%	0	0.00%	1,764,246.42	0	382,853.58
All Other	0	0.00%	0	0.00%	0	1,192,834	4,929,986
Uncategorized	0	0.00%	0	0.00%	0	0	0
Additional Providers	0	0.00%	0	0.00%	0		

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Funds Flow Items	DY2 Q3 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q3 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
PPS PMO	202,913	100.00%	602,438.92	100.00%	602,438.92	828,962.08	6,872,655.08
Total	**900,068**	**22.54%**	**602,438.92**	**25.45%**	**2,366,685.34**		

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dcao	Templates	46_DY2Q3_BDGT_MDL110_TEMPL_PPS_2nd_Tier_Funds_Flow_Reporting_Template_DY2Q3_Final_8857.xlsx	CPWNY's DY2Q3 2nd Tier Funds Flow Reporting Template, which covers both waiver and non-waiver revenue.	01/26/2017 10:51 AM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q3**
Practitioner - Primary Care Provider (PCP)		**0**
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-Primary Care Provider (PCP)		**0**
	Practitioner - Non-Primary Care Provider (PCP)	0
Hospital		**0**
	Hospital	0
Clinic		**0**
	Clinic	0
Case Management / Health Home		**0**
	Case Management / Health Home	0
Mental Health		**0**
	Mental Health	0
Substance Abuse		**0**
	Substance Abuse	0
Nursing Home		**0**
	Nursing Home	0
Pharmacy		**0**
	Pharmacy	0
Hospice		**0**
	Hospice	0
Community Based Organizations		**697,155**
Catholic Medical Partners	Community Based Organizations	697,155
All Other		**0**
	All Other	0
Uncategorized		**0**
	Uncategorized	0

New York State Department Of Health
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Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY2Q3**
Additional Providers			**0**
	Additional Providers		0

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

IPQR Module 1.11 - IA Monitoring

Instructions :

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1) Establish PPS committee structure including the governance sub-committees consistent with DSRIP guidelines	Completed	1) Establish PPS committee structure including the governance sub-committees consistent with DSRIP guidelines	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2) Identify members of the governing body and sub-committees with representatives from across our provider network and geography.	Completed	2) Identify members of the governing body and sub-committees with representatives from across our provider network and geography.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3) Confirm governance structure and membership.	Completed	3) Confirm governance structure and membership.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4) Executive Governing Body (EGB) approves sub-committees; charters and membership.	Completed	4) Executive Governing Body (EGB) approves sub-committees; charters and membership.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5) Develop meeting schedules for the EGB and each sub-committee.	Completed	5) Develop meeting schedules for the EGB and each sub-committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1) CPWNY PPS established a Clinical	Completed	1) CPWNY PPS established a Clinical Governance Committee structure. The Clinical Governance Committee is	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Governance Committee structure. The Clinical Governance Committee is chartered to establish clinical standards and processes needed to achieve the DSRIP goals. This includes but is not limited to establishing clinical protocols, disseminating the protocols and training participating PPS providers to build the protocols into their workflow, and evaluating overall adherence to clinical protocols. In addition the committee will set forth the process/outcome measures for each project as well as periodic review of quality of care within CPWNY.		chartered to establish clinical standards and processes needed to achieve the DSRIP goals. This includes but is not limited to establishing clinical protocols, disseminating the protocols and training participating PPS providers to build the protocols into their workflow, and evaluating overall adherence to clinical protocols. In addition the committee will set forth the process/outcome measures for each project as well as periodic review of quality of care within CPWNY.							
Task 2) Recruit members from Erie, Chautauqua and Niagara Counties and community organizations, who understand and are committed to overarching goals of DSRIP and the key metrics for success.	Completed	2) Recruit members from Erie, Chautauqua and Niagara Counties and community organizations, who understand and are committed to overarching goals of DSRIP and the key metrics for success.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3) The Clinical Governance Committee representation includes members from WCA hospital, Buffalo Urban League, Family Health Medical Services, Medicore Chautauqua County, Catholic Charities, Hospice, Spectrum human Services, and providers/practitioners. CPWNY will add additional representations as needed.	Completed	3) The Clinical Governance Committee representation includes members from WCA hospital, Buffalo Urban League, Family Health Medical Services, Medicore Chautauqua County, Catholic Charities, Hospice, Spectrum human Services, and providers/practitioners. CPWNY will add additional representations as needed.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4) CPWNY has delegated to the project teams accountability for oversight and to plan, implement, and evaluate the clinical quality components for each DSRIP project. Project team leadership will be selected who have experience in measuring quality in both acute and ambulatory setting, as well as for mental health, palliative and cardiac care, prenatal and early child development.	Completed	4) CPWNY has delegated to the project teams accountability for oversight and to plan, implement, and evaluate the clinical quality components for each DSRIP project. Project team leadership will be selected who have experience in measuring quality in both acute and ambulatory setting, as well as for mental health, palliative and cardiac care, prenatal and early child development.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	5) Develop final clinical charter for clinical governance	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
5) Develop final clinical charter for clinical governance committee		committee							
Task 6) EGB approves a clinical governance charter	Completed	6) EGB approves a clinical governance charter	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7) Define measurable outcomes for each project based upon the project metrics/deliverables	Completed	7) Define measurable outcomes for each project based upon the project metrics/deliverables	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1) The EGB will draft governance charters and related policies. The EGB is the governing body that has been delegated to oversee the DSRIP initiatives on behalf of Sisters of Charity Hospital, the PPS lead entity.	Completed	1) The EGB will draft governance charters and related policies. The EGB is the governing body that has been delegated to oversee the DSRIP initiatives on behalf of Sisters of Charity Hospital, the PPS lead entity.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2) The EGB will develop a comprehensive committee structure including clinical, financial, and data/IT governance. The committee structure includes representatives from key stakeholders and service providers including acute and ambulatory care, behavioral health, hospice, CBOs, and the PMO's clinical transformation / care management teams.	Completed	2) The EGB will develop a comprehensive committee structure including clinical, financial, and data/IT governance. The committee structure includes representatives from key stakeholders and service providers including acute and ambulatory care, behavioral health, hospice, CBOs, and the PMO's clinical transformation / care management teams.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3) Draft dispute resolution policies	Completed	3) Draft dispute resolution policies	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4) Draft compliance policies	Completed	4) Draft compliance policies	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5) Draft policies to address providers which are underperforming	Completed	5) Draft policies to address providers which are underperforming	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6) EGB reviews and approves all the above drafts for implementation.	Completed	6) EGB reviews and approves all the above drafts for implementation.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
monitoring processes		description of two-way reporting processes and governance monitoring processes.							
Task 1) The EGB is responsible for providing the proper governance structure for the CPWNY PPS.	Completed	1) The EGB is responsible for providing the proper governance structure for the CPWNY PPS.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2) Chair person of EGB will sign off on governance and reporting structures.	Completed	2) Chair person of EGB will sign off on governance and reporting structures.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3) Develop and implement an application through which project status can be recorded, tracked and reported. This will also support bi-directional communication between partner agencies. CPWNY has contracted with Performance Logic a PM application.	Completed	3) Develop and implement an application through which project status can be recorded, tracked and reported. This will also support bi-directional communication between partner agencies. CPWNY has contracted with Performance Logic a PM application.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4) Identify all metrics and deliverables for both projects and work streams and utilize them as the basis for monitoring performance.	Completed	4) Identify all metrics and deliverables for both projects and work streams and utilize them as the basis for monitoring performance.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5) Develop high-level dash-board tools for reporting to the governing body and distribution to participating providers.	Completed	5) Develop high-level dash-board tools for reporting to the governing body and distribution to participating providers.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6) Provide all relevant policies and procedures to partner agencies as needed.	Completed	6) Provide all relevant policies and procedures to partner agencies as needed.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	NO
Task 1) Identify community organizations which provide services that may impact population health.	Completed	1) Identify community organizations which provide services that may impact population health.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	2) Develop a communication plan to engage the identified	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
2) Develop a communication plan to engage the identified services providers that includes types of communications to be utilized and targeted timelines.		services providers that includes types of communications to be utilized and targeted timelines.							
Task 3) Develop a community engagement plan that outlines the processes, by which these organizations will be engaged.	Completed	3) Develop a community engagement plan that outlines the processes, by which these organizations will be engaged.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4) Provide periodic communication with these organizations to provide an opportunity for dialogue, community education, and progress reporting.	Completed	4) Provide periodic communication with these organizations to provide an opportunity for dialogue, community education, and progress reporting.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Milestone #6 Finalize partnership agreements or contracts with CBOs	Completed	Signed CBO partnership agreements or contracts.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	NO
Task 1) Draft general partnership agreements with all CBOs	Completed	1) Draft general partnership agreements with all CBOs	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2) General partnership agreements executed by Project Management Office and all participating CBOs	Completed	2) General partnership agreements executed by Project Management Office and all participating CBOs	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 3) Project leads assess and select CBOs based on their roles and capabilities regarding CPWNY's project needs	Completed	3) Project leads assess and select CBOs based on their roles and capabilities regarding CPWNY's project needs	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 4) Schedule periodic meetings with these organizations to provide an opportunity for dialogue and updates on overall status	Completed	4) Schedule periodic meetings with these organizations to provide an opportunity for dialogue and updates on overall status	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 5) Establish payment and/or incentive structure with CBOs, approved by EGB	Completed	5) Establish payment and/or incentive structure with CBOs, approved by EGB	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at	Completed	Agency Coordination Plan.	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)									
Task 1) Draft public sector agency coordination plan and obtain approval by the governing body	Completed	1) Draft public sector agency coordination plan and obtain approval by the governing body	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2) Ensure adequate participation from public sector agencies with whom to coordinate	Completed	2) Ensure adequate participation from public sector agencies with whom to coordinate	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3) Develop a final coordination plan with these agencies	Completed	3) Develop a final coordination plan with these agencies	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4) Schedule periodic meetings with these public sector agencies to provide an opportunity for dialogue and updates on overall status	Completed	4) Schedule periodic meetings with these public sector agencies to provide an opportunity for dialogue and updates on overall status	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #8 Finalize workforce communication and engagement plan	In Progress	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task 1) Develop Workforce Communication and Engagement Strategy: Establish the vision, objectives and guiding principles as a means to engage key stakeholders, signed off by the executive body of the PPS	In Progress	1) Develop Workforce Communication and Engagement Strategy: Establish the vision, objectives and guiding principles as a means to engage key stakeholders, signed off by the executive body of the PPS	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task 2) Develop Workforce Communication & Engagement Plan: Outline objectives, principles, target audience, channel, barriers and risks, milestones, and measuring effectiveness, signed off by the executive body of the PPS	In Progress	2) Develop Workforce Communication & Engagement Plan: Outline objectives, principles, target audience, channel, barriers and risks, milestones, and measuring effectiveness, signed off by the executive body of the PPS	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task 3) Identify and engage affected staff prior to the restructuring period via meetings, dialogues, and communications on CPWNY website	In Progress	3) Identify and engage affected staff prior to the restructuring period via meetings, dialogues, and communications on CPWNY website	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task	In Progress	4) Participants in planning will include representation from	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4	

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4) Participants in planning will include representation from hospice, behavioral health services, primary care physicians, members of CPWNY clinical transformation and care management teams, and other CPWNY partners.		hospice, behavioral health services, primary care physicians, members of CPWNY clinical transformation and care management teams, and other CPWNY partners.							
Task 5) Engage affected staff through out the restructuring period via periodical updates, ongoing dialogues, and quarterly meetings with all teams and more frequent smaller group meetings of the PMO staff and project teams.	Completed	5) Engage affected staff through out the restructuring period via periodical updates, ongoing dialogues, and quarterly meetings with all teams and more frequent smaller group meetings of the PMO staff and project teams.	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Completed	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Community Partners of WNY has engaged numerous community partners beginning early in the planning phase of the DSRIP project. Our Executive Governance Board and project leadership includes representation from CBOs such as Erie County Council for The Prevention of Alcohol and Substance Abuse, The Mental Health Association, Buffalo Urban League, NYS Smoker Quitline, etc. It was quickly recognized that many metrics of successful project implementation would be heavily dependent upon close collaboration with these agencies. There are currently 32 CBOs which have aligned with CPWNY. In that regard, key stakeholders from CBOs have been appointed to the CPWNY governing body. Representatives from CBOs will also participate in our Project Advisory Committee to offer insight and promote engagement on projects. Given the integral role these CBOs will have, representatives have also	Completed	Community Partners of WNY has engaged numerous community partners beginning early in the planning phase of the DSRIP project. Our Executive Governance Board and project leadership includes representation from CBOs such as Erie County Council for The Prevention of Alcohol and Substance Abuse, The Mental Health Association, Buffalo Urban League, NYS Smoker Quitline, etc. It was quickly recognized that many metrics of successful project implementation would be heavily dependent upon close collaboration with these agencies. There are currently 32 CBOs which have aligned with CPWNY. In that regard, key stakeholders from CBOs have been appointed to the CPWNY governing body. Representatives from CBOs will also participate in our Project Advisory Committee to offer insight and promote engagement on projects. Given the integral role these CBOs will have, representatives have also been appointed to project teams to assist in establishing strategy and to ensure a strong sense of community engagement including communication to various constituent groups. As opportunities present themselves, other CBOs will be	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
been appointed to project teams to assist in establishing strategy and to ensure a strong sense of community engagement including communication to various constituent groups. As opportunities present themselves, other CBOs will be engaged. CPWNY will assess the relevant capabilities and resources of participating CBOs. And the PMO will work closely with the finance governance committee to develop a value-based contract and payment plan for the CBOs to support the DSRIP projects. The contract will be approved by the executive governance body and CPWNY will utilize representatives from various types of providers to work with the finance governance committee to establish agreements and alignment.		engaged. CPWNY will assess the relevant capabilities and resources of participating CBOs. And the PMO will work closely with the finance governance committee to develop a value-based contract and payment plan for the CBOs to support the DSRIP projects. The contract will be approved by the executive governance body and CPWNY will utilize representatives from various types of providers to work with the finance governance committee to establish agreements and alignment.							

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize governance structure and sub-committee structure	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.
Finalize bylaws and policies or Committee Guidelines where applicable	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	mdjohns	Other	46_DY2Q3_GOV_MDL21_PRES1_OTH_M1_org_chart_narrative_8425.pdf	CPWNY DY2Q3 Organizational Chart Narrative	01/24/2017 10:30 AM
	mdjohns	Templates	46_DY2Q3_GOV_MDL21_PRES1_TEMPL_governance_roster_8424.pdf	CPWNY DY2Q3 Governance Committee Template	01/24/2017 10:29 AM
	mdjohns	Templates	46_DY2Q3_GOV_MDL21_PRES1_TEMPL_Committee_meeting_template_8420.pdf	CPWNY DY2Q3 meeting schedule template	01/24/2017 10:28 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	mdjohns	Other	46_DY2Q3_GOV_MDL21_PRES2_OTH_M2_org_chart_narrative_8432.pdf	Milestone 2 Organization Chart Narrative	01/24/2017 10:39 AM
	mdjohns	Templates	46_DY2Q3_GOV_MDL21_PRES2_TEMPL_Clinical_Subcommittee_Roster_8431.pdf	CPWNY DY2Q3 Clinical Committee Roster	01/24/2017 10:38 AM
	mdjohns	Meeting Materials	46_DY2Q3_GOV_MDL21_PRES2_MM_Clinical_Subcommittee_Meeting_Template_8429.pdf	CPWNY DY2Q3 Meeting Schedule Template	01/24/2017 10:37 AM
Finalize bylaws and policies or Committee Guidelines where applicable	mdjohns	Policies/Procedures	46_DY2Q3_GOV_MDL21_PRES3_P&P_CGC_revised_charter_1.4.17_8436.pdf	CPWNY revised Clinical Charter	01/24/2017 10:43 AM
	mdjohns	Policies/Procedures	46_DY2Q3_GOV_MDL21_PRES3_P&P_Data-IT_Governance_Commitee_Charter_Revised_1.4.17_8435.pdf	CPWNY revised Data IT Charter	01/24/2017 10:43 AM
	mdjohns	Policies/Procedures	46_DY2Q3_GOV_MDL21_PRES3_P&P_FGC_Charter_1.4.2017_8434.pdf	CPWNY revised Finance Charter	01/24/2017 10:42 AM
	mdjohns	Templates	46_DY2Q3_GOV_MDL21_PRES3_TEMPL_M3_policies&guidelines_narrative_8433.pdf	CPWNY policies & guidelines narrative	01/24/2017 10:40 AM
Establish governance structure reporting and monitoring processes	mdjohns	Other	46_DY2Q3_GOV_MDL21_PRES4_OTH_Governance_Reporting_Process_narrative_8440.pdf	CPWNY Governance Reporting Process narrative	01/24/2017 10:48 AM
	mdjohns	Other	46_DY2Q3_GOV_MDL21_PRES4_OTH_example_PL_export_of_Governance_Project_Schedule_8439.pdf	CPWNY Performance Logic Screenshot	01/24/2017 10:47 AM
	mdjohns	Other	46_DY2Q3_GOV_MDL21_PRES4_OTH_CPWNY_Website_Screenshot_8438.pdf	CPWNY Website Screenshot	01/24/2017 10:47 AM
	mdjohns	Other	46_DY2Q3_GOV_MDL21_PRES4_OTH_12-19-16_Stoplight_Project_Status_at_a_Glance_8437.pdf	CPWNY Status Report	01/24/2017 10:46 AM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	mdjohns	Other	46_DY2Q3_GOV_MDL21_PRES5_OTH_M5_community_&_engagement_plan_narrative_8443.pdf	CPWNY Community & Engagement Plan narrative	01/24/2017 10:51 AM
	mdjohns	Templates	46_DY2Q3_GOV_MDL21_PRES5_TEMPL_DY2Q3_Community_Engagement_Template_8441.pdf	CPWNY DY2Q3 Community Engagement Template	01/24/2017 10:49 AM
Finalize partnership agreements or contracts with CBOs	mdjohns	Templates	46_DY2Q3_GOV_MDL21_PRES6_TEMPL_Community_Based_Organizational_Template_8446.pdf	CPWNY CBO Template	01/24/2017 10:54 AM
	mdjohns	Other	46_DY2Q3_GOV_MDL21_PRES6_OTH_M6_CBO_Template_narrative_8445.pdf	CPWNY CBO Template Narrative	01/24/2017 10:53 AM
	mdjohns	Templates	46_DY2Q3_GOV_MDL21_PRES6_TEMPL_CBO_meeting_schedule_template_8444.pdf	CPWNY CBO Meeting Schedule Template	01/24/2017 10:52 AM
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at	mdjohns	Templates	46_DY2Q3_GOV_MDL21_PRES7_TEMPL_Public_Sector_Template_8447.pdf	CPWNY Public Sector Template	01/24/2017 10:55 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)					

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	
Establish governance structure reporting and monitoring processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Complete	

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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	CPWNY General Narrative	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your governance structure and processes and achieving the milestones described above, as well as potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

The key challenge in the governance work steam will be the on-going engagement of all community based organizations; participating providers, public sector organizations and key stakeholders. DSRIP is clearly a significant transition from the "status quo" and will require a high degree of change management expertise as well as a concerted effort put forth toward communications. The PPS governance will be required to create a culture of trust and collaboration with all engaged parties. To those ends, an open transparent process has been and will continue to be utilized to convene appropriate partners at the appropriate cycles. Information will be shared in a non-threatening manor which clearly describes the expectations, requirements and goals of DSRIP. Participating providers will be engaged in developing solutions to challenges as they arise focusing on a "bottom-up" approach to problem solving. Data/information will be presented in documents that can be clearly understood by all constituent groups. General communication will be provided by various means (e.g. during working group meetings; via the PPS' web-site etc.) Meetings will be held at various locations throughout the relevant service area in an effort to further engage various constituent groups (i.e. houses of worship; community centers etc.) Lastly, economic incentives will be used via our funds-flow model to reward providers which achieve the project metrics/deliverables as well as the over-arching DSRIP expected goals and outcomes. An additional risk is the competing DSRIP expectations across the service area due to the presents of multiple PPSs. This will be mitigated through shared work on aligned projects, coordination on community-wide projects, and on-going communication at the leadership and project levels.

IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

One of the key governance responsibilities is to encourage success through a collective leadership model using a very collaborative and transparent approach. Therefore, critical to this effort will be the development and use of an integrated IT infrastructure that will provide timely, accurate and understandable information utilized by the EGB to monitor the progress of the DSRIP project. Information derived through the performance reporting work stream will also be dependent upon the IT system work stream. The degree of physician (partner) engagement will significantly impact the governance work stream as well. The efforts of the partners at the patient "transaction" level is likely to be the bellwether of overall success. Having partners who are committed to a collaborative model of population health which will reduce duplicative care/services and encourage and increase in self-management, benefits of DSRIP may not be clinically sustainable. Given the DSRIP expectations of change at the provider level, the re-structuring of reimbursement through a valid sustainable funds-flow model will also impact the ability of the governance work streams success. This work stream will be required to provide financial support to various partners so that their risk is mitigated as the system transforms to a new reimbursement model. With the expectation of transformational change within the delivery system, the strategy related to the

workforce will also need to be consistently evaluated as part of the governance' responsibilities. Stakeholders in this area (e.g. both union & non-unionized labor-forces) will need to be informed of the strategic expectations of DSRIP and the workforce implications that will result. Consistent open communication between governance and all workforce groups will assist in mitigating concerns and afford opportunities for a constructive dialogue.

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IPQR Module 2.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for the development of your governance structure and processes and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Lead/Applicant Entity	Sisters of Charity Hospital	Funding
Project Management	Catholic Medical Partners	Staff resources, policy and procedure development, operational leadership
Major Hospital partners	Mercy Hospital, Kenmore Mercy Hospital, Sisters of Charity Hospital; Mount Saint Mary's Hospital, Women's Christian Association Hospital, Brooks Memorial Hospital, Bertrand Chafee Hospital, Orleans Community Health, Roswell Park Cancer Institute	Board and Committee members, staff support, assist with implementation strategies
Physician organizations and large practices	Catholic Medical Partners, Jamestown Area Medical Associates, Jamestown Primary Care, Medicore Associates, Jamestown Pediatrics, Westfield Primary Care, Spectrum Mental Health Services, Horizon Mental Health Services	Board and Committee members, development of "best-practice" strategies, clinical data reporting
Health Homes	Health Home Partners of WNY, Chautauqua County Health Home	Board representation on EGB, Care coordination/case management
CBOs	E.g. Catholic Charities, Mental Health Association of Erie County, Buffalo Urban League, Erie County Council for Prevention of Alcohol & Substance Abuse, Hospice Buffalo	Board and committee members, community outreach/integration

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Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS with regard to your governance structure and processes.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Medical Practices	Participating Partners	Project participation, committee membership, patient engagement/outreach
Behavioral Health Providers	Participating Partners	Project participation, committee membership, patient engagement/outreach
Long Term Care Services	Participating Partners	Project participation, committee membership, patient engagement/outreach
Pharmacies	Participating Partners	Project participation, committee membership, patient engagement/outreach
Local and County Department of Health	Participating Partners	Project participation, committee membership, patient engagement/outreach
Behavioral Health CBOs	Participating Partners	Project participation, committee membership, patient engagement/outreach
External Stakeholders		
Educational Institutions	Community Collaborators	PPS participation and collaboration
Housing Organizations	Community Collaborators	PPS participation and collaboration
Transportation Providers	Community Collaborators	PPS participation and collaboration
Food Suppliers/Services	Community Collaborators	PPS participation and collaboration
Day Care Services	Community Collaborators	PPS participation and collaboration
Faith Based Organization	Community Collaborators	PPS participation and collaboration
Local Government Agencies	Community Collaborators	PPS participation and collaboration
Private Sector Employers	Community Collaborators	PPS participation and collaboration

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IPQR Module 2.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream and your ability to achieve the milestones described above.

IT infrastructure is critical for the success of the DSRIP project. This infrastructure will be the platform through which all data is integrated, analyzed, reported and upon which decision and related actions will be based. All performance metrics & deliverables will be tracked using data gathered from multiple providers and other internal and external sources (e.g. Salient.) The status for each will be periodically presented to the governing body. To support the inclusion of various constituent groups, information will be made available in a timely manner tailored to each group so that the data is easily understood in the context of the projects expected goal & outcomes. In addition to the use of this information as a status tool, it will also be available as a basis of communication for all stakeholders, provider partners and the general public. One means by which this will be accomplished by postings done on the PPS web-site. While the majority of the PCPs in this PPS have an electronic medical record and have been submitting data within the context of the Medicare ACO, an additional challenge will be establishing IT platforms that support the availability of patient information from other providers e.g. behavioral health; community based organizations. Various processes are being evaluated including but not limited to use of our local RHIO HEALTHeLINK to support this effort.

IPQR Module 2.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

The success of CPWNY governance will be measured against the timely achievement of the creation of the structures (BOD and Committees), the recruitment and empanelment of BOD and committee members, the development and adoption of bylaws, policies and procedures for all key committees and sub-committees, and the development, negotiation and execution of all required provider agreements to allow CPWNY to begin operating. Additionally, success will be measured by the establishment of the performance management systems (including data collection, analyses and reporting) to support effective and efficient decision-making. For example, the Clinical Quality committee will rely on the performance management systems capturing data regarding achievement of PCMH Level 3 requirements across the PPS network providers, compliance with EBM (evidence-based medicine) protocol, and ultimately with the impact on Program goals (e.g., ED visits).

IPQR Module 2.9 - IA Monitoring

Instructions :

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Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	YES
Task 1. Establish the financial structure of the Governance organization and the finance and compliance roles and responsibilities of the Finance Governance Committee	Completed	1. Establish the financial structure of the Governance organization and the finance and compliance roles and responsibilities of the Finance Governance Committee	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Define the Roles and Responsibilities of the CPWNY Lead and finance and compliance functions	Completed	2. Define the Roles and Responsibilities of the CPWNY Lead and finance and compliance functions	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Develop CPWNY Finance Governance Committee Charter and establish schedule for Committee meetings.	Completed	3. Develop CPWNY Finance Governance Committee Charter and establish schedule for Committee meetings.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Develop CPWNY Organization chart that depicts the complete finance function with reporting structure to Executive Governance Body and other oversight committees	Completed	4. Develop CPWNY Organization chart that depicts the complete finance function with reporting structure to Executive Governance Body and other oversight committees	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 5. Obtain Finance Governance Committee approval of CPWNY Finance Governance Committee charter and organization structure chart	Completed	5. Obtain Finance Governance Committee approval of CPWNY Finance Governance Committee charter and organization structure chart	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 6. Obtain CPWNY Executive Governance Body approval of CPWNY Finance Governance Committee charter and organization structure chart	Completed	6. Obtain CPWNY Executive Governance Body approval of CPWNY Finance Governance Committee charter and organization structure chart	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 7. Develop reporting format for CPWNY Financial Reporting to include bank reconciliations, reporting package to Finance Committee and Executive Governance.	Completed	7. Develop reporting format for CPWNY Financial Reporting to include bank reconciliations, reporting package to Finance Committee and Executive Governance.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 8. Develop instructions and perform training to all CPWNY partners for appropriate expense reimbursement and performance reporting.	Completed	8. Develop instructions and perform training to all CPWNY partners for appropriate expense reimbursement and performance reporting.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 9. Develop plan to establish internal controls over financial reporting, as well as processes for auditing and monitoring for CPWNY Finance Committee approval and EGB oversight.	Completed	9. Develop plan to establish internal controls over financial reporting, as well as processes for auditing and monitoring for CPWNY Finance Committee approval and EGB oversight.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	YES
Task Obtain Finance Governance Committee approval of Distressed Provider Plan (second to last task)	Completed	Obtain Finance Governance Committee approval of Distressed Provider Plan	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Obtain Executive Governance Body approval of Distressed Provider Plan. (second to last task)	Completed	Obtain Executive Governance Body approval of Distressed Provider Plan.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Sub-Milestone: Conduct Current State Financial Assessment and Project Impact Assessment	Completed	Sub-Milestone: Conduct Current State Financial Assessment and Project Impact Assessment	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Sub-Milestone: Assessment of DSRIP Project Impacts	Completed	Sub-Milestone: Assessment of DSRIP Project Impacts	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Develop project impact matrix template with DSRIP Projects and identify expected impact on overall utilization.	Completed	Develop project impact matrix template with DSRIP Projects and identify expected impact on overall utilization.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review DRAFT of project impact matrix with Finance Governance Committee.	Completed	Review DRAFT of project impact matrix with Finance Governance Committee.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Finalize project impact matrix identifying project participation, expected impact of projects and provider specific view.	Completed	Finalize project impact matrix identifying project participation, expected impact of projects and provider specific view.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Review and obtain approval of Project Impact Matrix from Finance Governance Committee and Executive Governance Body as basis for determining sustainability strategies and applicable portions of funds flow plan.	Completed	Review and obtain approval of Project Impact Matrix from Finance Governance Committee and Executive Governance Body as basis for determining sustainability strategies and applicable portions of funds flow plan.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Conduct Current State Financial Assessment and Project Impact Assessment	Completed	Conduct Current State Financial Assessment and Project Impact Assessment	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Conduct Financial Assessment and Project Impact Assessment	Completed	Conduct Financial Assessment and Project Impact Assessment	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Aggregate information from DSRIP Project leads/owners to develop the project impact assessments and financial metrics.	Completed	Aggregate information from DSRIP Project leads/owners to develop the project impact assessments and financial metrics.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review results of Current State Financial Assessment and Project Impact Assessment returned from providers	Completed	Review results of Current State Financial Assessment and Project Impact Assessment returned from providers	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Prepare report of CPWNY Current State Financial Status for Finance Governance Committee.	Completed	Prepare report of CPWNY Current State Financial Status for Finance Governance Committee.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Distribute Current State Financial Assessment and Project Impact Assessment documents to providers	Completed	Distribute Current State Financial Assessment and Project Impact Assessment documents to providers	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Prepare report of CPWNY Current State Financial Status for Executive Governance Body	Completed	Prepare report of CPWNY Current State Financial Status for Executive Governance Body	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Define procedure for ongoing monitoring of financial sustainability and obtain approval from Executive Governance Body.	Completed	Define procedure for ongoing monitoring of financial sustainability and obtain approval from Executive Governance Body.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Sub-Milestone: Develop Financially Fragile Watch List	Completed	Sub-Milestone: Develop Financially Fragile Watch List	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Based upon Financial Assessment and Project Impact Assessment – identify providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects, prepare initial Financially Fragile Watch List and obtain approval of Finance Governance Committee.	Completed	Based upon Financial Assessment and Project Impact Assessment – identify providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects, prepare initial Financially Fragile Watch List and obtain approval of Finance Governance Committee.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Have communication with the Fragile providers.	Completed	Have communication with the Fragile providers.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Present Fragile Watch List to Finance Governance Committee.	Completed	Present Fragile Watch List to Finance Governance Committee.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Present Fragile Watch List to Executive Governance Body.	Completed	Present Fragile Watch List to Executive Governance Body.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	

New York State Department Of Health
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DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Sub-Milestone: Develop Financial Sustainability Plan and obtain approval from CPWNY Finance Committee	Completed	Sub-Milestone: Develop Financial Sustainability Plan and obtain approval from CPWNY Finance Committee	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Develop CPWNY Financial Sustainability plan. The plan will include metrics, ongoing monitoring process, and other requirements.	Completed	Develop CPWNY Financial Sustainability plan. The plan will include metrics, ongoing monitoring process, and other requirements.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Define process for evaluating metrics and implementing a FSP for the initial Fragile Watch List as well as going forward.	Completed	Define process for evaluating metrics and implementing a FSP for the initial Fragile Watch List as well as going forward.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Develop a communication plan with the Fragile Watch List Board of Directors.	Completed	Develop a communication plan with the Fragile Watch List Board of Directors.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Present Fragile Watch List to Finance Governance Committee.	Completed	Present Fragile Watch List to Finance Governance Committee.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Present Fragile Watch List to Executive Governance Body.	Completed	Present Fragile Watch List to Executive Governance Body.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Sub-Milestone: Implement Project Management oversight for Financial Sustainability Plan and Distressed Provider Plans	Completed	Sub-Milestone: Implement Project Management oversight for Financial Sustainability Plan and Distressed Provider Plans	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Define role of Catholic Medical Partners (PMO) for Financial Sustainability Plans (FSP) and Distressed Provider Plans (DSP) and their process to manage the plans for CPWNY and CPWNY Lead.	Completed	Define role of Catholic Medical Partners (PMO) for Financial Sustainability Plans (FSP) and Distressed Provider Plans (DSP) and their process to manage the plans for CPWNY and CPWNY Lead.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Implement PMO oversight for active FSP and Distressed Provider Plans	Completed	Implement PMO oversight for active FSP and Distressed Provider Plans	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Sub-Milestone: Define Distressed Provider Plan and obtain approval of Finance Governance	Completed	Sub-Milestone: Define Distressed Provider Plan and obtain approval of Finance Governance Committee.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	

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Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Committee.									
Task Define template for Distressed Provider Plan(s)	Completed	Define template for Distressed Provider Plan(s)	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Complete review of NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the CPWNY Lead.	Completed	1. Complete review of NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the CPWNY Lead.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Develop written policies and procedures that define and implement the code of conduct and other required elements of the CPWNY Lead compliance plan that are within the scope of responsibilities of the CPWNY Lead.	Completed	2. Develop written policies and procedures that define and implement the code of conduct and other required elements of the CPWNY Lead compliance plan that are within the scope of responsibilities of the CPWNY Lead.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Obtain confirmation from CPWNY network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	Completed	3. Obtain confirmation from CPWNY network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Obtain Finance Governance Committee approval of the Compliance Plan (for the CPWNY Lead) and Implement	Completed	4. Obtain Finance Governance Committee approval of the Compliance Plan (for the CPWNY Lead) and Implement	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Develop requirements to be included in the CPWNY Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State requirements for a provider.	Completed	5. Develop requirements to be included in the CPWNY Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State requirements for a provider.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Obtain Executive Governance Body approval of the Compliance Plan (for the CPWNY Lead) and Implement	Completed	6. Obtain Executive Governance Body approval of the Compliance Plan (for the CPWNY Lead) and Implement	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	In Progress	Administer VBP activity survey to network	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	YES
Task Develop VBP Work Group representative of CPWNY PPS. Consider representation from CPWNY providers, PCMH, FQHCs and managed care plans.	Completed	Develop VBP Work Group representative of CPWNY PPS. Consider representation from CPWNY providers, PCMH, FQHCs and managed care plans.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Develop VBP Work Group Charter. The primary goal of the VBP Work Group is to coordinate outreach and educational initiatives that support VBP arrangements throughout our system.	Completed	Develop VBP Work Group Charter. The primary goal of the VBP Work Group is to coordinate outreach and educational initiatives that support VBP arrangements throughout our system.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Have VBP Charter approved by Finance Governance Committee	Completed	Have VBP Charter approved by Finance Governance Committee	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Have VBP Charter approved by Executive Governance Body	Completed	Have VBP Charter approved by Executive Governance Body	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options.	Completed	Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Develop educational materials to be used during provider outreach and educational campaign.	Completed	Develop educational materials to be used during provider outreach and educational campaign.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Conduct education and outreach campaign for CPWNY system providers to broaden knowledge among the CPWNY network of the various VBP models and to enable the CPWNY to employ those models in a coordinated approach (campaign to include in-person and web-based educational sessions for providers).	Completed	Conduct education and outreach campaign for CPWNY system providers to broaden knowledge among the CPWNY network of the various VBP models and to enable the CPWNY to employ those models in a coordinated approach (campaign to include in-person and web-based educational sessions for providers).	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task	Completed	Develop a stakeholder engagement survey to assess the	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Develop a stakeholder engagement survey to assess the CPWNY provider population and establish a baseline assessment of (at least) the following: Degree of experience operating in VBP models and preferred compensation modalities; Degree of sophistication in ability to negotiate plan contracts, monitor and report on service types; Estimated volume of Medicaid Managed Care spending received by the network; Estimate of total cost of care for specific services (modeled along bundles); Status of requisite IT linkages for network funds flow monitoring; Provider ability (financial stability) and willingness to take downside risk in a risk sharing arrangement; Preferred method of negotiating plan options with Medicaid Managed Care organization (e.g. as a single provider, as a group of providers, through the CPWNY);and Level of assistance needed to negotiate plan options with Medicaid Managed Care (High, Moderate, Low).This will enable CPWNY to make a more informed decision as to the most effective contracting strategy and will inform our contract negotiations with Medicaid plans.		CPWNY provider population and establish a baseline assessment of (at least) the following: Degree of experience operating in VBP models and preferred compensation modalities; Degree of sophistication in ability to negotiate plan contracts, monitor and report on service types; Estimated volume of Medicaid Managed Care spending received by the network; Estimate of total cost of care for specific services (modeled along bundles); Status of requisite IT linkages for network funds flow monitoring; Provider ability (financial stability) and willingness to take downside risk in a risk sharing arrangement; Preferred method of negotiating plan options with Medicaid Managed Care organization (e.g. as a single provider, as a group of providers, through the CPWNY);and Level of assistance needed to negotiate plan options with Medicaid Managed Care (High, Moderate, Low).This will enable CPWNY to make a more informed decision as to the most effective contracting strategy and will inform our contract negotiations with Medicaid plans.						
Task Roll out stakeholder engagement survey to the provider population to determine CPWNY baseline demographics.	Completed	Roll out stakeholder engagement survey to the provider population to determine CPWNY baseline demographics.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Conduct provider outreach sessions to supplement the stakeholder engagement survey and engage stakeholders in open discussion.	Completed	Conduct provider outreach sessions to supplement the stakeholder engagement survey and engage stakeholders in open discussion.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Compile stakeholder engagement survey results and findings from provider engagement sessions and analyze findings.	Completed	Compile stakeholder engagement survey results and findings from provider engagement sessions and analyze findings.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task	Completed	Sub-Milestone: Conduct stakeholder engagement with MCOs	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Sub-Milestone: Conduct stakeholder engagement with MCOs									
Task Conduct stakeholder engagement sessions with MCOs to understand potential contracting options and potential membership along with the requirements (workforce, infrastructure, knowledge, legal support, etc.) necessary to conduct and finalize plan negotiations.	Completed	Conduct stakeholder engagement sessions with MCOs to understand potential contracting options and potential membership along with the requirements (workforce, infrastructure, knowledge, legal support, etc.) necessary to conduct and finalize plan negotiations.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Finance Governance Committee to sign off on preference for CPWNY central role in contracting.	Completed	Finance Governance Committee to sign off on preference for CPWNY central role in contracting.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Review summary of stakeholder engagement sessions with Finance Governance Committee and Executive Governing Body. Develop contract preference role and present to FGC and EGB.	Completed	Review summary of stakeholder engagement sessions with Finance Governance Committee and Executive Governing Body. Develop contract preference role and present to FGC and EGB.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Sub-Milestone: Finalize CPWNY VBP Baseline Assessment	Completed	Sub-Milestone: Finalize CPWNY VBP Baseline Assessment	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Develop initial CPWNY VBP Baseline Assessment, based on feedback from provider and MCO stakeholder engagement sessions and survey results, providing an overview of the CPWNY provider population (by provider type and specialty areas, a view of preferred compensation modalities, and a detailed overview of contracting options.	Completed	Develop initial CPWNY VBP Baseline Assessment, based on feedback from provider and MCO stakeholder engagement sessions and survey results, providing an overview of the CPWNY provider population (by provider type and specialty areas, a view of preferred compensation modalities, and a detailed overview of contracting options.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Circulate the CPWNY VBP Baseline Assessment for open comment among network providers to help ensure accuracy and understanding.	Completed	Circulate the CPWNY VBP Baseline Assessment for open comment among network providers to help ensure accuracy and understanding.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Update, revise and finalize CPWNY VBP	Completed	Update, revise and finalize CPWNY VBP Baseline Assessment.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Baseline Assessment.									
Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	In Progress	Submit VBP support implementation plan	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	YES
Task Sub-Milestone: Prioritize potential opportunities and providers for VBP arrangements.	In Progress	Sub-Milestone: Prioritize potential opportunities and providers for VBP arrangements.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Analyze health care bundle populations and total cost of care data provided through survey and engagement with providers, to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP.	In Progress	Analyze health care bundle populations and total cost of care data provided through survey and engagement with providers, to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Identify VBP accelerators and challenges within CPWNY related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements . Identify necessary IT infrastructure that can be utilized to monitor VBP activity (accelerators) and contracting complexity, limited infrastructure with experience in VBP or abundance of low performing providers (challenges).	In Progress	Identify VBP accelerators and challenges within CPWNY related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements . Identify necessary IT infrastructure that can be utilized to monitor VBP activity (accelerators) and contracting complexity, limited infrastructure with experience in VBP or abundance of low performing providers (challenges).	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Align providers and PCMHs to identify alignment with VBP accelerators and challenges which are best aligned to expeditiously engage in VBP arrangements.	In Progress	Align providers and PCMHs to identify alignment with VBP accelerators and challenges which are best aligned to expeditiously engage in VBP arrangements.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Identify providers and PCMHs within the CPWNY with the greatest ability to negotiate VBP arrangements and operate in a VBP model. Identification will be based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges,	In Progress	Identify providers and PCMHs within the CPWNY with the greatest ability to negotiate VBP arrangements and operate in a VBP model. Identification will be based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges, and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH provided data.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH provided data.									
Task Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements. Also, Re-assess capability and infrastructure of providers identified earlier as challenged and continue to move them along the path to VBP.	In Progress	Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements. Also, Re-assess capability and infrastructure of providers identified earlier as challenged and continue to move them along the path to VBP.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Sub-Milestone: Develop timeline for VBP adoption.	In Progress	Sub-Milestone: Develop timeline for VBP adoption.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account findings of the baseline assessment, alignment with VBP accelerators, and ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data.	In Progress	Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account findings of the baseline assessment, alignment with VBP accelerators, and ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Engage key financial stakeholders from MCOs, CPWNY and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and CPWNY performance, methods of dispersing shared savings and infrastructure required to support performance monitoring and reporting.	In Progress	Engage key financial stakeholders from MCOs, CPWNY and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and CPWNY performance, methods of dispersing shared savings and infrastructure required to support performance monitoring and reporting.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Sub-Milestone: Finalize VBP Adoption Plan	In Progress	Sub-Milestone: Finalize VBP Adoption Plan	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Collectively review the VBP Adoption Plan with	In Progress	Collectively review the VBP Adoption Plan with CPWNY.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
CPWNY.									
Task Update, modify and finalize VBP Adoption plan. Secure approval from Executive Governing Body	In Progress	Update, modify and finalize VBP Adoption plan. Secure approval from Executive Governing Body	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Milestone #6 Develop partner engagement schedule for partners for VBP education and training	In Progress	Initial Milestone Completion: Submit VBP education/training schedule Ongoing Reporting: Submit documentation to support implementation of scheduled trainings, including training materials and attendance sheets through quarterly reports	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4	YES
Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	In Progress		04/01/2016	03/31/2019	04/01/2016	03/31/2019	03/31/2019	DY4 Q4	YES
Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	In Progress		04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4	YES

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize PPS finance structure, including reporting structure	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize PPS finance structure, including reporting structure	dcao	Documentation/Certification	46_DY2Q3_FS_MDL31_PRES1_DOC_2._Finance_Committee_Charter_APPROVED_12.09.2015_amended_10.17.16_8661.docx	CPWNY's updated Finance Committee Charter	01/25/2017 01:54 PM
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	dcao	Documentation/Certification	46_DY2Q3_FS_MDL31_PRES2_DOC_5._Financial_Sustainability_Milestone_2_DY2_Q3_Update_8663.docx	Statement on Financial Sustainability Milestone 2	01/25/2017 01:56 PM
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	dcao	Documentation/Certification	46_DY2Q3_FS_MDL31_PRES3_DOC_4._SSL_Cert_DSRIP_2016_8666.pdf	2016 SSL certification for Sisters of Charity Hospital, the lead organization for CPWNY PPS	01/25/2017 02:01 PM
	dcao	Documentation/Certification	46_DY2Q3_FS_MDL31_PRES3_DOC_3._FDRA_Cert_DSRIP_2016_8665.pdf	2016 FDRA certification for Sisters of Charity Hospital, the lead organization for CPWNY PPS	01/25/2017 02:00 PM
Develop a Value Based Payments Needs Assessment ("VNA")	dcao	Documentation/Certification	46_DY2Q3_FS_MDL31_PRES4_DOC_7._Financial_Sustainability_Milestone_4_DY2_Q3_Update_8669.docx	Statement for Financial Sustainability Milestone 4	01/25/2017 02:04 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop a Value Based Payments Needs Assessment ("VNA")	
Develop an implementation plan geared towards addressing the needs identified within your VNA	
Develop partner engagement schedule for partners for VBP education and training	
≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	
≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	

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IPQR Module 3.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

Some challenges that could impact efforts to assess and monitor the financial health of the CPWNY providers and effectively manage the administrative and operational aspects of the finance function include: Implementation of a financial reporting infrastructure; Obtaining buy-in from DSRIP partners; Access to data for analytics related to project performance; and failure of providers to meet reporting requirements. Our IT current state assessment revealed a lack of financial reporting infrastructure. A shared reporting infrastructure is essential for timely access to metrics that impact the financial health of CPWNY providers. This risk to our Finance Function will be mitigated by adoption of a shared IT infrastructure throughout the PPS. In addition, the finance team will have access to sources of financial and performance data to identify trends, implement corrective action and update reporting.
We have developed a Data and Technology work plan specific to the finance requirements along with a reporting timeline to ensure CPWNY providers to stay on schedule for submitting reporting information as needed for submission to DOH.
Provider/Partner buy-in is a risk to the functioning of the integrated delivery network and DSRIP success. Some DSRIP objectives may negatively impact provider business models, making them skeptical to participate. Provider support is essential to meeting project requirements and earning full DSRIP payment. To mitigate this risk we will communicate to providers the funds distribution plan and ensure plan requirements, processes and payment schedules are transparent and clearly understood.
Another risk is the ability to transition from fee-for-service reimbursement to a Value Based Payment model. This change presents a significant challenge for CPWNY practices, particularly small providers and those with less experience using VBP models. CPWNY will facilitate this transition through educational campaigns which will cover the objectives of VBP models, including risk sharing. This will empower providers to make more sound and intelligent decisions and pace their practices to achieve VBP arrangements. We will engage partners to develop a flexible, multi-phased approach that enables the most appropriate and effective method of contracting on a VBP basis within our region. We also recognize this task as a challenging process where many considerations, such as contracting complexity and existing provider/MCO relationships must be taken into account. To address this challenge, our approach will take into account the strong relationships that exist between individual providers and MCOs and we will enable our providers to contract directly with regional MCOs. To successfully operate in a VBP arrangement, our partners must maintain a firm understanding of the varying degrees of risk sharing, capitation and fee for service. CPWNY will examine opportunities to facilitate and support contract negotiations between our CPWNY providers and MCOs, wherever possible. We will examine opportunities for standardization in contracting methodologies among MCOs, ultimately streamlining the process for our partners to establish VBP arrangements.
And finally, as with all entities responsible for compliance in healthcare and finance related fields, the CPWNY recognizes that there is a risk that compliance requirements will not be followed or that loss of funds may occur within the finance function. We are developing a robust compliance plan that will establish policies, procedures, and guidelines for operating within the compliance requirements of NY State. In addition we will implement an active education and training initiative to ensure that all partners are aware of the compliance rules and procedures as well as procedures to follow to report or discuss compliance related actions or concerns.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

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Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

During our preliminary assessment of the finance function for the CPWNY DSRIP application we identified a number of interdependencies with other work streams in key areas which we have outlined below.

• Governance – A fully supportive governance process is essential to establishing the role of Sisters of Charity Hospital as CPWNY Lead. In addition, fully established roles within the governance structure for Finance, Compliance and Audit will inform and drive the finance committee charter, its oversight of the finance function and approach to funds flow.

• DSRIP Network Capabilities and Project Implementation - The successful implementation of CPWNY value based reform strategy, and execution of value based contracts, will require a developed and functioning integrated delivery network and buy-in of the network partners to the value based payment strategy.

• Reporting Requirements – The DSRIP process has extensive reporting requirements linked to DSRIP payments – such as the quarterly reporting is a dependency for receiving DSRIP Process Payments. This reporting is dependent upon input and submission of reports and data from the individual network providers as well as other sources of data that will require the CPWNY to access.

 DSRIP Projects – The CPWNY finance function must have an understanding of projects selected and participation level of providers for each (Provider Participation Matrix) in order to develop a meaningful funds plan for CPWNY. In addition, CPWNY and the providers must understand project costs, impacts and other needs as part of their process of evaluating financial stability and impact going forward.

• IT and Data – This work stream will be essential to providing technology to access data and to implement shared financial reporting infrastructure that is needed by CPWNY as well as the technology for reporting project level performance data that is closely linked to the payments received for DSRIP projects.

• Workforce – The impact of the DSRIP projects is still being reviewed as is the costs related to those impacts and the strategies of CPWNY and each provider to mitigate that impact. Sisters of Charity Hospital will work closely with the workforce work stream to ensure that the appropriate data related to the workforce strategy and impact is being gathered and reported to meet the DSRIP requirements. Sisters of Charity and Catholic Medical Partners (CMP) as the project manager is responsible for communicating these requirements for tracking and reporting to all CPWNY providers to ensure that the CPWNY meets its requirement to report this information to DOH.

• There is a risk in financial reporting regarding the timing of payment receipt and revenue recognition, as well as expense recognition. Additionally there is performance risk for all the members, providers, PPS, regions statewide.

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IPQR Module 3.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Coordinator of Finance	Job Description created, interview process underway	Responsible for the day-to-day operations of the financial reporting function, including updating policies and procedures, monitoring the general ledger system, and developing protocols around financial reporting.
Staff Accountant - CMP	Job Description created, awaiting compensation grading from HR.	Responsible for the day-to-day operations of the financial reporting function, including updating policies and procedures, monitoring the general ledger system, and developing protocols around financial reporting.
Account Payable Clerk - CHS	Existing CHS staff will assume these responsibilities	Responsible for the day-to-day operations of the Accounts Payable function, including updating policies and procedures, monitoring the accounts payable system, and developing protocols around reporting and AP check write related to the DSRIP funds distribution. Coordinated with the CPWNY Coordinator of Finance and CMP Staff Accountant.
Senior Healthcare Analyst : CMP/DSRIP	Dapeng Cao	This position(s) will be responsible for working with the Director of Finance to determine and monitor the reporting protocols and requirements for the CPWNY providers, the governing body, and DOH.
Healthcare Analyst: CMP	Job description being updated to include advanced programming skills the submission to Human Resources for compensation grading	This position(s) will be responsible for working with the Senior Healthcare analyst and Director of Finance to determine and monitor the reporting protocols/requirements for the CPWNY providers, the governing body, and DOH.
Financial Manager - CHS	Betsy Bittar/Part responsibility Manager Internal Controls	Responsible for the daily operation of the Finance Office, including programmatic development of the infrastructure tools critical to the Funds Flow Plan and the related banking, accounts payable and general ledger functions.The Coordinator of Finance CPWNY will report to the Financial Manager.
Director of Finance/Accounting	Trish Lewandowski, CH Director of Financial Reporting Acute	Responsible for development and management of the Finance Office and its specific functions. The individual will provide guidance and oversight around the Funds Flow Plan, the Financial Stability Plan, and other relevant processes. The responsibilities

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		include ensuring that funds are managed and distributed according to the approved plan, that reporting requirements are met and that communication regarding the Finance related functions is timely and accurate.
Banking Staff	Les Wangelin, Director of Corporate Accounting, and Treasury and Mike Polasik, Manager of Treasury Services	Responsible for the day-to-day operations of the Banking function, including the processing of the DSRIP funds received from DOH and reporting of the status of funds expected and received as well as reconciliation of bank related statements.
Compliance Officer	CPWNY Compliance Officer, TBD	Will oversee the development and implementation of the compliance plan of the CPWNY Lead and related compliance requirements of the CPWNY as they are defined. Scope would include the CPWNY Lead compliance plan related to DSRIP. The Compliance Director will report to the Sisters of Charity Hospital, Catholic Health Compliance Officer, and the CPWNY Executive Governance Body
VBP Project Manager	Existing CMP staff, TBD	Coordinate overall development of VBP baseline assessment and plan for achieving value based payments.

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IPQR Module 3.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Director, Performing Provider System NYS DOH DSRIP	Management and oversight.	The DSRIP Project Director has overarching responsibility for oversight of the DSRIP initiative for the CPWNY
Medical Director, DSRIP	Management and oversight.	Oversee policy making and engage providers.
Network Manager	Management and oversight.	Track providers in the network and their performance, update project management tool.
Director of Medical Policy & Accreditation	Management and oversight.	Oversee development of policies and procedures related to projects and workstreams.
10 DSRIP Project Leads	DSRIP Project Leads	Collaboration with finance re: CPWNY Project Implementation, status of project, reporting required to meet DOH requirements.
Internal Auditor	Internal Audit	Oversight of internal control functions; completion of audit processes related to funds flow, network provider reporting, and other finance related control processes
CPWNY Finance Governance Committee	Management and oversight.	Board level oversight and responsibility for the CPWNY Finance function; Review and approval of finance related policies and procedures; oversight of CPWNY Lead role, responsibilities and deliverables; oversight of audit and compliance related processes
CPWNY/Sisters of Charity Hospital Human Resources	Staffing/HR	HR related functions of CPWNY for its employees and guidance related to the CPWNY workforce strategies
CPWNY/Sisters of Charity IT Department	IT Resources	Information Technology related requirements for the finance function; access to data for the finance function reporting requirements
CEOs of CPWNY Network Partners	Participation/Leadership	CPWNY Network Provider partners' CEOs are responsible for their organization's' execution of their DSRIP responsibilities, they will contribute to the success of the finance function and finance related strategies
CFO/Finance Team of CPWNY Network Partner	Participation/Leadership	Primary contact for the CPWNY Lead finance function for conducting DSRIP related business and responsible for their organization's execution of their DSRIP related finance responsibilities and participation in finance related strategies

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Boards of Directors for CPWNY Network Partners	Participation/Leadership	CPWNY Network Provider partners' BOD have overall responsibility for their organizations' execution of their DSRIP responsibilities, they will contribute to the success of the finance function and finance related strategies
External Stakeholders		
External Auditors	External Audit	External Audit Function
MCOs and other payers	MCOs and other payers identified by CPWNY for pursuit of CPWNY Value Based Payment reform strategies	The CPWNY Lead and CPWNY PMO will have responsibilities related to implementing the CPWNYs value based strategy, the contracting process, and implementation / administration of executed value based agreements.
NY DOH	NY DOH defines the DSRIP requirements	The CPWNY Lead and CPWNY finance function has responsibility for the overall administration of DSRIP reporting to DOH and the funds flow process
Community Representatives	Community Representatives	Community needs and interests are significant influencers of DSRIP projects and will contribute to the adoption and buy-in across the network. Communication regarding DSRIP status, results, and future strategies will be important to maintain their contribution and influence.
Government Agencies / Regulators	Government Agencies / Regulators	County and State agencies and regulatory bodies will have oversight and influence in a number of DSRIP related areas - including the importance of waivers or regulatory relief, construction / renovation projects, and other items related to DSRIP. Communication with them regarding DSRIP status, results, future strategies and their role in DSRIP success will be important.
Medicaid Managed Care Plans	Responsible for contracting with individual providers on a VBP basis.	These will be determined pursuant to the development of Baseline Assessment and VBP Adoption Plan.

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IPQR Module 3.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

The development of shared IT infrastructure across CPWNY will support the CPWNY Finance Office and our work on the financial sustainability of the network by providing the network partners with capability for sharing and submitting reports and data pertaining to project performance and other DSRIP related business in a secure and compliant manner. We will begin the process of establishing a shared financial reporting platform across the network, which will be utilized to provide access and visibility to updates on key financial sustainability metrics at the provider and CPWNY level. We also intend to link to the performance reporting mechanisms that will be utilized across the CPWNY to provide our finance team with current data that may be utilized to track project performance levels and expected DSRIP payments.

Other shared IT infrastructure and functionality across the CPWNY that will support or contribute to the success of the CPWNY Finance Office includes:

• Population Health (Crimson) systems or technology that will support the need to access and report on data related to clinical services and outcomes – for DSRIP required metrics and to meet the needs under value based payment arrangements.

• Care Coordination technology and systems that support broad network integration of services and health management capabilities.

IPQR Module 3.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

We will align our CPWNY financial management and sustainability progress reporting with the reporting and oversight structures in place for the DSRIP projects, through the CPWNY and our project management office, CMP. CMP will be responsible for monitoring progress against project requirements and process measures at a provider level, and the preparation of status reports for the quarterly reporting process for DOH. We will integrate into this process the financial reporting that we require in order to be able to monitor and manage the financial health of the network over the course of the DSRIP program. Sisters of Charity Finance Office will be responsible for consolidating all of the specific financial elements of this project reporting into specific financial dashboards for the CPWNY Board and for the tracking of the specific financial indicators we are required to report as part of the financial sustainability assessments and the ongoing monitoring of the financial impacts of DSRIP on the providers. Through ongoing reporting, if a partner trends negatively or if the financial impacts are not in line with expectations, the CPWNY Finance Governance Committee will communicate with the provider in question to understand the financial impact and develop plans for corrective action.

The Sisters of Charity Hospital Finance Office will provide regular reporting to the Finance Governance Committee, CMP PMO, Executive Governance Body and network partners as appropriate regarding the financial health of the CPWNY PPS and updates regarding the Financially

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Fragile Watch List and the Distressed Provider Plan.

IPQR Module 3.9 - IA Monitoring

Instructions :

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Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	YES
Task Step 1….Analysis of health disparities based on the Community needs assessment as well as CMP Disparities NCQA ACO documentation submitted January 2015.	Completed	Step 1….Analysis of health disparities based on the Community needs assessment as well as CMP Disparities NCQA ACO documentation submitted January 2015.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2…Prioritize populations based on Step 1. Utilize MIX to ascertain strategies that work or havent worked for organizations: Use either CAHPS or HCAHPS as an indicator of success.	Completed	Step 2…Prioritize populations based on Step 1. Utilize MIX to ascertain strategies that work or havent worked for organizations: Use either CAHPS or HCAHPS as an indicator of success.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 3…Perform inventory of all partners on what is currently in place to address cultural diversity and health literacy.	Completed	Step 3…Perform inventory of all partners on what is currently in place to address cultural diversity and health literacy.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 4…Develop registries in performing provider systems that identify race, ethnicity, sex, primary language, disability status, gender identity, and housing status of the beneficiaries they serve	Completed	Step 4…Develop registries in performing provider systems that identify race, ethnicity, sex, primary language, disability status, gender identity, and housing status of the beneficiaries they serve	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 5…Compare results in registries to the Community Needs Assessment and prioritize partners with largest volume of impacted population	Completed	Step 5…Compare results in registries to the Community Needs Assessment and prioritize partners with largest volume of impacted population	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 6…Perform a survey of those providers on their comfort level working with diverse population and their identified educational needs. (This is a collaborative effort with the overlapping PPS and our P2 collaborative (PHIPS grant recipient)	Completed	Step 6…Perform a survey of those providers on their comfort level working with diverse population and their identified educational needs. (This is a collaborative effort with the overlapping PPS and our P2 collaborative (PHIPS grant recipient)	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 7…Link patients with providers of cultural and ethnic similarities to assist in improvement of preventive measures	Completed	Step 7…Link patients with providers of cultural and ethnic similarities to assist in improvement of preventive measures	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 8…Ensure open access at PCMH offices patients are linked with and work with patients that have identified transportation issues	Completed	Step 8…Ensure open access at PCMH offices patients are linked with and work with patients that have identified transportation issues	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 9…Implement cultural diversity , health literacy focus group in each county for input by the community to assist in strategies (contract with CBO - International Institute and Urban League do conduct)	Completed	Step 9…Implement cultural diversity , health literacy focus groups in each county for input by the community to assist in strategies (contract with CBO - International Institute and Urban League do conduct)	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 10…Distribution of findings from Step 6 to our providers and on our website.	Completed	Step 10…Distribution of findings from Step 6 to our providers and on our website.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 11…Policy and procedure on performing a cultural competence assessment in each patient care setting, inclusive of a health literacy detection system as well.	Completed	Step 11…Policy and procedure on performing a cultural competence assessment in each patient care setting, inclusive of a health literacy detection system as well.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 12….Designate a " gold standard" practice /factility in the network (based upon an audit , processes in place, satisfaction rates) for others to model from.	Completed	Step 12….Designate a " gold standard" practice /factility in the network (based upon an audit , processes in place, satisfaction rates) for others to model from.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 13…Promote all partners to have designated staff that have a passion and willingness to be "point " people that will provide outreach and creativity in their organization in order to close gaps for cultural differences and literacy.	Completed	Step 13…Promote all partners to have designated staff that have a passion and willingness to be "point " people that will provide outreach and creativity in their organization in order to close gaps for cultural differences and literacy.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 14…Based on assessment determine needs of each partner for improvement such as in communication skills of teach back, working with interpreters, etc. Inform the partners of the resources	Completed	Step 14…Based on assessment determine needs of each partner for improvement such as in communication skills of teach back, working with interpreters, etc. Inform the partners of the resources	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 15…Annual partner assessment and education as well as for new employees -- will be incorporated in policy-- will include compliance questions with non-discrimination laws to ensure accommodation of people of different races, ethnicities, disabilities, gender identities, languages they speak, and other dimensions of diversity.	Completed	Step 15…Annual partner assessment and education as well as for new employees -- will be incorporated in policy-- will include compliance questions with non-discrimination laws to ensure accommodation of people of different races, ethnicities, disabilities, gender identities, languages they speak, and other dimensions of diversity.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task	Completed	Step 16…. Implement strategies, inclusive but not limited to ,	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 16…. Implement strategies, inclusive but not limited to , distribution of information regarding substance and alchohol abuse to partners in an effort to reduce social stigma		distribution of information regarding substance and alchohol abuse to partners in an effort to reduce social stigma							
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Completed	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 1….Training strategy will be based on needs assessment of practices and the analysis performed in former milestone. The modules will correspond to the needs identified. Training modules are currently being developed and completed by DY2.Q1.	Completed	Step 1….Training strategy will be based on needs assessment of practices and the analysis performed in former milestone. The modules will correspond to the needs identified. Training modules are currently being developed and completed by DY2.Q1.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2…Modules being developed will include various media such as webinars, reading materials, formal training sessions, all based on survey identified needs in previous milestone , step 6.	Completed	Step 2…Modules being developed will include various media such as webinars, reading materials, formal training sessions, all based on survey identified needs in previous milestone , step 6.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3…Module 1 = Health disparities: define race, culture, ethnicity, disparities; national and local patterns; acknowledge barriers to eliminating disparities; epidemiology of disparities, look for best practice, recognize disparities amenable to intervention	Completed	Step 3…Module 1 = Health disparities: define race, culture, ethnicity, disparities; national and local patterns; acknowledge barriers to eliminating disparities; epidemiology of disparities, look for best practice, recognize disparities amenable to intervention	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4…Module 2 = Community Strategies: challenges of cross cultural comunication;	Completed	Step 4…Module 2 = Community Strategies: challenges of cross cultural comunication; community based elements and resources to improve health status and general literacy skills;	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
community based elements and resources to improve health status and general literacy skills; community beliefs and health practices; methods to collaborate with communities to address needs (use focus groups; address social determinants.		community beliefs and health practices; methods to collaborate with communities to address needs (use focus groups; address social determinants.							
Task Step 5…Module 3= Bias and Stereotyping: identify how race and culture relate to health; identify potential provider bias and stereotyping (especially as it relates to stereotyping of substance use disorder, recovery and information about stigma) and including assumptions r/t health literacy; demonstrate strategies to address/reduce bias , with patient communication; strategies to reduce health professional bias.	Completed	Step 5…Module 3= Bias and Stereotyping: identify how race and culture relate to health; identify potential provider bias and stereotyping (especially as it relates to stereotyping of substance use disorder, recovery and information about stigma) and including assumptions r/t health literacy; demonstrate strategies to address/reduce bias , with patient communication; strategies to reduce health professional bias.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6…Module 4 = Effective communication skills: respect patients cultural beliefs , health literacy and listen non-judgmentally; Use negotiating and problem solving skills in communication; practice a "universal precaution" approach with all patients (not assuming); elicit a cultural, social and medical history in the encounter interview; teach back method for health literacy	Completed	Step 6…Module 4 = Effective communication skills: respect patients cultural beliefs , health literacy and listen non-judgmentally; Use negotiating and problem solving skills in communication; practice a "universal precaution" approach with all patients (not assuming); elicit a cultural, social and medical history in the encounter interview; teach back method for health literacy	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 7…Module 5 = Use of Interpreters: functions of an interpreter; effective ways of working with interpreter; demonstrate ability to orally communicate accurately and effectively in patients preferred language	Completed	Step 7…Module 5 = Use of Interpreters: functions of an interpreter; effective ways of working with interpreter; demonstrate ability to orally communicate accurately and effectively in patients preferred language	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Step 8…Module 6 = Self Reflection and Culture of Health Professions: describe provider -patient	Completed	Step 8…Module 6 = Self Reflection and Culture of Health Professions: describe provider -patient power balance; engage in reflection of own beliefs; use reflective practices in	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
power balance; engage in reflection of own beliefs; use reflective practices in patient care, address personal bias		patient care, address personal bias							
Task Step 9…Roll out specific initiatives in line with findings from office assessments in relation to the aforementioned modules in line with the needs of the community assessment.	Completed	Step 9…Roll out specific initiatives in line with findings from office assessments in relation to the aforementioned modules in line with the needs of the community assessment.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 10..Evaluation will be based off of patient experience surveys and annual review and post tests.	Completed	Step 10..Evaluation will be based off of patient experience surveys and annual review and post tests.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize cultural competency / health literacy strategy.	mdjohns	Templates	46_DY2Q3_CCHL_MDL41_PRES1_TEMPL_Copy_of_MILESTONE_1_CC.HL_Training_Materials_Template_DY2Q3_8599.xlsx	DY2Q3 Training Materials Template	01/25/2017 10:41 AM
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	mdjohns	Templates	46_DY2Q3_CCHL_MDL41_PRES2_TEMPL_DY2Q3_CCHL_Milestone_2_Training_Schedule_Template_8601.xlsx	DY2Q3 Training Schedule Template	01/25/2017 10:41 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	

NYS Confidentiality – High

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	

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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your cultural competency / health literacy strategy and addressing the specific health disparities you are targeting (based on your CNA), and achieving the milestones described above - including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

• Lack of engagement by partners-- Mitigation: Progressive improvement plans for partners and meeting specific corrective action plans. Consider content experts in each county to push forth the initiative.
• Lack of patient engagement (affects all projects) -- Mitigation: Assess the specific partners, issues, barriers and strategize with focus groups on patient engagement. Utilize CBOs as health disparities research suggests that valid and reliable data are fundamental building blocks for identifying differences in care and developing targeted interventions to improve the quality of care delivered to specific population groups. (Hasnain-Wynia. R, Baker D, 2006)
• Training plan and assessments prove to be onerous to partners - Mitigation: Obtain feedback from PAC on an annual basis and prior to implementation. CPWNY will share the feedback with EGB and, if feasible, incorporate the changes. Changes will also be shared with focus groups as needed for their input.
• Since there are two PPSs in the area, there is going to be overlapping (or totally different) approaches to improvement initiatives for cultural competency and health literacy --this can cause provider overload and require a lot of resources for both PPSs. This will be mitigated by working with P2 Collaborative (PHIPS grant) and Millennium (other PPS) to provide a strategy that is unified, meaningful and successful for all counties and populations served.

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

• Dependencies: Physician engagement - if physicians find the new strategies onerous or not helpful in improving outcomes then this will negatively impact the effectiveness of the program.
• Interdependencies- IT system and performance reporting-- Need to be able to capture quality metrics by various diversity determinants (race, ethnicity, etc.) to see if there is an actual health care disparity between different populations---will collaborate with IT consultants or product vendors for solutions.
• Interdependencies - Partners agreeing on strategies to meet and exceed the needs of the at risk population-Will obtain feedback and assistance of Patient Advisory Committee.

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IPQR Module 4.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Director of Medical Policy	Patricia Podkulski	Develop policy and procedures
Director of Clinical Transformation	Sarah Cotter	Work with partners; data abstraction
Public relations advisor	Phil Pantano	Communication strategies
Director of Care Management	Peggy Smering	Provide case management strategies based on patients needs to enhance patient engagement
Senior VP of Mission	Bart Rodriguez	Provide a neutral and compassionate voice reflecting the beliefs and concerns of others to the team-ensures judgmental attitudes are checked at the door.
Health Information Program Manager	P2 Collaborative - Mistine Keis	Assist in formulating a program that will be sustained and cohesive in the communities involved
Director of DSRIP	Amy White-Storfer	Ensures that cultural competency and health literacy impacts all projects

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IPQR Module 4.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Dr. Carlos Santos	DSRIP Medical Director	Ensure integrated delivery system
Cheryl Friedman	VP Care Management (project lead)	2.b.iii
Bruce Nisbet	Project Lead	3.a.i
Peggy Smering, Sarah Cotter	Project leads	3.b.i, 2.b.iv, 2.a.i
Julie Lulek, Aimee Gomlak	Program Coordinator NFP, Project lead	3.f.i
Dr. Christopher Kerr	Project lead	3.g.i
Urban League	CBO	Assist with training programs for community health workers and patient navigators
International Institute	CBO	Assist with surveys, training, expertise
Catholic Charities	CBO	Assist with expertise on immigrants and migrant workers.
Ken Housknect, Erica Boyce	Project Lead	4.a.i
Dr. Andrew Highland	Project Lead	4.b.i
External Stakeholders		
Mistine Keis and Glenda Meeks	P2 Collaborative PHIP grant managers	Assist PPS in improvement initiatives for cultural competency and health literacy
Faith based organizations in each county	CBO	Assist in representing health needs of immigrants and minority populations
Millennium PPS	Mary Craig	Work collaboratively for WNY improvement in cultural diversity

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IPQR Module 4.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support the development and implementation of your cultural competency / health literacy strategy and the achievement of the milestones described above.

As patients receive care anywhere in the health system the preferences of the patient such as cultural needs, literacy needs, interpreter needs is communicated at any and all touch points in the system. Registries in the physician office will collect information pertinent to the patient cultural, linguistic and ethnic needs. EMR downloads of quality indicators could be broken down by the aforementioned identifiers to see if there are disparities win comparison to the Caucasian population. Crimson, a population health software program , will be able to monitor the PPS cultural make up. As we get to know our CBOs (abilities and buy in from people they are intended to serve) then we could link people, based on needs, to appropriate CBOs. Patient experience surveys would also have these identifiers so that a robust analysis can be performed. Health literacy would not be tracked but a universal precaution utilizing a teach back method of communication.

IPQR Module 4.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

- Progress reporting will be conducted annually via the Project Management office to Clinical Governance Committee and EGB.
- Information sources: Complaint/grievance mechanisms should be provided to facilitate communication and problem resolution.
- Goals will be: to improve colorectal exams for the African American population, improve behavioral health provider engagement across all cultures and ethnicities, improve cardiac outcome measures for Hispanic and African American populations, decrease gaps in care (mammography, flu vaccine, colorectal screening, referral to cardiology specialist care), improved appointment attendance by all , increase in palliative care uptake by all cultures and ethnicities, improved patient experience survey outcomes for Hispanic, African American and Asian populations.

IPQR Module 4.9 - IA Monitoring

Instructions :

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Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Establish IT Governance and Charter - and committee members of PPS and Partners	Completed	1. Establish IT Governance and Charter - and committee members of PPS and Partners	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Conduct Readiness survey and current state assessment and gap analysis of EMRs and other technologies	Completed	2. Conduct Readiness survey and current state assessment and gap analysis of EMRs and other technologies	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 3. Establish IT Project Implementation plan. Implementation Plan will be influenced by current state assessment and gap analysis. Project Manager to assist with foundational and ongoing activities.	Completed	3. Establish IT Project Implementation plan. Implementation Plan will be influenced by current state assessment and gap analysis. Project Manager to assist with foundational and ongoing activities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. CPWNY and Millennium PPS working together to perform assessment of partners to include:	Completed	Assessment includes: a. Use of EMR, HIE and other information systems; b. data sharing capabilities; c readiness for connection to QE (RHIOs/HIE; Performance reporting capabiliies and modalities; dashboard and platforms for patient genreated data; future plans for IT integration; use of data security and confidenialty plans	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 5. Obtain funding through DSRIP planning	Completed	5. Obtain funding through DSRIP planning dollars for assessment to occur	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
dollars for assessment to occur									
Task 6. Share results of readiness survey with PPS partners	Completed	6. Share results of readiness survey with PPS partners	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 7. Map future state needs from Project Implementation plan to readiness assessment to identify gaps. Roadmap of future needs will be a requirement in the current state assessment and gap analysis engagement.	Completed	7. Map future state needs from Project Implementation plan to readiness assessment to identify gaps. Roadmap of future needs will be a requirement in the current state assessment and gap analysis engagement.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Update and approve IT Project Implementation plan	Completed	8. Update and approve IT Project Implementation plan	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Evaluate current RHIO capabilities to fill identified gaps. HEALTHeLINK will be integrally involved in the current state assessment and gap analysis.	Completed	9. Evaluate current RHIO capabilities to fill identified gaps. HEALTHeLINK will be integrally involved in the current state assessment and gap analysis.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop an IT Change Management Strategy.	Completed	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Impact/Risk assessment for change process	Completed	1. Impact/Risk assessment for change process	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 2. Define IT change approval process	Completed	2. Define IT change approval process	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 3. Publish standard/non-standard change processes	Completed	3. Publish standard/non-standard change processes	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 4. Develop education and training plan for change processes/provide programs to mitigate	Completed	4. Develop education and training plan for change processes/provide programs to mitigate risks to include: a. professional management of change as an integral	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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risks to include: a. professional management of change as an integral component in the success of every initiative; b. knowledge and expertise in the management and integration of technology, organizational change, and strategy , c. ensuring continuous communication with the end-user population throughout the change. Effectiveness of training and change management is measured by: speed of adoption by the PPS; ultimate utilization of the employees and proficiency of our change management implementation.		component in the success of every initiative; b. knowledge and expertise in the management and integration of technology, organizational change, and strategy , c. ensuring continuous communication with the end-user population throughout the change. Effectiveness of training and change management is measured by: speed of adoption by the PPS; ultimate utilization of the employees and proficiency of our change management implementation.							
Task 5. Develop Communication plan for change processes	Completed	5. Develop Communication plan for change processes	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 6. Establish roles/responsibilities for change process	Completed	6. Establish roles/responsibilities for change process	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Identify workflows for change advisory board	Completed	7. Identify workflows for change advisory board	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Receive approval for change strategy from PPS Board	Completed	8. Receive approval for change strategy from PPS Board	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 9. Develop oversight committee to govern change management	Completed	9. Develop oversight committee to govern change management	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	In Progress	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO

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		all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).							
Task Development of Roadmap to include the following steps and will be approved and monitored by the IT Governance Committee:	In Progress	Development of Roadmap to include the following steps and will be approved and monitored by the IT Governance Committee:	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 1. Establish Governance framework with overarching rules of the road for interoperability and clinical data sharing to include relevant health IT stakeholders, inclusive of compliance representation. Roadmap to be approved by the IT Governance Committee.	Completed	1. Establish Governance framework with overarching rules of the road for interoperability and clinical data sharing to include relevant health IT stakeholders, inclusive of compliance representation. Roadmap to be approved by the IT Governance Committee.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 2. Current State Assessment of priorities for the development of technical standards, policies and implementation specifications that align with the partners and are business, clinical, cultural and regulatory supportive.	Completed	2. Current State Assessment of priorities for the development of technical standards, policies and implementation specifications that align with the partners and are business, clinical, cultural and regulatory supportive.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 3. Data Exchange Agreements established in concert with Compliance, inclusive of DEAA agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing)	Completed	3. Data Exchange Agreements established in concert with Compliance, inclusive of DEAA agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing)	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Create data sharing policies where gaps have been identified in Step 2 and approve through the governance structure. Policies and procedures will need to be reviewed annually to meet the needs of an ever changing /evolving environment in health care.	In Progress	4. Create data sharing policies where gaps have been identified in Step 2 and approve through the governance structure. Policies and procedures will need to be reviewed annually to meet the needs of an ever changing /evolving environment in health care.	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4	
Task	In Progress	5 Establish monitoring of workflow design of policies and	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4	

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5 Establish monitoring of workflow design of policies and procedures to insure accuracy and integrity of data as well as insuring HIPAA compliance. Interoperability requires technical and policy conformance among networks, technical systems and their components.		procedures to insure accuracy and integrity of data as well as insuring HIPAA compliance. Interoperability requires technical and policy conformance among networks, technical systems and their components.							
Task 6. A training plan to support the successful implementation of new platforms and processes will include but not limited to policies, procedures, new platforms, compliance updates, data set composition, reports related to data, issues and concerns through a 2 way communication forum. Training will impact CPWNY partners, facilities, operational staff, professional staff.	In Progress	6. A training plan to support the successful implementation of new platforms and processes will include but not limited to policies, procedures, new platforms, compliance updates, data set composition, reports related to data, issues and concerns through a 2 way communication forum. Training will impact CPWNY partners, facilities, operational staff, professional staff.	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4	
Task 7. New Platform Installations will be supported through policies, procedures, training and communication	In Progress	7. New Platform Installations will be supported through policies, procedures, training and communication	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Completed	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Data-IT Governance Committee responsible for implementing patient consent monitoring	Completed	1. Data-IT Governance Committee responsible for implementing patient consent monitoring	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task a. Current state gap analysis and assessment . HEALTHeLINK to receive a file from the PPSs containing all the attributed Medicaid patients in WNY. HEALTHeLINK will match each to the HEALTHeLINK master patient index to identify by zip code and overall, the percent of Medicaid patients that have already completed a HEALTHeLINK consent form.	Completed	a. Current state gap analysis and assessment . HEALTHeLINK to receive a file from the PPSs containing all the attributed Medicaid patients in WNY. HEALTHeLINK will match each to the HEALTHeLINK master patient index to identify by zip code and overall, the percent of Medicaid patients that have already completed a HEALTHeLINK consent form.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 2. Leverage RHIO (HEALTHeLINK) to engage	Completed	2. Leverage RHIO (HEALTHeLINK) to engage attributed lives to consent. CPWNY will provide physician communication to	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	

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attributed lives to consent. CPWNY will provide physician communication to engage Medicaid Members to sign HEALTHeLINK consent be it letters, in office for example. RHIO consent to be translated in languages representative of the practice population.		engage Medicaid Members to sign HEALTHeLINK consent be it letters, in office for example. RHIO consent to be translated in languages representative of the practice population.							
Task a. Identify key Medicaid engagement points. Our strategy is to identify the PCPs and other first line care providers or care coordinators that are likely to engage the Medicaid patients at least once in DSRIP year one. This strategy will include all the EDs in WNY and leverage the clinical intervention staff being deployed by the PPS in these settings. By focusing the patient consent capture implementation efforts in these high volume front-line care settings, we expect to capture by the end of the first year, a high percentage of the Medicaid patients who have not already completed the HEALTHeLINK consent form. Combined with the HEALTHeLINK community-wide consent model, all PPS health care partners will have access to the vast majority of Medicaid patient's data via the SHIN-NY.	Completed	a. Identify key Medicaid engagement points. Our strategy is to identify the PCPs and other first line care providers or care coordinators that are likely to engage the Medicaid patients at least once in DSRIP year one. This strategy will include all the EDs in WNY and leverage the clinical intervention staff being deployed by the PPS in these settings. By focusing the patient consent capture implementation efforts in these high volume front-line care settings, we expect to capture by the end of the first year, a high percentage of the Medicaid patients who have not already completed the HEALTHeLINK consent form. Combined with the HEALTHeLINK community-wide consent model, all PPS health care partners will have access to the vast majority of Medicaid patient's data via the SHIN-NY.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task b. Train key Medicaid engagement points. The PPS will determine the practice outreach priorities and plan and imbed HEALTHeLINK patient consent capture training and processes in those PPS efforts. This will align HEALTHeLINK consent and services training efforts with the PPS priorities and assure a coordinated outreach to PPS partners.	Completed	b. Train key Medicaid engagement points. The PPS will determine the practice outreach priorities and plan and imbed HEALTHeLINK patient consent capture training and processes in those PPS efforts. This will align HEALTHeLINK consent and services training efforts with the PPS priorities and assure a coordinated outreach to PPS partners.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task c. Identify and train community based organizations in the HEALTHeLINK value message and consent capture. We will utilize	Completed	c. Identify and train community based organizations in the HEALTHeLINK value message and consent capture. We will utilize the PPS patient outreach efforts via faith-based organizations and other community based entities to reach	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
the PPS patient outreach efforts via faith-based organizations and other community based entities to reach the linguistically and culturally isolated communities in WNY. HEALTHeLINK will provide direct training and support to the staff of these organizations such that the HEALTHeLINK value message is imbedded in their community messages and outreach and they have the ability to work with patients to make informed consent choices.		the linguistically and culturally isolated communities in WNY. HEALTHeLINK will provide direct training and support to the staff of these organizations such that the HEALTHeLINK value message is imbedded in their community messages and outreach and they have the ability to work with patients to make informed consent choices.							
Task 3. Data-IT Governance Committee to address cultural sensitivity issues identified in c.	Completed	3. Data-IT Governance Committee to address cultural sensitivity issues identified in c.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task a. Prepare patient education material and consent form in multiple languages. We will identify the top five, non-English, first languages in the attributed patient population and provide translations in these languages of the patient consent form and patient educational material. Preliminarily, the top five, non-English languages spoken as a first language are: • Spanish • Karen • Arabic • Somali • Nepali This preliminary list is based on a paper by Subin Chung and Emily Riordan called "Immigrants, Refugees, and Languages Spoken in Buffalo," published October 2014. CPWNY will also reach out to practices and facilities for other languages that information may need to be translated to .	Completed	a. Prepare patient education material and consent form in multiple languages. We will identify the top five, non-English, first languages in the attributed patient population and provide translations in these languages of the patient consent form and patient educational material. Preliminarily, the top five, non-English languages spoken as a first language are: • Spanish • Karen • Arabic • Somali • Nepali This preliminary list is based on a paper by Subin Chung and Emily Riordan called "Immigrants, Refugees, and Languages Spoken in Buffalo," published October 2014. CPWNY will also reach out to practices and facilities for other languages that information may need to be translated to .	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Quarterly reporting through the development of metrics for patient engagement to the executive committee and success as related to	Completed	4. Quarterly reporting through the development of metrics for patient engagement to the executive committee and success as related to the engagement methods. HEALTHeLINK will provide to the PPS Data-IT Governance Committee monthly	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
the engagement methods. HEALTHeLINK will provide to the PPS Data-IT Governance Committee monthly reports by zip code indicating the percent of attributed Medicaid patients consented in that zip code and percent of total attributed Medicaid patients consented.		reports by zip code indicating the percent of attributed Medicaid patients consented in that zip code and percent of total attributed Medicaid patients consented.							
Milestone #5 Develop a data security and confidentiality plan.	Completed	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Perform an assessment survey to analyze current security protocols and risks	Completed	1. Perform an assessment survey to analyze current security protocols and risks	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 2. Define needs for PPS to access and establish protocols for protected data	Completed	2. Define needs for PPS to access and establish protocols for protected data	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task a. Use existing PPS members security policies and process for PPS	Completed	a. Use existing PPS members security policies and process for PPS	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Establish Data use/collection/exchange policies	Completed	3. Establish Data use/collection/exchange policies	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Security Audit plan established; process on it's function created	Completed	4. Security Audit plan established; process on it's function created	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Identify security gaps and implement mitigation strategies (e.g., via surveys, testing, pilots, roll-outs)	Completed	5. Identify security gaps and implement mitigation strategies (e.g., via surveys, testing, pilots, roll-outs)	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Receive PPS board approval for security plan	Completed	6. Receive PPS board approval for security plan	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Create ongoing data security progress report to Data-IT Governance Committee	Completed	7. Create ongoing data security progress report to Data-IT Governance Committee	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Regularly communicate security items (events,	Completed	8. Regularly communicate security items (events, changes) to PPS partners	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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changes) to PPS partners									

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	mdjohns	Templates	46_DY2Q3_IT_MDL51_PRES1_TEMPL_Milestone 1_Charits_DIGC_7976.pdf	CPWNY Milestone 1 Meeting Schedule Template - DY2 Q3	01/16/2017 09:58 AM
	mdjohns	Other	46_DY2Q3_IT_MDL51_PRES1_OTH_DSRIP_IT_ GAP_Recommendation_Plan12_5_16_with_Notes _added_7975.pdf	CPWNY GAP Recommendation Plan	01/16/2017 09:57 AM
Develop an IT Change Management Strategy.	mdjohns	Templates	46_DY2Q3_IT_MDL51_PRES2_TEMPL_M2_Traini ng_Schedule_7980.pdf	CPWNY Milestone 2 Training Schedule Template	01/16/2017 10:08 AM
	mdjohns	Templates	46_DY2Q3_IT_MDL51_PRES2_TEMPL_M2_DIGC _meetings_7979.pdf	CPWNY Milestone 2 Meeting Schedule Template	01/16/2017 10:07 AM
	mdjohns	Other	46_DY2Q3_IT_MDL51_PRES2_OTH_IT_Change_ Management_Strategy_narrative_7978.pdf	CPWNY Change Management Strategy narrative Milestone 2	01/16/2017 10:06 AM
Develop a specific plan for engaging attributed members in Qualifying Entities	mdjohns	Other	46_DY2Q3_IT_MDL51_PRES4_OTH_QE_Plan_na rrative_9579.pdf	CPWNY Qualified Entity Plan narrative - remediation DY2Q3	03/17/2017 11:04 AM
	mdjohns	Meeting Materials	46_DY2Q3_IT_MDL51_PRES4_MM_DSRIP_Data _IT_Minutes_12.1.16_7983.pdf	CPWNY DIGC Meeting Minutes 12.1.16	01/16/2017 10:14 AM
	mdjohns	Other	46_DY2Q3_IT_MDL51_PRES4_OTH_Qualified_E ntity_Pan_7982.pdf	CPWNY Qualified Entity Plan	01/16/2017 10:14 AM
Develop a data security and confidentiality plan.	mdjohns	Other	46_DY2Q3_IT_MDL51_PRES5_OTH_Annual_Revi ew_1_31_17_Encrypted_CPWNY_-_OHIP_DOS_System_Security_Plan_(SSP)_Mode rate_Plus_Workbook_(PS_Family)_2016-06-14_8731.docx	SSP workbook PS annual review	01/26/2017 08:16 AM
	mdjohns	Other	46_DY2Q3_IT_MDL51_PRES5_OTH_Annual_Revi ew_1_31_17_Encrypted_CPWNY_-_OHIP_DOS_System_Security_Plan_(SSP)_Mode	SSP workbook IR annual review	01/26/2017 08:16 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			rate_Plus_Workbook_(IR_Family)_2016-06-14_8730.docx		
	mdjohns	Other	46_DY2Q3_IT_MDL51_PRES5_OTH_Annual_Review_1_31_17_Encrypted_CPWNY_-_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AU_Family)2016-06-14_8729.docx	SSP workbook AU annual review	01/26/2017 08:15 AM
	mdjohns	Other	46_DY2Q3_IT_MDL51_PRES5_OTH_Annual_Review_1_31_17_Encrypted_CPWNY_-_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AT_Family)_2016-06-14_8728.docx	SSP workbook AT annual review	01/26/2017 08:15 AM
	mdjohns	Other	46_DY2Q3_IT_MDL51_PRES5_OTH_Annual_Reviw_1_31_17_Encrypted_CPWNY_-_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PE_Family)_2016-06-14_8727.docx	SSP workbook PE annual review	01/26/2017 08:14 AM
	mdjohns	Other	46_DY2Q3_IT_MDL51_PRES5_OTH_Data_Security_and_Confidentiality_Plan_narrative_7985.pdf	CPWNY Data Security & Confidentiality Plan narrative	01/16/2017 10:16 AM
	mdjohns	Templates	46_DY2Q3_IT_MDL51_PRES5_TEMPL_HIPAA_Training_Schedule_Template_7984.pdf	CPWNY Training Schedule Template	01/16/2017 10:15 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	

NYS Confidentiality – High

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	

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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in creating and implementing your IT governance structure, your plans for data sharing across your network, your approach to data security and confidentiality, and the achievement of the milestones described above, including the potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

All PPS members are coming from different backgrounds and at different levels of data exchange. Aligning those disparate environments will pose the PPS a great challenge. Mitigating this risk will require the standardization of population health/business intelligence tools, patient portals, clinical portals, care coordination platforms, and telehealth tools. There may be a lack of partner understanding of change control needs, which should be mitigated through regular communication and participation in workgroups. The Data Governance committee will have to monitor the risk of compliance with security policies. RHIO/SHIN-NY timelines may drive changes in implementation plans. Partners may be constrained fiscally in purchasing some of the tools required in the PPS; mitigation: CPWNY is actively working to secure grant funding to support IT capital needs.

Specific Initiatives (example):
1. The key Medicaid engagement points may not fully engage in the consent education and capture effort. Mitigation: Work with the PPS leadership to stress the criticality of patient consent capture and identify and address partner barriers to performing the capture of patient consent.
2. The speed and scale of the deployment to key Medicaid engagement points may exceed HEALTHeLINK's ability to support the effort. Mitigation: Consider funding an increase of staff to engage all the priority PPS partners for consent capture and utilization of HEALTHeLINK .
3. Consider funding an increase of staff to engage all the priority PPS partners for consent capture and utilization of HEALTHeLINK utilization. Mitigation: Consider funding temp staff to supplement partner organization staff to implement the consent education and capture.

IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The development of new IT infrastructure is a crucial factor for many other work streams, but in particular clinical integration, population health management, and performance reporting. We will need to work closely with the financial group as well, to review available capital and operating dollars for all the PPS members. Additional personnel resources will also be required to manage, implement, and support the projects funded, depending heavily on the workforce strategy team.

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IPQR Module 5.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
CIO (CMIO)	Dr. Michael Galang	Data-IT Governance, Strategy
Data-IT Governance Committee	Committee Membership	Oversight
Security and Infrastructure Lead	Pete Capelli	Security plan, Infrastructure plan
Data Lead	David Nielsen	Data exchange plan
PPS Partner Director	In process of hiring. Offer accepted.	Manage PPS Partner expectations
IT Project Manager	In process of hiring. Job description posted.	Progress reports, project portfolio
IT Applications/Platforms Project Manager	In process of hiring. Job description posted.	Application strategy
Behavioral Health Representation	Representative from Spectrum Human Services	Provide expertise for including sensitive information in IT integration

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IPQR Module 5.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Practitioner champions	Interface between IT and end-users	System design input
Chief Compliance Officer	Approver	Data Security Plan
Clinical/Quality Governance Committee	Approver	Clinical/Quality Plan
Finance Governance Committee	Approver	Capital and Operating Budget Plans
External Stakeholders		
HEALTHeLINK	RHIO Lead	RHIO Integration
EMR Partner(s)	EMR Vendor(s) Mgmt Team	EMR integration
NY DOH	Sponsor	Oversight and Funding
Health Plan Partners	Data Source	Provide Data

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IPQR Module 5.7 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

To be determined by the Data/IT Governance Committee. PMO office will utilize a PMO tool to rack deliverables and will be accessible to the lead of the IT work stream. It is perceived that regular reports will be given by the sub-groups on deliverables and key performance indicators. These reports should be given on a monthly basis at a minimum, and should include the following highlights:
- Tracking to the IT Strategic and Implementation Plans
- Documentation of process and workflow demonstrating EHR and other clinical integration platform implementations across PPS partners
- MU and PCMH tracking for PPS
- Documentation of patient engagement
- Evidence of use of telemedicine and/or other remote monitoring tools
-Evidence of specific clinical workflow implementation

IPQR Module 5.8 - IA Monitoring

Instructions :

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Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Completed	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	NO
Task 1. Identify individuals ultimately responsible for clinical and financial outcomes of specific projects. These individuals will be held accountable for the realization and continuous improvement needed for the success of the projects.	Completed	1. Identify individuals ultimately responsible for clinical and financial outcomes of specific projects. These individuals will be held accountable for the realization and continuous improvement needed for the success of the projects.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Establish process for communicating state provided data accessed through the MAPP tool to partners through existing templates and excel files as an interim solution until data can be integrated. Initiate development of CPWNY Performance Measurement System	Completed	2. Establish process for communicating state provided data accessed through the MAPP tool to partners through existing templates and excel files as an interim solution until data can be integrated. Initiate development of CPWNY Performance Measurement System	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Develop a CPWNY-wide policy and procedure to integrate data from various sources: Claims from health plans and salient data from MAPP tool; encounter data /EMR; RX claims, Lab data; cost data; HIE inclusive of oversight of the data	Completed	3. Develop a CPWNY-wide policy and procedure to integrate data from various sources: Claims from health plans and salient data from MAPP tool; encounter data /EMR; RX claims, Lab data; cost data; HIE inclusive of oversight of the data	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 4. Finalize arrangements with the Managed Care Organizations for the exchange of key information	Completed	4. Finalize arrangements with the Managed Care Organizations for the exchange of key information	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Develop a PPS wide Performance Measurement plan for process measures that support the projects and work streams, thereby driving outcomes	Completed	5. Develop a PPS wide Performance Measurement plan for process measures that support the projects and work streams, thereby driving outcomes	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Purchase/create Project Management Tool to track all process and outcome measures internally along with due dates and people responsible.	Completed	6. Purchase/create Project Management Tool to track all process and outcome measures internally along with due dates and people responsible.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Develop a CPWNY-wide roll out procedure /timeline for dissemination of data to providers Create plan and timeline for collection of data for each of the metrics across the DSRIP Projects, including who is responsible collecting and analyzing the data, where/how is the data going to be collected, frequency of collection, frequency of feedback to partners on performance.	Completed	7. Develop a CPWNY-wide roll out procedure /timeline for dissemination of data to providers Create plan and timeline for collection of data for each of the metrics across the DSRIP Projects, including who is responsible collecting and analyzing the data, where/how is the data going to be collected, frequency of collection, frequency of feedback to partners on performance.	06/30/2015	12/30/2015	06/30/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 8. Develop Rapid Cycle Evaluation strategy to include roll out by existing PCMH practices, those up for renewal, then those providers new to PCMH. Will include care management advisors, physician champions and clinical transformation specialists in performing training at site visits as well as WebEx. See in-depth strategy in performance reporting culture for training.	Completed	8. Develop Rapid Cycle Evaluation strategy to include roll out by existing PCMH practices, those up for renewal, then those providers new to PCMH. Will include care management advisors, physician champions and clinical transformation specialists in performing training at site visits as well as WebEx. See in-depth strategy in performance reporting culture for training.	06/30/2015	12/30/2015	06/30/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 9. Develop an assessment strategy and perform assessment of EMR capabilities of partners - which EMR's care report on what metrics, what	Completed	9. Develop an assessment strategy and perform assessment of EMR capabilities of partners - which EMR's care report on what metrics, what EMRs will be barriers to reporting	06/30/2015	03/30/2016	06/30/2015	03/30/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
EMRs will be barriers to reporting									
Task 10. Develop assessment of data to be utilized for performance dashboards. Review current clinical quality and performance dashboards from across community partners. Review and verify metrics across the DSRIP projects and create a dashboard(s) for performance improvement, inclusive of health plan quality metrics (MAPP salient data), EMR data, claims , CAHPS.	Completed	10. Develop assessment of data to be utilized for performance dashboards. Review current clinical quality and performance dashboards from across community partners. Review and verify metrics across the DSRIP projects and create a dashboard(s) for performance improvement, inclusive of health plan quality metrics (MAPP salient data), EMR data, claims , CAHPS.	06/30/2015	03/30/2016	06/30/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 11. Create plan and timeline for collection and communication of data (performance reporting plan) for each of the metrics across the DSRIP Projects, including who is responsible collecting and analyzing the data, where/how is the data going to be collected, frequency of collection, frequency of feedback to partners on performance.	Completed	11. Create plan and timeline for collection and communication of data (performance reporting plan) for each of the metrics across the DSRIP Projects, including who is responsible collecting and analyzing the data, where/how is the data going to be collected, frequency of collection, frequency of feedback to partners on performance.	06/30/2015	03/30/2016	06/30/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 12. Review and approval of performance reporting plan by Clinical Governance Committee and reporting to Executive Governance.	Completed	12. Review and approval of performance reporting plan by Clinical Governance Committee and reporting to Executive Governance.	12/30/2015	03/30/2016	12/30/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 13. Develop a training plan to partners on Rapid Cycle Evaluation- strategy is roll out by existing PCMH practices, those up for renewal, then those providers new to PCMH. Will include care management advisors , physician champions and clinical transformation specialists in performing training at site visits as well as WebEx. See in-depth strategy in performance reporting culture.	Completed	13. Develop a training plan to partners on Rapid Cycle Evaluation- strategy is roll out by existing PCMH practices, those up for renewal, then those providers new to PCMH. Will include care management advisors , physician champions and clinical transformation specialists in performing training at site visits as well as WebEx. See in-depth strategy in performance reporting culture.	06/30/2015	03/30/2016	06/30/2015	03/30/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Completed	Finalized performance reporting training program.	06/30/2015	03/30/2016	06/30/2015	03/30/2016	03/31/2016	DY1 Q4	NO
Task	Completed	1. Assess partners for what type of training has already	06/30/2015	12/30/2015	06/30/2015	12/30/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
1. Assess partners for what type of training has already occurred		occurred							
Task 2. Assess training capacity, particularly at program levels, to sustain quality and performance initiatives. Evaluate need for " train the trainers" or a designated Partners QA point person--depending on capacity. Currently CMP employes staff that have been trained n PDSA and also are PCMH certified trainers. They will impart RCE method beyond practitioners to include system navigators, care coordinators, and similar boundary spanners.	Completed	2. Assess training capacity, particularly at program levels, to sustain quality and performance initiatives. Evaluate need for " train the trainers" or a designated Partners QA point person--depending on capacity. Currently CMP employes staff that have been trained n PDSA and also are PCMH certified trainers. They will impart RCE method beyond practitioners to include system navigators, care coordinators, and similar boundary spanners.	06/30/2015	03/30/2016	06/30/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 3. Create a plan for when we identify practices, partners or physicians who are in need of performance improvement on one or more measures. This plan will include rapid cycle evaluation (PDSA model), and other intervention opportunities including the use of regional physician leads/Medical Directors (currently in place at CMP) additional educational opportunities, shifting of performance dollars to create a culture of performance improvement	Completed	3. Create a plan for when we identify practices, partners or physicians who are in need of performance improvement on one or more measures. This plan will include rapid cycle evaluation (PDSA model), and other intervention opportunities including the use of regional physician leads/Medical Directors (currently in place at CMP) additional educational opportunities, shifting of performance dollars to create a culture of performance improvement	06/30/2015	12/30/2015	06/30/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 4. Develop training content (see step 5)including Rapid Cycle Evaluation techniques. Insure that the training plan includes SUD services and is across the continuum of care, across service types and modalities.	Completed	4. Develop training content (see step 5)including Rapid Cycle Evaluation techniques. Insure that the training plan includes SUD services and is across the continuum of care, across service types and modalities.	06/30/2015	12/30/2015	06/30/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 5. RCE method will include videos: https://www.youtube.com/watch?v=_-ceS9Ta820&feature=youtu.be and https://www.youtube.com/watch?v=eYoJxjmv_QI&feature=relmfu Teaching Procedure/Instructional Events (PLAN) 1. The educator will explain that the purpose for	Completed	5. RCE method will include videos: https://www.youtube.com/watch?v=_-ceS9Ta820&feature=youtu.be and https://www.youtube.com/watch?v=eYoJxjmv_QI&feature=relmfu Teaching Procedure/Instructional Events (PLAN) 1. The educator will explain that the purpose for today's session is to come up with a goal or "aim" to use for	06/30/2015	03/30/2016	06/30/2015	03/30/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
today's session is to come up with a goal or "aim" to use for improvement in the office. 2. The educator will distribute a packet of information to representatives from the practice reflecting current measures in that practice. 3. The participants will be asked to examine their data as a group. 4. The participants will be asked to select one area for improvement based on the data that they have just examined. This will include a demographic population, and area for improvement within that population. 5. The educator will lead a group discussion where he/she will ask each group "what is your aim?" 6. The educator will then ask each group what data they used to reach their aim. 7. The educator will finally ask how they believe that aim will reduce unnecessary costs in the practice 8. The educator will explain that for the next [time period] the practice will record and examine the data in their aim.		improvement in the office. 2. The educator will distribute a packet of information to representatives from the practice reflecting current measures in that practice. 3. The participants will be asked to examine their data as a group. 4. The participants will be asked to select one area for improvement based on the data that they have just examined. This will include a demographic population, and area for improvement within that population. 5. The educator will lead a group discussion where he/she will ask each group "what is your aim?" 6. The educator will then ask each group what data they used to reach their aim. 7. The educator will finally ask how they believe that aim will reduce unnecessary costs in the practice 8. The educator will explain that for the next [time period] the practice will record and examine the data in their aim.							
Task Roll out of RCE method will start with a refresher for practices that have undergone this training from CMP and then for new practices and organizations in the PPS.(practices that currently have PCMH must have quality plans in place)	Completed	Roll out of RCE method will start with a refresher for practices that have undergone this training from CMP and then for new practices and organizations in the PPS.(practices that currently have PCMH must have quality plans in place)	06/30/2015	03/30/2016	06/30/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Consideration of high volume Medicaid practices as priority implementation.	Completed	Consideration of high volume Medicaid practices as priority implementation.	06/30/2015	12/30/2015	06/30/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 4. Initiate the scheduling of performance reporting and RCE training in various venues (WebEx, in-person, group sessions, conference calls)	Completed	4. Initiate the scheduling of performance reporting and RCE training in various venues (WebEx, in-person, group sessions, conference calls)	06/30/2015	12/30/2015	06/30/2015	12/30/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5. Plan for assessing training outcomes - ex: successful cooperation in reporting results and PDSA applied to improve results, quality improvement plans reflecting utilization of the PDSA.	Completed	5. Plan for assessing training outcomes - ex: successful cooperation in reporting results and PDSA applied to improve results, quality improvement plans reflecting utilization of the PDSA.	06/30/2015	12/30/2015	06/30/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 6. Roll out training for performance reporting and performance improvement	Completed	6. Roll out training for performance reporting and performance improvement	06/30/2015	03/30/2016	06/30/2015	03/30/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	dcao	Training Documentation	46_DY2Q3_PR_MDL61_PRES2_TRAIN_Performance_Reporting_Milestone_2_Training_Schedule_Oct.,_Nov.,_Dec_8616.xlsx	Quarterly training dates from partners.	01/25/2017 11:09 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	

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IPQR Module 6.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing performance reporting structures and processes and effective performance management within your network, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

The main risks and challenges include: 1. software/EMR barriers to obtain the information in a consistent manner so that performance reporting is able to be compared and improved upon. This can be a vendor engagement issue, a lack of IT, or an IT system that is lacking in certain capabilities. 2. lack of provider or practice/hospital staff engagement ; These 2 risks and challenges can impact all projects as we want to follow all Medicaid patients, regardless of attribution, to insure they are engaged and involved in the programs offered to the best of our abilities. If provider is engaged then resources that the PPS offers will be utilized to engage patients. If providers are not engaged then we will need to do provider performance remediation through the Clinical Governance committee and Executive Board as well as forming a peer group to address the issues. The peer group may be in the form of an actual committee or singular providers who make outreach visits to assist the providers needing engagement enhancement. Can also provide success stories on the PPS website. Another challenge is skill set of staff being asked to implement some of these performance improvement interventions. With the training and educational sessions we hope to mitigate this risk. Lack of provider engagement may evolve if the provider is in more than one PPS - this can be mitigated with a team approach by CPWNY and other area PPSs - our medical directors have already begun discussion regarding this and will plan a coordinated effort on " who is working with whom" and provide reciprocal updates.

IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The success of performance reporting work stream is dependent on the Governance work stream and the expectations of leadership. A culture of accountability emanates from the governance structure of CPWNY. For performance improvement and reporting the entire system is interdependent on IT systems and processes: If the IT systems are not able to provide the data needed to evaluate performance on a timely and reliable manner, the process and engagement will be weakened as well as the ability to financially reward or hold partners accountable for their performance. Through our experiences we will develop ways to have partners, providers report on data in different formats on common metrics to mitigate other dependencies. We are ensuring through education of office staff (Workforce Strategy work stream) that providers documentation is standardized and queryable. Successful performance reporting is a representation of data integration capabilities and of effective policies and procedures of CPWNY. Practitioner Engagement impacts performance as well as it is a crucial dependency for the performance reporting culture. Clinical Integration work stream is the goal that Performance Reporting, Practitioner Engagement, IT systems and Workforce revolves around.

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IPQR Module 6.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Director of Clinical Transformation	Sarah Cotter-CMP	Involved in performing EMR assessments, data abstraction plan, training program and RCE
Director of Care Management	Peggy Smering - CMP	Involved in training/education development, RCE and patient/provider engagement opportunities
Director of Information Technology	David Nielsen	Data abstraction plan, and data analytics
Director of Medical Policies and Accreditations	Patricia Podkulski	Policies and procedures
Clinical and quality Governance Committee	Carlos Santos, MD	Oversight of performance and reporting
Project teams	Team members	Responsible for the successful project implementation -- will be insuring data received is evaluated and reflective of accurate performance
Finance Governance Committee	J. Dunlop, M. Osborne, B. Stelmach,	Responsible for the successful project implementation -- will be insuring data received is evaluated and reflective of accurate performance
Practitioner Territory Leads	Dr DeGraves, Dr. Stehlik, Dr Laurie, Dr Martinke and another for Chautauqua county	Work with improving practitioner engagement, and EMR content experts.

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IPQR Module 6.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Catholic Health System	Leadership role	Lead partners, provide support
Catholic Medical Partners	Leadership role	Serve as project management office for CPWNY
Partner Hospitals	Participatory role	Promote involvement of providers and provide data for integration by PPS
Partner IT departments	Data aggregator and integrator	Tech support, implementation of systems to enable reporting
Executive Governing Board	Accountability for PPS success	Ultimately responsible for the direction of the PPS as it pertains to quality outcomes and reporting initiatives
Physician Practices	Partners	Utilize EBM and drive performance
External Stakeholders		
HEALTHeLINK	data provider and integrator	Provide patient data from non partners as well as partners
Crimson	vendor	Provides data integration and population health tools
DOH	Data provider	Provides claims information and also desires to improve care for Medicaid population
Managed Care Organizations	Contracting and supply data	Supply PPS with data on Medicaid enrollees and metrics needing
Medicaid enrollees	engagement of enrollee impacts performance reporting	Engagement and improved metrics

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IPQR Module 6.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support your approach to performance reporting.

The overarching goal is an integrated delivery system functioning in a data-driven paradigm through which the highest quality care is provided to patients in the most cost-effective setting with a focus on prevention and maintenance of health care. The specific challenge and considerations are the assessment of all partners and what systems are currently capable of reporting, consistency based on data definitions of the reporting, integration of patient information across the continuum of care and being able to abstract the information to produce meaningful reports (utilization, satisfaction , quality outcomes , inclusive of cultural ,language and ethnic impact). Data will need to be collated from claims (Salient and managed care data) and the EMR. The most challenging will be from all other levels of care such as tertiary, nursing homes, etc. The goal also includes ongoing optimization of utilization at all levels of care to avoid unnecessary and redundant services. Care management and coordination will be the primary drivers of IT . Performance measures of reductions in ER and inpatient utilization and increase quality measure performance for outpatient measures will be the goals to strive to reflecting the impact of effective care management and coordination of care.

IPQR Module 6.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

The purpose of performance measurement is to make progress toward specific objectives that support an organization's overarching goals. First we need to evaluate organizational priorities. CPWNY will need to align our organizational goals; demonstrate a relationship to positive health outcomes; determine what is under the control of the health care system; that the results are valid and reliable ; demonstrate a relationship to positive health outcomes. Using a mix of structural, process, and outcome measures CPWNY will provide a comprehensive picture of our organization's health care quality. Outcome measures are essential because they show direct impact on patient health. Structural and process measures can be used in cases where outcome measures are not available or feasible. We will use these measures to identify the challenges in our organization in achieving optimum patient outcomes.
Initially, measures will use data that our PPS already collects or could collect using existing resources. Once the measurement process is more advanced, we will utilize additional resources necessary to capture data for additional performance measurement. These data will help determine whether a change we make is actually contributing to an improvement. The adjustment in data gathering and processing will be made using the Rapid Cycle Evaluation method.
Success will be measured by the process measure achievement, clinical quality outcomes, and adherence to projected performance reporting timeframes. Reports will be generated that indicate individual practitioner's and group practice's performance, compared to baselines and benchmarks, and to encourage peer to peer motivation. CPWNY will continue to measure performance, to assess the impact of reporting standards, and to make sure they don't result in unintended consequences such as under utilization.

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IPQR Module 6.9 - IA Monitoring

Instructions :

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Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	Completed	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	NO
Task Step 1…Development of CPWNY website with information to public and partner, utilize CMP website, which is a professional association	Completed	Step 1…Development of CPWNY website with information to public and partner, utilize CMP website, which is a professional association	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2…Appoint regional partner professional leads (physicians, nurse practitioners, etc.) to work with all the providers particularly those who are not currently engaged. We will utilize public relations tools that will be instrumental to educate and encourage participation of providers. CMP currently has this in place for Erie and Niagara county but will need to expand to Chautauqua.	Completed	Step 2…Appoint regional partner professional leads (physicians, nurse practitioners, etc.) to work with all the providers particularly those who are not currently engaged. We will utilize public relations tools that will be instrumental to educate and encourage participation of providers. CMP currently has this in place for Erie and Niagara county but will need to expand to Chautauqua.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3…Appoint representatives for relevant governing bodies such as the Clinical Governance Committee, with representatives of	Completed	Step 3…Appoint representatives for relevant governing bodies such as the Clinical Governance Committee, with representatives of CPWNY partners inclusive of such professions as quality, providers, community services, and	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
CPWNY partners inclusive of such professions as quality, providers, community services, and nursing.		nursing.							
Task Step 4…Draft a communication plan: 1. Utilize Clinical transformation specialists to obtain information from practices and partners that can be reported to the CGC and/ or Medical Director of DSRIP. 2. Create a policy and procedure for communication. 3. Open forum meetings for partners to attend, with an WebEx option.	Completed	Step 4…Draft a communication plan: 1. Utilize Clinical transformation specialists to obtain information from practices and partners that can be reported to the CGC and/ or Medical Director of DSRIP. 2. Create a policy and procedure for communication. 3. Open forum meetings for partners to attend, with an WebEx option.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 5… Develop a process for standard performance reports for professional groups utilizing key representatives for input and development, addressing who, what, when, where and why of standard performance reports.	Completed	Step 5… Develop a process for standard performance reports for professional groups utilizing key representatives for input and development, addressing who, what, when, where and why of standard performance reports.	07/01/2015	03/30/2016	07/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task BROAD BASED TRAINING: Step 1…Provide DSRIP introductory brochure to all partners explaining who the PPS is, intent of the program, contacts, webpage, etc	Completed	BROAD BASED TRAINING: Step 1…Provide DSRIP introductory brochure to all partners explaining who the PPS is, intent of the program, contacts, webpage, etc	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task BROAD BASED TRAINING: Step 2… Overall "all Partner" meetings to be held , one introductory , one community wide with overlapping PPS, and semi annual (minimally) thereafter. Included in these meetings will be quality improvement activities and performance reporting. May be presented through PAC meetings as well.	Completed	BROAD BASED TRAINING: Step 2… Overall "all Partner" meetings to be held , one introductory , one community wide with overlapping PPS, and semi annual (minimally) thereafter. Included in these meetings will be quality improvement activities and performance reporting. May be presented through PAC meetings as well.	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task	Completed	PRACTITIONER and PROFESSIONAL GROUP trainings:	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PRACTITIONER and PROFESSIONAL GROUP trainings: Step 1… Development of education plan for Provider Territory leads focused on goals of DSRIP, CPWNY projects, and work streams with main themes such as care coordination, BEHAVIORAL HEALTH, value based payment, care management, and clinical integration. Training may be at offices, on WebEx, written materials		Step 1… Development of education plan for Provider Territory leads focused on goals of DSRIP, CPWNY projects, and work streams with main themes such as care coordination, BEHAVIORAL HEALTH, value based payment, care management, and clinical integration. Training may be at offices, on WebEx, written materials							
Task PRACTITIONER and PROFESSIONAL GROUP trainings: Step 2…Development of training for the trainers to assist regional provider territory leads in the dissemination of DSRIP. Training will be for the clinical transformation team and care management teams as they are subject matter experts in care transformation.	Completed	PRACTITIONER and PROFESSIONAL GROUP trainings: Step 2…Development of training for the trainers to assist regional provider territory leads in the dissemination of DSRIP. Training will be for the clinical transformation team and care management teams as they are subject matter experts in care transformation.	10/01/2015	03/30/2016	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task PRACTITIONER and PROFESSIONAL GROUP trainings: Step 3…Leverage trainers and regional territory providers to implement DSRIP education plan that includes but not limited to the following topics: functions of clinical transformation team and enhanced care management team, core goals of CPWNY DSRIP projects, population health, resources available, roles of practitioners in the projects, services and support available to providers/practices to help them improve the efficiency of their operations, new lines of clinical accountability and the expectations around clinical integration, payment methodologies, IT and data sharing goals, and success stories. Education may be in the form of webinars, in person, telephone conference calls to the convenience of the audience.	Completed	PRACTITIONER and PROFESSIONAL GROUP trainings: Step 3…Leverage trainers and regional territory providers to implement DSRIP education plan that includes but not limited to the following topics: functions of clinical transformation team and enhanced care management team, core goals of CPWNY DSRIP projects, population health, resources available, roles of practitioners in the projects, services and support available to providers/practices to help them improve the efficiency of their operations, new lines of clinical accountability and the expectations around clinical integration, payment methodologies, IT and data sharing goals, and success stories. Education may be in the form of webinars, in person, telephone conference calls to the convenience of the audience.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6...DSRIP training to partner providers	Completed	Step 3...DSRIP training to partner providers completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
completed									
Task Step 7…Survey of participants of training/education in order to ascertain training outcomes and future training needs	Completed	Step 7…Survey of participants of training/education in order to ascertain training outcomes and future training needs	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 8….Extension of Step 7 on an annual basis to provide continuing education throughout DSRIP process based on needs	Completed	Step 8….Extension of Step 7 on an annual basis to provide continuing education throughout DSRIP process based on needs	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 9….Training offerings may occur as large PPS meeting, collaborative meetings with Millennium PPS, as webinars, organizational and as territory meetings.	Completed	Step 9….Training offerings may occur as large PPS meeting, collaborative meetings with Millennium PPS, as webinars, organizational and as territory meetings.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop Practitioners communication and engagement plan.	mdjohns	Templates	46_DY2Q3_PRCENG_MDL71_PRES1_TEMPL_1.20.16_DY_2Q3_Practitioner_engagement_Meeting_Schedule_Template_8592.xlsx	DY2Q3 Practitioner Engagement Meeting Schedule Template	01/25/2017 10:29 AM
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	mdjohns	Templates	46_DY2Q3_PRCENG_MDL71_PRES2_TEMPL_1.20.17_DY2Q3_Practitioner_training_Schedule__8593.xlsx	DY2Q3 Practitioner Training Schedule	01/25/2017 10:30 AM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	

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IPQR Module 7.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the current level of engagement of your physician community in the DSRIP program and describe the key challenges or risks that you foresee in implementing your plans for physician engagement and achieving the milestones described above. Describe any potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Communication across such a large group of disparate partners will be a challenge. Currently partners who are also members of Catholic Medical Partners have been engaged in the DSRIP program. Information has been provided at committee meetings, newsletters, and a website. There is practitioner participation at every committee. CPWNY has a communication team that will ensure roll out of timely communication. Another risk is that practitioners do not see the benefit of resources in the office. This will be mitigated by peer teams meetings with those practitioners to introduce and share their best practices. Practitioner engagement will also be defined in practitioners /partner agreements , which incorporates obligations and remediation/consequences for lack of engagement. Reliance on a web portal for the providers is another risk and may lead to subsequent "information overload". This aspect may be mitigated with periodic phone call outreach and office visits by the Clinical Transformation team, enhanced care managers, social workers. Every contact by CPWNY resource staff will be an opportunity to provide information and engage the provider as well as the office manager. CMP has had a great deal of success with office manager meetings to impart information and engage the providers-- this strategy will be adapted for DSRIP. There is also a risk of conflicting information from an overlapping PPSs. This will be mitigated and has already been discussed between the Medical Directors of the PPSs. The preliminary plan is to coordinate provider engagement activities so that providers are primarily engaged by just one of the overlapping PPSs. Funds flow formulas will be clearly communicated along with performance and reporting obligations to DSRIP partners to avoid the risk of any misunderstandings. This will be further mitigated by including the office managers in training sessions and a recorded webinar /telephone conferences for those needing more information as well as contact personnel in the DSRIP office. Currently CMP has trained personnel performing many of the aforementioned duties with minimal turnover. There will be a need to train more people to work with practices and providers for an aggressive roll out.

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Practitioner engagement impacts the following work streams: clinical integration (if the practitioner is not engaged then all the policies and procedures as well as funding will not make a difference in patient care for the Medicaid population. There must be a common goal, a belief that one can make a difference and we can learn from each other on successes and failures); population health (to run reports and focus efforts on aspects of a population the practitioner must be engaged and see the need for succinct and accurate information); cultural competency and health literacy (If the practitioner is not engaged then they may not be concerned about failure to reach goals, which may be related to the inability to understand a population based on culture, language and ethnicity); governance (may impact practitioner engagement as it sets the tone for communication, motivation, purpose, and financial performance incentives); IT performance (lack of effective IT infrastructure will discourage practitioners and will be a barrier to DSRIP project achievement, as will low utilization of IT infrastructure and/or the failure to adopt IT tools).

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IPQR Module 7.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Executive Governance Board	Members	DSRIP project oversight
Clinical Governance Committee	Members	DSRIP project oversight
Medical Lead	Dr. Carlos Santos	Lead facilitator for practitioner engagement
Clinical Transformation	Sarah Cotter	Leads for practice transformation, communication and data gathering
Director DSRIP Projects	In process of hiring	Ensure projects are on task
Director IT and Health information	Dr. Michael Galang	Data integration
Care Management department	Peggy Smering	Work with practices and practitioners, impart information
Regional physician leads	Dr. Stehlik, Dr. DeGraves, Dr. Laurie, Dr. Martinke and Dr. Santos	Provide information and education to practices and practitioners regarding DSRIP program to encourage participation
Community based providers	Urban League, Evergreen, Calvary Food pantry, Catholic Charities etc	Provide information and education to practices and practitioners regarding DSRIP program to encourage participation and relationships with the CBO
Behavioral Health providers	Spectrum, Horizons	Provide information and education to practices regarding behavioral health services and relationships (colocation for example) DSRIP program to encourage participation

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IPQR Module 7.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Internal stakeholders and External stakeholders	Strategy to engage key stakeholders will be conducted the project leads, the CBO liason, the territory leads and will include organizational meetings, town hall meetings, project specific meetings , webinars, surveys, phone conferences and face to face as well as contracts.	Engage key stakeholders.
Community Based Organizations	Supportive	Provide assistance to practitioners in meeting patient needs
All Providers	Need to become engaged in program	Work with patients and engage in determining the success of the projects
Safety Net providers	Need to become engaged in program	Work with patients and engage in determining the success of the projects
External Stakeholders		
P2 Collaborative	Support, rollout assistance	Practice transformation
NYS DOH	funding, guidance	Success in Medicaid management
Population-Medicaid	Targeted population	Engaged practitioner, engaged patient

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IPQR Module 7.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

Patient Information is fragmented by provider, payer and sites of service. There are multiple EMR' s utilized by the practitioners and different processes at each site of service in the PPS. The development of a strong IT infrastructure will integrate patient information and provide a comprehensive patient health record which will satisfy the need to provide practitioners with timely, accurate, complete patient information. This will provide a major sense of satisfaction for the provider and , in turn, promote engagement in the DSRIP program. We also expect there will be regional collaboration regarding IT integration solutions in the area of communication tools, care management records and data analytic reporting mechanisms (Crimson , GSI, etc.)

IPQR Module 7.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Practitioners' engagement success will be measured by: 1. The ability of the provider to work with their practice office staff and be involved as a team with delegated responsibilities as evidenced by results of provider surveys; 2. responses from patient experience surveys; 3. progress on assignments that are given by the Clinical Transformation team in attainment of PCMH; and 4. quality team formation within the office that is involved with performance reporting and rapid cycle evaluation (RCE). Progress reports will be a combination of anecdotal assessments by the Clinical Transformation team (completion of assignments by the practice), the Care Management team (effectiveness of managing the patient barriers to care) and the Regional Lead physicians (practitioner meetings) as well as results in quality outcome reports and patient experience surveys.

IPQR Module 7.9 - IA Monitoring

Instructions :

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Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	Completed	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task According to IHI Leadership Blog, March 19, 2014 (web accessed March 26, 2015) , Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group. Population medicine is the design, delivery, coordination, and payment of high-quality health care services to manage the Triple Aim for a population using the best resources we have available to us within the health care system. The efforts today such as the Accountable Care Organization, risk stratification methods, patient registries, Patient Centered Medical Home, and other models of team-based	Completed	According to IHI Leadership Blog, March 19, 2014 (web accessed March 26, 2015) , Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group. Population medicine is the design, delivery, coordination, and payment of high-quality health care services to manage the Triple Aim for a population using the best resources we have available to us within the health care system. The efforts today such as the Accountable Care Organization, risk stratification methods, patient registries, Patient Centered Medical Home, and other models of team-based care are all part of a comprehensive approach to population medicine and population health. Step 1....CPWNY Population health management roadmap, based off of the Catholic Medical Partners ACO and inclusive	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
care are all part of a comprehensive approach to population medicine and population health. Step 1....CPWNY Population health management roadmap, based off of the Catholic Medical Partners ACO and inclusive of population medicine, includes the following actions:		of population medicine, includes the following actions:							
Task a. Analyze current status of EMR systems used, data available to supplement our MAPP tool, the status of meaningful use and status of PCMH in relevant provider organizations. Create a work plan and timelines for getting practices at Level 3 PCMH and MU to achieve both by year end DY3.	Completed	a. Analyze current status of EMR systems used, data available to supplement our MAPP tool, the status of meaningful use and status of PCMH in relevant provider organizations. Create a work plan and timelines for getting practices at Level 3 PCMH and MU to achieve both by year end DY3.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task b. Assign each PCP practice a CPWNY clinical transformation specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. CPWNY care management advisors (CMA) will also assess workforce capabilities to perform population health . CMA will be assigned to assist with high risk /challenging patients and mentor staff at offices.	Completed	b. Assign each PCP practice a CPWNY clinical transformation specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. CPWNY care management advisors (CMA) will also assess workforce capabilities to perform population health . CMA will be assigned to assist with high risk /challenging patients and mentor staff at offices.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task c. Complete a workforce assessment of provider practices care management capabilities , including staff skills and resources required to manage the key conditions identified in the population via registries.	Completed	c. Complete a workforce assessment of provider practices care management capabilities , including staff skills and resources required to manage the key conditions identified in the population via registries.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task d. Adopt evidence based clinical practice guidelines and establish metrics for each clinical area to monitor progress in managing population health.	Completed	d. Adopt evidence based clinical practice guidelines and establish metrics for each clinical area to monitor progress in managing population health.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task e. Incremental Approach to population health: Start with clinical data to prioritize patients within the key disease states at offices; build in claims	Completed	e. Incremental Approach to population health: Start with clinical data to prioritize patients within the key disease states at offices; build in claims data to get holistic population view; use visits and partnerships to capture patient data; deploy	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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data to get holistic population view; use visits and partnerships to capture patient data; deploy team to fill in remaining data gaps on riskiest patients; incorporate social and behavioral risk factors into segmentation (refer to step 8) , prioritize pts by greatest benefit potential.		team to fill in remaining data gaps on riskiest patients; incorporate social and behavioral risk factors into segmentation (refer to step 8) , prioritize pts by greatest benefit potential.							
Task f. The targeted population is based on chronic condition prevalence from the community needs assessment population health data on behavioral health, cardiovascular conditions, high hospital utilizers and HCC scores > 1.1 (stratification methodology) , and those patients with social determinants and disparities as barriers to care. By including social determinants and disparities, population health is fluid and not restricted to a disease entity /condition but can focus on preventive care as well.	Completed	f. The targeted population is based on chronic condition prevalence from the community needs assessment population health data on behavioral health, cardiovascular conditions, high hospital utilizers and HCC scores > 1.1 (stratification methodology) , and those patients with social determinants and disparities as barriers to care. By including social determinants and disparities, population health is fluid and not restricted to a disease entity /condition but can focus on preventive care as well.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task g. As registries are implemented, monitor integrity of data to be used to identify success of population health -Integrity includes but not limited to the following: are providers documenting in queryable fields, is the data pulling on patients based on data definitions, completeness of data.	Completed	g. As registries are implemented, monitor integrity of data to be used to identify success of population health -Integrity includes but not limited to the following: are providers documenting in queryable fields, is the data pulling on patients based on data definitions, completeness of data.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task h. Develop registries so that data can be dissected to compare patient outcomes based on race, ethnicity and language to identify disparities thereby increasing provider awareness.	Completed	h. Develop registries so that data can be dissected to compare patient outcomes based on race, ethnicity and language to identify disparities thereby increasing provider awareness.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task i. Crimson data warehouse and MedInsight rollout will enable CPWNY to use collected patient data (EMR, MAPP) to attribute patents and produce utilization and quality reports: will support identification and prioritization of improvement initiatives; identification of health	Completed	i. Crimson data warehouse and MedInsight rollout will enable CPWNY to use collected patient data (EMR, MAPP) to attribute patents and produce utilization and quality reports: will support identification and prioritization of improvement initiatives; identification of health disparities and; will collate information into PPS registries that identify gaps in care and needed interventions, thereby creating dashboards for the	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
disparities and; will collate information into PPS registries that identify gaps in care and needed interventions, thereby creating dashboards for the PPS and providers to monitor.		PPS and providers to monitor.							
Task j. Identify and develop training programs needed to further develop practices for PCMH and attain PCMH, Meaningful Use and Population Health objectives.	Completed	j. Identify and develop training programs needed to further develop practices for PCMH and attain PCMH, Meaningful Use and Population Health objectives.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2…Approval of population roadmap by Clinical Governance Board	Completed	Step 2…Approval of population roadmap by Clinical Governance Board	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4	NO
Task Analyze creative use of inpatient beds such as increasing hospice or enhanced surgical lines	Completed	Analyze creative use of inpatient beds such as increasing hospice or enhanced surgical lines	04/01/2015	12/30/2016	10/01/2016	12/30/2016	12/31/2016	DY2 Q3	
Task CPWNY Hospital partners have no intentions of reducing the certificate of bed occupancy levels.	On Hold	CPWNY Hospital partners have no intentions of reducing the certificate of bed occupancy levels.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop population health management roadmap.	mdjohns	Other	46_DY2Q3_PHM_MDL81_PRES1_OTH_DY_2_Q3_population_health_roadmap_narrative_8598.docx	DY2Q3 population health roadmap narrative	01/25/2017 10:35 AM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	
Finalize PPS-wide bed reduction plan.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Ongoing	

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IPQR Module 8.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

The key challenge (risk) for population health is practitioner practice engagement- PCMH and meaningful use require an office transformation that can be complex and challenging. By meeting PCMH and Meaningful use standards the practices will be positioned to provide evidence based care with open access. To mitigate challenges, a clinical transformation person will be assigned to the provider office to assist and to provide guidance and oversight to insure the PCMH/meaningful use standards are met. Trained workforce gaps may exist and pose a risk within the mitigation strategy but CMP (the project team for CPWNY) has a pool of competent and seasoned trained staff that can mentor new staff and close workforce gaps. Another risk is lack of patient engagement in population health --For those patients facing socioeconomic challenges CPWNY will provide social worker resources to create linkages and means to deliver the care needed. CPWNY will also provide the support of care managers assisted by community health workers. Another risk is the ability to transform the IT systems fast enough (EMR issues, report issues) so that the PPS has central information to guide task groups that guide practitioners. This will be mitigated by reverting to an office registry vs. a central registry until a central registry is available. This will enable population health management to succeed. Having overlapping PPSs in the area may create confusion for the providers and patients, particularly if mixed messages are being delivered. To mitigate this the Medical Directors from the overlapping PPSs have agreed to discuss strategies, have regular communication, and work in alignment with providers. The overlapping PPSs will have Crimson and are discussing utilizing GSI platform (communication tools, care management records and data analytic reporting mechanisms).

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Population health is dependent on IT Systems and processes (need a robust data gathering and integrator system), Practitioner Engagement (if providers are not engaged then there will be minimal patient engagement), Cultural Competency (need to consider barriers to patient care, lack of patient education, lack of empathy). If practitioners do not understand the patient or vice verse , inclusive of cultural beliefs, then no health improvement initiative can be realized. Clinical Integration is necessary as it centers on "the patient, the person" with information access to enhance the patient's health care experience as well as provide feedback to the provider and PPS on the impact of population health interventions. Performance reporting is a reciprocal dependency -- it demonstrates impact of possible successful population health strategies as well as reward the provider that he/she is "making a difference."

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IPQR Module 8.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational work stream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Population Health Management Workstream Lead	Patricia Podkulski	Oversee the population health strategy and workstream and report to the Project Director CPWNY for EGB update
Clinical Transformation office	Sarah Cotter	Assess, analyze practices for PCMH and Meaningful use inclusive of resources, gaps, solutions, oversight, training
IT Team	David Nielsen, Dapeng Cao and Scott Kitchen	Integrate data and produce utilization reports by PPS, by Practice/provider, by institution for monitoring purposes and care management interventions
Care Management Team	Peggy Smering	Assist practices with care management strategies . This team has assignment of practices to teach, mentor staff working with patients and prevent practice burnout by prioritizing.

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IPQR Module 8.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
CPWNY project management office	Oversight of projects	Reporting , plans, polices
Community and Community Based orgs	Offer assistance in reducing social barriers	Work with the care management teams and practices
Hospitals and nursing homes represented on utilization monitoring team	bed reduction	Monitoring utilization with analysis.
Project Advisory Committee	peer and partner representation.	Provide guidance on Evidence Based guidelines , training and education materials.
Providers	Partners	Engage patients in population health activities
External Stakeholders		
Managed Care Organizations	Collaborator /sustainability	collaborate and provide resources to intervene in patient care
Department of Health	Collaborator	Provide opportunity to improve the care of the disadvantaged.
Patients	Impacted by population health	Become or remain engaged in their health care.

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IPQR Module 8.7 - IT Expectations

Instructions :

Please describe the current Population Health Management IT capabilities in place throughout your PPS network and what your plans are at this stage for leveraging these capabilities and/or developing new IT infrastructure.

Population health management, to be effective, will require information systems, tools and processes to facilitate an operational integrated delivery system to facilitate transformation to a population health operating model. Care Management and coordination will be a primary driver for IT systems and processes implemented and optimized , thereby providing communication and access to clinical data to patients and clinicians in these roles from all service levels within the PPS. With this access and communication, patients and clinicians will be able to work collaboratively; clinicians will be able to detect at-risk patients for adverse health events, identify those missing appointments or other maintenance testing, and ensure timely ambulatory follow up care for patient receiving inpatient care. Our data & analytics team will be responsible for ensuring that practitioners have the data and the tools available to allow them to develop interventions and services that will address the wider determinants of population health for their local population. This effort will be facilitated by the use CPWNY MAPP PPS-specific Performance Measurement Portal, which will help our team monitor performance of both claims-based, non-hospital CAHPS DSRIP metrics and DSRIP population health metrics. The analysis of population-level outcome data will also be the basis for our assessment of the impact of population health management on the priority groups and clinical areas identified in our population health management roadmap (see above).

Our IT team will work with current RHIO(s), such as HEALTHeLINK, and leadership will encourage all partners to connect with the selected RHIO(s) to service their population. This effort will be conducted in tandem with the EHR platforms, care management, and population health management systems that we have already implemented, or are currently implementing.

IPQR Module 8.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Performance measures will be based on reductions in emergency and inpatient utilization, improved quality measure performance for outpatient measures, and the extensive collection of DSRIP metrics. CPWNY will monitor the impact of our population health management work stream through a combination of the DSRIP outcome measures and our own specific population health metrics, CMS ACO Metrics. These CPWNY - specific metrics will be identified in the population health roadmap and will be monitored by CPWNY and reported to the Clinical Governance Committee. We will build continuous quality improvement into the population health road map, establishing timeframes for the reevaluation of data sets, functionality of registries, and of our priority issues for population health management. Regional physician leads will play a role in identifying groups of providers that have been particularly successful in tackling the broader determinants of health and having a measurable impact on population health. These groups of providers will then become case studies to spread best practice throughout the CPWNY network.

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IPQR Module 8.9 - IA Monitoring

Instructions :

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Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1…Design a needs assessment (NA) document regarding alignment, population risk management, proactive patient care and referral management. NA will identify key data points for shared access and interfaces that impact on clinical integration. Utilizing URAC Clinical Integration Accreditation standards assess for the following:	Completed	Step 1…Design a needs assessment (NA) document regarding alignment, population risk management, proactive patient care and referral management. NA will identify key data points for shared access and interfaces that impact on clinical integration. Utilizing URAC Clinical Integration Accreditation standards assess for the following:	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task a. Policy and written agreements that address the rights of clinically integrated provider (s) to resolve performance issues	Completed	a. Policy and written agreements that address the rights of clinically integrated provider (s) to resolve performance issues	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task b. Required training of provider(s) is documented	Completed	b. Required training of provider(s) is documented	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task c. Participating Provider Agreements (PPA)	Completed	c. Participating Provider Agreements (PPA) addressing organizational expectations (clinical practice and evidence	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
addressing organizational expectations (clinical practice and evidence based guidelines, quality standards and care coordination programs, performance measurement and reporting procedures, contribution to core goals, non-compliance with performance standards, provider rights, dispute resolution, business associate requirements regarding confidentiality) in place		based guidelines, quality standards and care coordination programs, performance measurement and reporting procedures, contribution to core goals, non-compliance with performance standards, provider rights, dispute resolution, business associate requirements regarding confidentiality) in place							
Task d. Clinician led leadership team has established goals and outcomes that address foundational components for achieving clinical integration such as regulatory compliance with federal, state laws; performance reporting and monitoring for improved health care and cost; compensation plan for meeting metrics, periodic evaluation of meeting metrics	Completed	d. Clinician led leadership team has established goals and outcomes that address foundational components for achieving clinical integration such as regulatory compliance with federal, state laws; performance reporting and monitoring for improved health care and cost; compensation plan for meeting metrics, periodic evaluation of meeting metrics	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task e. Health system capabilities to ensure implementation and support for essential components for shared access and interfaces for each project such as : provider communications, care collaboration , care transition and management, system usage by network providers, comparative reporting for provider performance (individual, practice), transition and usage plan regarding electronic health information systems, adoption of performance metrics and integration with providers (i.e. COB) impacting social determinants.	Completed	e. Health system capabilities to ensure implementation and support for essential components for shared access and interfaces for each project such as : provider communications, care collaboration , care transition and management, system usage by network providers, comparative reporting for provider performance (individual, practice), transition and usage plan regarding electronic health information systems, adoption of performance metrics and integration with providers (i.e. COB) impacting social determinants.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task f. Written policies /procedures for clinical management that addresses : adoption of performance metrics, performance reporting , measuring actual provider performance against established benchmarks/goals, ensuring provider participation with care/case management programs, coordinating patient referrals,	Completed	f. Written policies /procedures for clinical management that addresses : adoption of performance metrics, performance reporting , measuring actual provider performance against established benchmarks/goals, ensuring provider participation with care/case management programs, coordinating patient referrals, notification process for treatments provided to patients, establishing care /case management services criteria for patients.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
notification process for treatments provided to patients, establishing care /case management services criteria for patients.									
Task g. Population health program in place that addresses: criteria for individual assessments, care plans, health education, prevention and wellness and performance reporting.	Completed	g. Population health program in place that addresses: criteria for individual assessments, care plans, health education, prevention and wellness and performance reporting.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task h. CPWNY has evidence-based clinical resources readily available for providers and staff	Completed	h. CPWNY has evidence-based clinical resources readily available for providers and staff	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task i. CPWNY will annually measure, track, and document actual outcomes regarding provider access and availability to supply care according to policy/procedure	Completed	i. CPWNY will annually measure, track, and document actual outcomes regarding provider access and availability to supply care according to policy/procedure	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task J. CPWNY has written polices/procedures that address requirements to participate with coordinating care such as appropriate utilization of services, care management, management of transition of care, case management//Utilize evidence based care transition program and perform a gap analysis of what is currently in place and what is needed to meet evidence based programs	Completed	J. CPWNY has written polices/procedures that address requirements to participate with coordinating care such as appropriate utilization of services, care management, management of transition of care, case management//Utilize evidence based care transition program and perform a gap analysis of what is currently in place and what is needed to meet evidence based programs	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task k. CPWNY internally reports clinical and financial performance measures on an annual basis	Completed	k. CPWNY internally reports clinical and financial performance measures on an annual basis	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task l. CPWNY has written policies/procedures that address requirements for appropriately sharing of performance data with key stakeholders.	Completed	l. CPWNY has written policies/procedures that address requirements for appropriately sharing of performance data with key stakeholders.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Step 2…Obtain approval of the Clinical Integration Needs Assessment from Clinical Governance Committee	Completed	Step 2…Obtain approval of the Clinical Integration Needs Assessment from Clinical Governance Committee	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task	Completed	Step 3… Needs assessment to be completed by CPWNY	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 3… Needs assessment to be completed by CPWNY Project Management team with key components of assessment tool assigned to accountable personnel with oversight by CPWNY medical director.		Project Management team with key components of assessment tool assigned to accountable personnel with oversight by CPWNY medical director.							
Milestone #2 Develop a Clinical Integration strategy.	Completed	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1…Create and implement referral agreements between partners, as needed	Completed	Step 1…Create and implement referral agreements between partners, as needed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 2…Create and execute partner agreements to facilitate clinical integration participation	Completed	Step 2…Create and execute partner agreements to facilitate clinical integration participation	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 3…Involve representatives from partners on all CPWNY committees	Completed	Step 3…Involve representatives from partners on all CPWNY committees	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 4… Categorize needs (similarities and unique) by projects for IT infrastructure and processes and define a mechanism for 2-way communication between providers and PPS.	Completed	Step 4… Categorize needs (similarities and unique) by projects for IT infrastructure and processes and define a mechanism for 2-way communication between providers and PPS.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5.. Based on the needs assessment conducted, CPWNY will determine what the clinically integrated PPS will look like based on each DSRIP project , inclusive of workforce,	Completed	Step 5.. Based on the needs assessment conducted, CPWNY will determine what the clinically integrated PPS will look like based on each DSRIP project , inclusive of workforce, technology and data. Identify barriers by practitioners, office, equipment, people, facilities from achieving the Clinically	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
technology and data. Identify barriers by practitioners, office, equipment, people, facilities from achieving the Clinically integrated PPS		integrated PPS							
Task Step 6… Prioritize roll out of closure of gaps based on needs assessment and develop steps between current state of IDS and desired state.	Completed	Step 6… Prioritize roll out of closure of gaps based on needs assessment and develop steps between current state of IDS and desired state.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 7…Develop care transition strategy inclusive of Hospital admission and discharge coordination; care transitions coordination and communication among primary care, mental health, and substance abuse providers, utilization of CBOs and Health Homes.	Completed	Step 7…Develop care transition strategy inclusive of Hospital admission and discharge coordination; care transitions coordination and communication among primary care, mental health, and substance abuse providers, utilization of CBOs and Health Homes.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 8… Develop training programs for providers and operational staff (ongoing training strategy) that includes: sharing of policies , care transitions process. (can be through multiple mediums such as web based, webinars, at offices in facilitated engagement) and communication tools.	Completed	Step 8… Develop training programs for providers and operational staff (ongoing training strategy) that includes: sharing of policies , care transitions process. (can be through multiple mediums such as web based, webinars, at offices in facilitated engagement) and communication tools.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 9... Identify enhancements/incentives to encourage provider engagement based upon improvement of baseline metrics. CPWNY will need baseline metrics or goals from DOH to finalize CI plan)-This may be based on Data abstraction that will occur , according to specs table on page 8 , of the DSRIP Measure Specification and Reporting Manual, April 2, 2015 version	Completed	Step 9... Identify enhancements/incentives to encourage provider engagement based upon improvement of baseline metrics. CPWNY will need baseline metrics or goals from DOH to finalize CI plan)-This may be based on Data abstraction that will occur , according to specs table on page 8 , of the DSRIP Measure Specification and Reporting Manual, April 2, 2015 version	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 10… Finalize the Clinical Integration Strategy by the Clinical Quality Committee. (Interim strategy will be based off of current health plan metrics)	Completed	Step 10… Finalize the Clinical Integration Strategy by the Clinical Quality Committee. (Interim strategy will be based off of current health plan metrics)	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform a clinical integration 'needs assessment'.	mdjohns	Other	46_DY2Q3_CI_MDL91_PRES1_OTH_DY2Q3_CI_needs_assessment_narrative_8766.docx	CPWNY CI Needs Assessment narrative	01/26/2017 09:34 AM
Develop a Clinical Integration strategy.	mdjohns	Templates	46_DY2Q3_CI_MDL91_PRES2_TEMPL_View_-_DY2Q3_CI_Training_Schedule_Template_8768.xlsx	CPWNY CI Training Schedule Template	01/26/2017 09:36 AM
	mdjohns	Other	46_DY2Q3_CI_MDL91_PRES2_OTH_DY2Q3_CI_Strategy_narrative_MAPP_document_8767.docx	CPWNY CI Strategy narrative	01/26/2017 09:35 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	
Develop a Clinical Integration strategy.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Complete	

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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in improving the level of clinical integration throughout your network and achieving the milestones described above. Describe potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Major risks to Clinical Integration are: 1. Technology and connectivity - According to the Community Needs Assessment ,the level of enhanced communication and care management data sharing between primary care and specialists, mental health, health homes, community support agencies does not exist and the interoperability with hospitals and pharmacies needs to be enhanced. There are also gaps in data contributed to the HIE: data from outpatient practices, ED discharge reports, Hospital discharge reports not timely, Medication information not complete. An area that can improve some of this connectivity is the patient consent to participate in RHIO. To mitigate connectivity issues a variety of actions will take place: the provider influence on having the Patient sign consent for RHIO; the effectiveness of Crimson - the population health integrator tool; possibly hiring a consultant for solutions to barriers of data / patient information integration. 2. Workforce - According to the CNA there are already gaps in workforce such as dedicated staff in the practitioners office for care management duties, accessible behavioral health services, patient navigation gaps just to name a few. To mitigate the workforce issue the PPS will design accountable job descriptions and maximize the work performed by staff to alleviate practitioners with appropriate training lead by Catholic Medical Partners; 3. Practitioner engagement poses a risk to clinical integration related to workflow and need to accept change in the delivery of patient care in the office, the adoption of clinical protocols into everyday patient treatment and the maximization of EMR usage to facilitate communication flow. Practitioner engagement will be mitigated through the leadership of CPWNY, the participating provider agreement, resource incentives for practitioners and their offices and physician territory leads who will meet to engage practitioners; 4. Overlapping PPS poses a risk due to misalignment of providers and PPSs. This will create provider and partner confusion and wasted resources due to multiple PPSs engaging the same providers in project work. CPWNY will collaborate where possible to eliminate this risk.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Clinical integration has interdependencies with IT, Practitioner Engagement (as it relates to the leadership, contracts and participation criteria), Financial Sustainability (flow of funds) , Performance Reporting and Improvement. One of the key Clinical Integration responsibilities is to encourage success through a collective leadership model using a very collaborative and transparent approach. Therefore, critical to this effort will be the development and use of an integrated IT infrastructure that will provide timely, accurate and understandable information utilized by the EGB to monitor the progress of the DSRIP project. Information derived through the performance reporting work stream will also be dependent upon the IT system work stream. The degree of physician (partner) engagement will significantly impact the Clinical Integration work stream as well. The efforts of the partners at the patient "transaction" level is likely to be the indicator of overall success. Having partners who are committed to a collaborative model of population health / culture competency which will reduce duplicative care/services/disparities and encourage and increase in self-management, benefits of DSRIP may not be sustainable. Given the DSRIP expectations of change at the provider level, the re-structuring of

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reimbursement through a valid sustainable funds-flow model will also impact the ability of the Clinical Integration work stream success. Financial support will be required to enable transformation to a new reimbursement model. With the expectation of transformational change within the delivery system, the strategy related to the workforce will also need to be consistently evaluated as part of the governance' responsibilities. Stakeholders in this area (e.g. both union & non-unionized labor-forces) will need to be informed of the strategic expectations of DSRIP and the workforce implications that will result. Consistent open communication between governance and the partners regarding clinical integration and all workforce groups will assist in aligning our efforts and insuring we are all on the same mission and vision.

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IPQR Module 9.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical Governance Committee	Members	Clinical oversight of the DSRIP program
CPWNY Medical Director	Dr. Carlos Santos	Work with practitioners
Director of Physician services, CMP	Kathy Obstarczyk	Work with practitioners and facility partners
Director Clinical transformation	Sarah Cotter	Work with clinical transformation
Directors of Finance	Barry Stelmach, Mike Osborne	Work with physician incentive -outcome rewards
IT Governance Committee	Members	IT solutions for data integration
Regional physician leads	Dr Stehlik, Dr DeGraves, Dr Laurie, Dr Martinke and Dr Santos	Meetings with partners
Director Care Management	Peggy Smering and CPWNY partners	Care transitions program
Behavioral Health specialist	Bruce Nesbit, Spectrum Services	Collaborate and provide CI Strategy input

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IPQR Module 9.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
IT Department	IT Solutions	Integrated information for population health
Home Care	Partner in integrating care	Provide a continuum of care/ transitions of care
Skilled nursing facilities	Partner in integrating care	Provide a continuum of care/ transitions of care
Tertiary care	Partner in integrating care	Provide a continuum of care/ transitions of care
Primary care and Specialty care	Partner in integrating care	Provide a continuum of care/ transitions of care
Hospice /palliative care	Partner in integrating care	Provide a continuum of care/ transitions of care
External Stakeholders		
CBOs not in network	patient navigation related to referral agreements	assist patients - refer to health home
NYS DOH	Originator of work streams concepts	Assist with grant - keep CPWNY knowledgeable regarding shortcomings and improvements /claims data
Providers not in the network	Stakeholders in integrating care	Provide a continuum of care/ transitions of care

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IPQR Module 9.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

The key to effective clinical integration is health care technology. An integrated health care delivery system must be able to manage a vast network of information—collecting, maintaining and providing appropriate access to administrative, clinical and financial data—in order to monitor quality and costs of care. The shared IT infrastructure will support those processes and behaviors necessary for clinical integration, including:
•Standardization of clinical care: Deliver providers the right protocol data from clinical care guidelines at the point of care, with embedded controls that maximize adherence to these protocols.
•Care management: Ensure that system-wide data can identify high-risk patients and establish standard protocols and processes for outreach to these patients. Care managers should follow care protocols and support caregivers by alerting them to gaps in care and reduce overutilization of services.
•Shared measurement: Develop and implement shared clinical quality and integration measures across the network, emphasizing adherence to care guidelines and the delivery of quality care.
•Workflow optimization: Adopt tools that standardize workflow (and which can be continually updated and innovated) to ensure the right information is captured, the right decisions are considered, and the right recipients get the information they need throughout the system.
•Clinical integration compliance: Ensure that all stakeholders participate and comply with clinical integration through partner agreements, provider education, provider report cards and other trainings.
Ultimately, clinical integration relies on tools and solutions that are flexible, affordable, and provide appropriate access to patient data across various clinical settings such as secure messaging and alerts, patient and physician portals, EHRs, and affiliates. Ideally, health care technology should support a continuous process of alignment across the care continuum, bringing the right information to the right person at the right time, and prompting appropriate care events and narrowing gaps in care.
IT infrastructure is critical for the success of the DSRIP project. This infrastructure will be the platform through which all data is integrated, analyzed, reported and upon which decision and related actions will be based. All performance metrics & deliverables will be tracked using data gathered from multiple providers and other internal and external sources (e.g. Salient.) The status for each will be periodically presented to the governing body. To support the inclusion of various constituent groups, information will be made available in a timely manner tailored to each group so that the data is easily understood in the context of the projects expected goal & outcomes. In addition to the use of this information as a status tool, it will also be available as a basis of communication for all stakeholders, provider partners and the general public. This will be accomplished by postings on the CPWNY web-site. While the majority of the PCPs in this PPS have an electronic medical record and have been submitting data within the context of the Medicare ACO, an additional challenge will be establishing IT platforms that support the availability of patient information from other providers e.g. behavioral health; community based organizations. Various processes are being evaluated including but not limited to use of our local RHIO HEALTHeLINK to support this effort.

IPQR Module 9.8 - Progress Reporting

Instructions :

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Please describe how you will measure the success of this organizational workstream.

A successful clinical integration program (1) provides measurable clinical improvements for patients (2) common metrics used to evaluate physician performance and (3) cost reductions or changed economics for physicians. Clinical integration is more than data exchange and interoperability. It requires aligning incentives, knowledge and behavior by establishing relationships. Strong physician leadership and a cultural shift of all partners will lead to the success of the PPS. CPWNY will measure success through the extensive list of metrics specified in the DSRIP application and included in our Clinical Integration plan. CPWNY will be measuring the progress of clinical integration based on but not limited to: 1. Completion of process measures; 2. Quality performance and utilization metrics on a quarterly basis; 3.Patient experience surveys will be measured on an annual basis; 4. PCMH progress; 5. Patients having a RHIO consent form; and 6. Provider scale of performance and engagement.

IPQR Module 9.9 - IA Monitoring:

Instructions :

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Section 10 – General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions :

Please summarize your intended approach to the implementation of your chosen DSRIP projects, including considerations around how this approach will allow for the successful development of concurrently implementing DSRIP projects.

Community Partners of WNY (CPWNY) governance strategy is designed to engage partners, promote competency and reward performance. The governance charter delineates a broad representation on the Executive Governance Body (EGB) which is empowered with board oversight and management of CPWNY DSRIP project plans. The EGB is supported by 3 committees comprised of individuals with expertise in finance, data/IT and clinical performance. The majority of the EGB and its committees have demonstrated success working in integrated delivery systems. The EGB will set forth roles and responsibilities, comprehensive performance expectations, policy and procedures for distribution of funds, clinical and data sharing responsibilities, and guidelines for dispute resolution. Governance strategy milestones include: partner completion of education and training (knowledge and competency), formation of central policies and processes that speak the same message to providers, patients and stakeholders, evaluation of effectiveness of the policies and processes, transformation in healthcare delivery, performance evaluation including competency/integration/clinical evaluation (aligned with project metrics). CPWNY will seek input from the Project Advisory Committee (PAC) for advice and feedback on project plans and initiatives. The PAC will oversee workforce impact and develop plans for retraining and redeployment. CPWNY will align the organizational, clinical and utilization goals for the PPS partners into Sisters of Charity Hospital/CMP's current integration program and by doing so share expertise and establish common expectations for performance on each metric for PPS partners' contractual arrangements. CPWNY will have a central project management office (PMO) that will be the hub for input from the project teams and will perform project monitoring and provide transparency to our partners. The Director of the PMO will sit on the EGB to share status updates on the projects and all DSRIP activities. The PMO will utilize a project management tool and will support the projects by: providing direction and oversight; facilitating collaboration across and among the projects and work streams; sharing best practices and the knowledge and skills gain through CMP's successful ACO; providing monitoring and feedback for achievement of milestones; and support to resolve challenges to milestone achievements. The regional roll out of projects (meetings already conducted) by project leads and the hiring of project coordinators, will be overseen by the PMO. Commitment of the partners and providers will be maintained through contractual arrangements, shared work and oversight. Our central implementation strategy is designed to enhance and expand the IDS success through consistent communication and transparency, IT project implementation focused on integration and shared comprehensive health record, the training and education of staff, and incorporation of best practice interventions in patient and provider engagement, while monitoring achievement of speed and scale for each project. We have already engaged P2 Collaborative for our Population Health initiatives along with the Millennium PPS, focusing on the cultural competency and health literacy work stream in various aligned projects. We will continue to engage our partners and colleagues such as CBOs, County Health Departments and other social services providers.

IPQR Module 10.2 - Major dependencies between work streams and coordination of projects

Instructions :

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Please describe how your approach will handle interdependencies between complementary projects, as well as between projects and cross-cutting PPS initiatives - for example, an IT infrastructure upgrade, or the establishment of data sharing protocols.

The major areas of overlap between projects are: IT, workforce, clinical integration, budget, finance, and funds flow. Community Partners of WNY has its own governance structure that will enable oversight over these overarching areas. CPWNY has established formal committees for each of these areas to develop policies and protocols and ensure coordination, performance, and efficiency. CPWNY central project management office designed "Dependencies Orbit charts" by project and work streams, which have been shared with each project team. For example this chart outlines the projects that are dependent on PCMH achievement (2.a.i, 2.b.iii, 3.ai, 3.b.i), to be facilitated by a central clinical transformation team. Multiple projects are dependent on workforce transformation, such as 2.a.i, 3.a.i, 3.b.i, 2.b.iii, and 3.g.i, which will be conducted to enable the shift in workforce from inpatient work to outpatient services. Dependencies have been communicated to the project leads through the "orbits model". Dependencies such as cultural competency and health literacy will be overseen centrally and implemented by county (utilizing the DSRIP community needs assessment). CPWNY will work with a collaborative (P2) and overlapping PPSs so that the approach will be consistent. Many projects are dependent on population health, such as 2.b.iii, 2.b.iv, 3.a.i, 3.b.i, 3.g.i, 4.b.i, and 4.a.i, which includes utilization of standardized protocols and evidenced based medicine, communicated through IT integration with EMRs, providing resultant performance reporting. 2.b.iv is provided as an example to describe the dependence and coordination of projects: In 2.b.iv, Communication among stakeholders and across projects will occur in a variety of ways depending on the type and quantity of information that needs to be shared. During the transition of care the Transitions Coach will notify the PCP Care Manager telephonically, they will also encourage patients to enroll in a Health Home and obtain consent for information sharing through HEALTHeLINK. Individuals that enroll in the Health Home will have information communicated throughout the care delivery network by secured messaging and information sharing through the use of GSI Software. The GSI software has the capabilities of receiving ADT alerts any time an enrolled individual access the emergency room allowing for intervention and coordination between the Transition Coach and Case Manager. Discharge summary and Medication reconciliations will be available to the PCP electronically. Discharged patients will all receive copies of Discharge instructions, medication reconciliations, Health Home and PCP contact information as well as a Patient/Physician communication booklet that they will be encouraged to bring to their medical appointments. The use of secured texting and appointment reminders will be made available to those patients that have an active cell phone. This process for 2.b.iv is also integral to the population health projects mentioned above. In another example of population health, 4.b.i smoking cessation is a project that has elements applicable to many other projects included in our application, such as IT compatibility and data sharing, which will be critical for successful implementation. Population health protocols developed for screening and engaging patients will be useful in this project as well. The use of community or health educators for other projects may also be used in project 4.b.i. Project 3.b.i, cardiovascular disease in particular, has a lot of opportunities for the work done in project 4.b.i to be integrated into that project. We will continue to identify linkages between projects through regular communication with other project leads and we also will regularly communicate with the central administrative team for their input on opportunities to create synergy.

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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

Please outline the key individuals & organizations that play a role in the delivery of your PPS's DSRIP projects, as well as what their responsibilities are regarding governance, implementation, monitoring and reporting on your DSRIP projects.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
DSRIP Central Project Management Team	Catholic Medical Partners	Responsible for ensuring efficiencies, effectiveness and synergy between and amongst the projects. Responsible for oversight of quarterly reporting by the teams. Provide education to teams regarding DSRIP. Manage a central reporting project management tool to keep projects to task and promote connectivity on what each project is doing .
Central Clinical Transformation Team	Sarah Cotter and team	Responsible for defining and driving Catholic Medical Partners (CMP) physician offices in their improvement of quality of patient outcomes, patient experience of care, and utilization through the use of health information technology, use of team based care, and overall practice process improvement. Responsible traveling and meeting with the staff at CMP physician offices, reviewing office workflow, teaching physicians & office staff to correctly document data utilizing EHR, how to run and analyze quality reports utilizing their EHR and measurement of their improvement in utilizing systems, as well as utilization of prevention and chronic illness quality reports.
Central Care Management Team	Peggy Smering and team	The Care Management team will support practices in the following: 1. Develop, implement and monitor population health management processes. 2. Identify and stratify patient populations to provide relevant interventions. 3. Identify complex, high risk patients and provide enhanced care management. 4. Implement care management interventions including pre visit planning, coaching, patient advocacy, performing holistic assessment and measuring results. 5. Assist office based staff in closing gaps in quality and in developing improvement action plans. 6. Develop, implement and monitor an effective transitional care management program.

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		7. Support practices with Patient Center Medical Home (PCMH) recognition preparation and submission. The Care Management Advisor will partner with the regional physician lead to provide resources, facilitation and guidance to Catholic Medical Partners (CMP) members and their care teams on clinical quality and utilization improvement.
Project Leads and coordinators	Project Leads: Sarah Cotter, Peggy Smering, Bruce Nisbet, Dr. Andy Hyland, Ken Houseknecht, Erica Boyce, Dr. Christopher Kerr, Julie Lulek, Cheryl Friedman, Dr. Carlos Santos coordinators: in process of hiring, interviews scheduled.	Work to engage partners and keep projects to task .
IT and HIT departments	Dr Michael Galang and Dr Dapeng Cao	Integrate data and produce a " total patient picture " as well as data to monitor for success of PPS
Finance Management Team	Dave Macholtz, Mike Osborne, Les Wangelin	Financial management

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IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects

Instructions :

In the below table, please set out who the key stakeholders are that play a major role across multiple DSRIP projects. Please give an indication of the role they play and how they impact your approach to delivering your DSRIP projects.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
CPWNY Executive Governance Board	Members	The CPWNY PPS EGB is assigned responsibility for the planning, implementation and evaluation of the PPS and shall receive direct support and assistance from CMP in carrying out its responsibilities
CPWNY Financial Governance Committee	Financial Impact Monitoring	The FGC assists the Executive Governance Body in the oversight of (1) the integrity of the financial reporting for the PPS, (2) the compliance with legal and regulatory requirements (3) developing a methodology for receiving and distributing project funds, and (4) the oversight of financial performance, capital expenditures and operating results.
Clinical Governance Committee	1) Setting standards of clinical care delivery needed to meet or exceed the DSRIP program goals and objectives; 2) Within the specific project areas selected by the CPWNY PPS, determining the areas of care delivery that should be the focus of improvement efforts; 3) Prioritizing the creation, implementation, oversight and continuous improvement of evidence based medical practices to address identified clinical performance gaps and to improve clinical and financial results; and 4) Developing and overseeing the creation of the committees and subcommittees necessary to undertake the development and implementation of best evidence based practices within the PPS.	1. Recommending to the CPWNY PPS Executive Governance Body clinical integration initiatives to achieve the DSRIP goals; 2. Standardizing and adopting clinical processes across the continuum of care; 3. Establishing processes to improve alignment and communication between and among PPS Partners and collaborators; 4. Recommending to the CPWNY PPS Executive Governance Body quality improvement activities to achieve DSRIP goals; and 5. Reviewing and adopting national evidence based guidelines, care pathways, care protocols and community standards of care which shall be utilized by PPS partners and collaborators to achieve DSRIP goals.
Data Governance Committee (DGC)	The DGC is to provide leadership, oversight, and strategic level recommendations to the Executive Governance Body of the Community Partners PPS in order to meet the requirements set forth by NYSDOH	The primary goal of the DGC is to establish the health information technology system to support the workforce in the PPS to close quality and utilization gaps through the effective and efficient exchange of health information.
DSRIP Central Workforce Management Team	Managing the delivery of the workforce transformation strategy as written in the DSRIP projects	The Workforce Management Team will consolidate and manage the (re) training , redeployment and new hire needs of each of the projects. Individual project leadership teams will report all of tier workforce needs up to the Central Workforce Management team

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Compliance Officer	Ensures PPS compliance	Reviews PPS's conduct in terms of adherence to DSRIP guidelines, laws, and regulations.
Cultural Competence Committee	Manages the cultural competency and health literacy initiatives	Assess, develop, implement the cultural competency education program and Health literacy patient program
Project Advisory Committee	Advisory committee	Upon implementation of the DSRIP program, the PAC shall serve as an advisory body to the Executive Governance Body of the CPWNY PPS
External Stakeholders		
County specific Offices of the Aging	Project Implementation support	Provide assistance in relation to implementation of projects as it relates to the elderly
County specific Office of Mental Health	Project Implementation Support	Provide assistance in relation to implementation of projects as it relates to the behavioral health initiatives
Labor Unions	Labor representation	The labor unions have been involved in the workforce strategy and will continue to do so.
Other regional PPSs (Millennium, FLPPS)	Collaborate on specific joint projects	Collaborate in the implementation of joint projects and work streams such as cultural competency for overlapping counties and network providers- prevent redundancy and waste.
Patient Focus groups	Patient groups	CMP has utilized a focus group on an annual basis to drive home the concerns regarding patient engagement as it relates to health beliefs and literacy.

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IPQR Module 10.5 - IT Requirements

Instructions :

Information technology will play a crucial role in the development of an effective, integrated performing provider system. It is likely that most projects will require some level of supporting IT infrastructure. Please describe the key elements of IT infrastructure development that will play a role in multiple projects.

The Key elements to the IT infrastructure include : 1. Data Analytics- Decision support software system - will provide monitoring to improve quality and cost, plus a care management /care coordination work flow and analytics tool impacting projects 2.a.i, 2.b.iii, 2.b.iv, 3 a.i, 3.b.i , 3.g.i; 2. Enterprise master patient index-- will facilitate the aggregation of clinical data from multiple sources impacting 2.ai, 2.b.iii, 2.b.iv, 3.a.i, 3.b.i, 3.g.i, 4.a.i, 4.b.i, focusing on care management, coordination of care, performance reporting; 3. Enterprise data warehouse - will provide an analytical suite (business intelligence tool kit) that well help aggregated, normalize, organize, and assimilate data from numerous sources - required for effective work streams; 4. Health Information Exchange (HIE) - will provide a patient and clinical portal plus other features and functions, along with integration with the RHIO (HEALTHeLINK), and leveraging its features/functions . Data systems need to be in place to allow for the secure transmission of data between organizations; 5.Pharmacy decision support software - will support population health management initiatives, improve patient safety and reduce avoidable pharmacy costs by integrating pharmacy data across the IDS care continuum ; 6. Home care devices and care coordination application- will support communication across the provider network for the purpose of the case management functions associated with many regional DSRIP projects; 7. Management of information Network hardware and software - will further build the technology infrastructure to care for our patient population; 8. personal computers, laptops, and tablet- will provide the desktop and laptop commuters and tablets that will be need or accessing the IDS applications --this would apply to projects 2.a.i, 2.b.iii, 2.b.iv, 3.a.i, 3.g.i, 3.f.i, 4.a.i, 3.f.i . 9. Deployment of installation personnel resources r/t to the IDS- will mobilize the personnel necessary to install IDS technology (applies to all projects and work streams); 10. Training of Trainers -- will educate in house trainers on the specifics of an IDS management information system, including all associated hardware and applications (applies to projects).

IPQR Module 10.6 - Performance Monitoring

Instructions :

Please explain how your DSRIP projects will fit into your development of a quality performance reporting system and culture.

CPWNY will utilize quality performance dashboards that will report on the system overall, by provider, by county, with dates of data collection, how data is collected, and with numerators and denominators reported. Process measures as in Domain 1 and outcome measures in Attachment J will be reported. Pay for performance will tie to the overarching theme of DSRIP : utilization, quality metrics, access. Transparency will be key to the quality reporting system as it will encourage competition amongst providers, promoting excellence in patient care. Culture will focus on service, individuality and meeting needs of providers, patients, caregivers. The quality of care will improve through enhanced access, patient engagement, coordination of care, complete exchange of reliable and valid data, improved provider performance reporting, adherence to best clinical and operational practices, and a culture of accountability built upon the values of the common good. Bidirectional impact will occur between successful implementation of projects and performance reporting. AS outcomes improve from the projects providers will receive performance reports on a regular basis that will encourage the providers to "stay the course" or make adjustments (RCE) to effect improvement. The integrated delivery system will set forth roles and responsibilities , comprehensive performance expectations, distribution of funds, clinical and data sharing

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responsibilities-- eventually leading to a high performing health system with the skills, knowledge and ability to assume full clinical and financial risk for population health. The structures and /or mechanisms needed to execute this vision are a data warehouse, a data analytic system, integration of information during transitions in care and patient "touch points", population health with patient and provider engagement, quality improvement initiatives and transparency reporting.

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IPQR Module 10.7 - Community Engagement

Instructions :

Please describe your PPS's planned approach for driving community involvement in the DSRIP projects, how you will contract with CBOs for these projects, how community engagement will contribute to the success of the projects, and any risks associated with this.

CPWNY will work collaboratively on overlapping projects and community-wide initiatives with neighboring PPSs and P2 Collaborative . CPWNY has engaged P2 Collaborative for our Population Health initiatives along with other neighboring PPSs, focusing on the cultural competency and health literacy, palliative care, behavioral health, and maternal and child care. As the PPS gains experiences with the projects, opportunities for collaborating and sharing information will occur, resulting in a unified approach. We will continue to engage with our partners and colleagues (i.e. CBOs, County Health Department, social services). Currently it is felt that our network of CBO's is representative of the aligned counties. CPWNY will conduct outreach to other CBOs, as needed , regardless of PPS partnership for the wellbeing of the patient population. CBOs will be engaged in many aspects of the DSRIP projects: community involvement, training of patient navigators/community health workers, expertise with cultural disparities and literacy issues. CPWNY will : 1. Determine which community based organizations are the most appropriate partners for each project; 2. Examine the financial status of the organization -- do they have the financial capacity to sustain the effort; 3. Be aware of political and public connections the organization might have therefore we will need straightforward criteria demonstrating why a CBO was chosen over another; 4. Be considerate of our labor agreements and check with human resources dept. of our PPS so that we are not violating any existing contract; 5. Recognize the CBO as a partner, not necessarily a contractor. Risks associated with community engagement would be: 1. too many competing overarching committees, 2. Political undertones, 3. communication issues; 4. CBO commitment to PPS may be overzealous in related to capacity to get the job done, and 5. trust and mutual respect. Strategies to overcome the risks will be, first and foremost, open dialogue, a partnership agreement, which includes follow through with the patient and examining barriers impeding the patient follow through with the CBO.

IPQR Module 10.8 - IA Monitoring

Instructions :

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Section 11 – Workforce

IPQR Module 11.1 - Workforce Strategy Spending (Baseline)

Instructions :

Please include details on expected workforce spending on a semi-annual basis. Funds may be shifted from one funding type category to another within the workforce strategy spending table, as long as the PPS adheres to their overall spend commitments. However, the PPS may apply a 25% discount factor to the DY1 Workforce Strategy Spend target. If the PPS applies this discount in DY1, the PPS will be expected to reallocate those funds appropriately in DY2-4 to fully meet their DY1-4 total commitment.

Funding Type	Year/Quarter										
	DY1(Q1/Q2)($)	DY1(Q3/Q4)($)	DY2(Q1/Q2)($)	DY2(Q3/Q4)($)	DY3(Q1/Q2)($)	DY3(Q3/Q4)($)	DY4(Q1/Q2)($)	DY4(Q3/Q4)($)	DY5(Q1/Q2)($)	DY5(Q3/Q4($)	Total Spending($)
Retraining	0.00	350,000.00	175,000.00	175,000.00	100,000.00	100,000.00	37,500.00	37,500.00	37,500.00	37,500.00	1,050,000.00
Redeployment	0.00	225,000.00	112,500.00	112,500.00	62,500.00	62,500.00	50,000.00	50,000.00	25,000.00	25,000.00	725,000.00
New Hires	0.00	225,000.00	112,500.00	112,500.00	50,000.00	50,000.00	25,000.00	25,000.00	12,500.00	12,500.00	625,000.00
Other	0.00	200,000.00	100,000.00	100,000.00	50,000.00	50,000.00	37,500.00	37,500.00	37,500.00	37,500.00	650,000.00
Total Expenditures	**0.00**	**1,000,000.00**	**500,000.00**	**500,000.00**	**262,500.00**	**262,500.00**	**150,000.00**	**150,000.00**	**112,500.00**	**112,500.00**	**3,050,000.00**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	

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IPQR Module 11.2 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Please note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 2: Identify the specific Workforce Requirements of each DSRIP project and work stream. This will be accomplished through implementation plan review, and a series of meetings and /or surveys with project representatives/leads and key stakeholders.	Completed	Step 2: Identify the specific Workforce Requirements of each DSRIP project and work stream. This will be accomplished through implementation plan review, and a series of meetings and /or surveys with project representatives/leads and key stakeholders.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3: Summarize data from Workforce Requirements Assessment. Based on the Future Workforce State report completed by a third party (e.g. what roles will be significantly impacted, what changes to the workforce will be needed), define the future workforce that is required for DSRIP projects to succeed	Completed	Step 3: Summarize data from Workforce Requirements Assessment. Based on the Future Workforce State report completed by a third party (e.g. what roles will be significantly impacted, what changes to the workforce will be needed), define the future workforce that is required for DSRIP projects to succeed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 4: Finalize future workforce state; secure sign off by CPWNY Executive Governance Body.	Completed	Step 4: Finalize future workforce state; secure sign off by CPWNY Executive Governance Body.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 1: Establish Workforce Project Team. Team may include representation from DSRIP PMO, project leads, partner/provider human resource/training professionals, subject matter experts and key stakeholders who are tasked with implementing and executing workforce	Completed	Step 1: Establish Workforce Project Team. Team may include representation from DSRIP PMO, project leads, partner/provider human resource/training professionals, subject matter experts and key stakeholders who are tasked with implementing and executing workforce related activities as laid out in the Implementation Plan.	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
related activities as laid out in the Implementation Plan.									
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Completed	Completed workforce transition roadmap, signed off by PPS workforce governance body.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1: With outside consultation, develop workforce decision-making model that defines how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and approved.	Completed	Step 1: With outside consultation, develop workforce decision-making model that defines how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and approved.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 2: Based on future state workforce assessment (defined in milestone #1) and current state workforce assessment (defined in milestone #3), third party will develop consolidated workforce transition roadmap of all specific workforce changes required; define timeline of when these changes are expected to take place and what the dependencies are (for training, redeployment and hiring in line with project timeline and needs)	Completed	Step 2: Based on future state workforce assessment (defined in milestone #1) and current state workforce assessment (defined in milestone #3), third party will develop consolidated workforce transition roadmap of all specific workforce changes required; define timeline of when these changes are expected to take place and what the dependencies are (for training, redeployment and hiring in line with project timeline and needs)	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3: Finalize workforce transition roadmap; secure sign off by CPWNY Executive Governance Body.	Completed	Step 3: Finalize workforce transition roadmap; secure sign off by CPWNY Executive Governance Body.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task "Step 1: Engage necessary Third Party to perform current state assessment of staff availability and capabilities across CPWNY and partner organizations. Identify staff who could fill future state roles	Completed	"Step 1: Engage necessary Third Party to perform current state assessment of staff availability and capabilities across CPWNY and partner organizations. Identify staff who could fill future state roles through up-skilling and training and staff who could potentially be redeployed directly into future state roles "	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
through up-skilling and training and staff who could potentially be redeployed directly into future state roles "									
Task Step 2: Third Party review current state analysis against future state workforce (defined in milestone #1) to identify new hire needs	Completed	Step 2: Third Party review current state analysis against future state workforce (defined in milestone #1) to identify new hire needs	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3: Create workforce budget analysis to establish a revised Workforce budget for the projects over the duration of the DSRIP project	Completed	Step 3: Create workforce budget analysis to establish a revised Workforce budget for the projects over the duration of the DSRIP project	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 4: Update future state roadmap based on detailed gap analysis to articulate how (e.g. retraining, redeployment) and when (e.g. timing of redeployments) the transition of the workforce from the current state to the future state will occur	Completed	Step 4: Update future state roadmap based on detailed gap analysis to articulate how (e.g. retraining, redeployment) and when (e.g. timing of redeployments) the transition of the workforce from the current state to the future state will occur	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 1: Utilizing the current state analysis performed in Milestone #3, if applicable, identify the origin and destination of staff that are being redeployed to understand changes that impact jobs and member facilities	Completed	Step 1: Utilizing the current state analysis performed in Milestone #3, if applicable, identify the origin and destination of staff that are being redeployed to understand changes that impact jobs and member facilities	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2: Third party to organize activities with partner human resource offices to gather compensation and benefits information for existing roles that will potentially be redeployed	Completed	Step 2: Third party to organize activities with partner human resource offices to gather compensation and benefits information for existing roles that will potentially be redeployed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 3: Third Party to assess changes to compensation and benefits, comparing current and future state compensation and benefits for impacted staff, taking into account job role, function, and location	Completed	Step 3: Third Party to assess changes to compensation and benefits, comparing current and future state compensation and benefits for impacted staff, taking into account job role, function, and location	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: If applicable, work with partner human resource offices to determine the number of staff trained and/or redeployed/hired	Completed	Step 4: If applicable, work with partner human resource offices to determine the number of staff trained and/or redeployed/hired	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5: Finalize compensation and benefit analysis; sign off by CPWNY Executive Governance Body	Completed	Step 5: Finalize compensation and benefit analysis; sign off by CPWNY Executive Governance Body	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1: Third Party to support team in determining & defining current state training needs, including the specific skills and certifications that staff will require.	Completed	Step 1: Third Party to support team in determining & defining current state training needs, including the specific skills and certifications that staff will require.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 2: Third Party to perform a Skills Assessment to understand existing capability for staff that will need to be retrained and document future state capability and skills needs for impacted staff	Completed	Step 2: Third Party to perform a Skills Assessment to understand existing capability for staff that will need to be retrained and document future state capability and skills needs for impacted staff	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3: Third party to help ccordinate Training Strategy, including goals, objectives and guiding principles for the detailed training plan; confirm process and approach to training	Completed	Step 3: Third party to help ccordinate Training Strategy, including goals, objectives and guiding principles for the detailed training plan; confirm process and approach to training	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 4: Finalize detailed Training Plan, signed off by CPWNY Executive Governance Body	Completed	Step 4: Finalize detailed Training Plan, signed off by CPWNY Executive Governance Body	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task	Completed	Step 5. Assess training effectiveness in relation to training	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 5. Assess training effectiveness in relation to training goals.		goals.							

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Define target workforce state (in line with DSRIP program's goals).	mdjohns	Other	46_DY2Q3_WF_MDL112_PRES1_OTH_CmtyPartnersWNY_PPS_minutes_and_materials_1.4.17_Redacted_8519.pdf	CPWNY EGB minutes	01/24/2017 02:39 PM
	mdjohns	Meeting Materials	46_DY2Q3_WF_MDL112_PRES1_MM_Workforce_Workgroup_Meeting_-_12.15__8507.pdf	CPWNY Workforce Workgroup meeting	01/24/2017 02:22 PM
	mdjohns	Other	46_DY2Q3_WF_MDL112_PRES1_OTH_CPWNY-Target-Workforce-State-Profile-1_8502.pdf	CPWNY Target Workforce State Profile	01/24/2017 02:09 PM
Create a workforce transition roadmap for achieving defined target workforce state.	mdjohns	Other	46_DY2Q3_WF_MDL112_PRES2_OTH_DY2Q3_Workforce_Remediation_milestone_AWS_9573.pdf	CPWNY Workforce Remediation narrative	03/17/2017 10:46 AM
	mdjohns	Other	46_DY2Q3_WF_MDL112_PRES2_OTH_CPWNY_Transition_Roadmap_9572.pdf	CPWNY Transition Roadmap - remediation DY2Q3	03/17/2017 10:46 AM
	mdjohns	Meeting Materials	46_DY2Q3_WF_MDL112_PRES2_MM_CmtyPartnersWNY_PPS_minutes_and_materials_1.4.17_Redacted_8520.pdf	CPWNY EGB minutes	01/24/2017 02:40 PM
	mdjohns	Meeting Materials	46_DY2Q3_WF_MDL112_PRES2_MM_Workforce_Workgroup_Meeting_-_12.15__8508.pdf	CPWNY Workforce Workgroup Meeting	01/24/2017 02:23 PM
	mdjohns	Other	46_DY2Q3_WF_MDL112_PRES2_OTH_CPWNY-Transition-Roadmap_8504.pdf	CPWNY Transition Roadmap	01/24/2017 02:12 PM
Perform detailed gap analysis between current state assessment of workforce and projected future state.	mdjohns	Other	46_DY2Q3_WF_MDL112_PRES3_OTH_Workfroce_milestone_3_remediation_9577.pdf	CPWNY Workforce milestone 3 - DY2Q3 remediation	03/17/2017 10:50 AM
	mdjohns	Other	46_DY2Q3_WF_MDL112_PRES3_OTH_Workforce_workgroup_approval__9576.pdf	CPWNY Workforce workgroup approval - remediation DY2Q3	03/17/2017 10:49 AM
	mdjohns	Other	46_DY2Q3_WF_MDL112_PRES3_OTH_Worforce_Committee_Gap_Analysis_approvals_9575.pdf	CPWNY Workforce Committee Gap Analysis approvals - remediation DY2Q3	03/17/2017 10:48 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	mdjohns	Other	46_DY2Q3_WF_MDL112_PRES3_OTH_EGB_approval_minutes_9574.pdf	CPWNY EGB approval minutes - remediation DY2Q3	03/17/2017 10:48 AM
	mdjohns	Meeting Materials	46_DY2Q3_WF_MDL112_PRES3_MM_CmtyPartnersWNY_PPS_minutes_and_materials_1.4.17_Redacted_8521.pdf	CPWNY EGB minutes	01/24/2017 02:42 PM
	mdjohns	Meeting Materials	46_DY2Q3_WF_MDL112_PRES3_MM_Workforce_Workgroup_Meeting_-_12.15__8509.pdf	CPWNY Workforce Workgroup Meeting	01/24/2017 02:25 PM
	mdjohns	Other	46_DY2Q3_WF_MDL112_PRES3_OTH_CPWNY-Gap-Analysis_8505.pdf	CPWNY Gap Analysis	01/24/2017 02:14 PM
Develop training strategy.	mdjohns	Other	46_DY2Q3_WF_MDL112_PRES5_OTH_Training_Strategy_8523.pdf	CPWNY Training Strategy	01/24/2017 02:45 PM
	mdjohns	Meeting Materials	46_DY2Q3_WF_MDL112_PRES5_MM_CmtyPartnersWNY_PPS_minutes_and_materials_1.4.17_Redacted_8522.pdf	CPWNY EGB minutes	01/24/2017 02:44 PM
	mdjohns	Meeting Materials	46_DY2Q3_WF_MDL112_PRES5_MM_Workforce_Workgroup_Meeting_-_12.15__8510.pdf	CPWNY Workforce Workgroup Meeting	01/24/2017 02:29 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	
Create a workforce transition roadmap for achieving defined target workforce state.	
Perform detailed gap analysis between current state assessment of workforce and projected future state.	
Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	
Develop training strategy.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	

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IPQR Module 11.3 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges and risks that you foresee in achieving the milestones set out above, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

"The key risks we have identified that could impact our ability to meet our baseline process measures in the future are:
1. RISK: Availability and timing of DSRIP funding to offset the cost of new hires, training/retraining and redeployment. MITIGATION: Resources will be deployed strategically until funding stream is known.

2. RISK: Ability to recruit, hire, and train in a timely and efficient manner to meet project performance metrics. MITIGATION: Will utilize contractors as necessary to streamline the process where possible.
3. RISK: Accurate and early identification of workforce resources, considering projects are still in the early stages of development and may change and evolve over the course of the DSRIP initiative. MITIGATION: Will ensure effective communication throughout development though the use of cross function teams and shared access & reporting through CPWNY website.
4. RISK: Challenges associated with obtaining partner support, data, collaboration and participation. MITIGATION: Project management office will utilize communication and training to maximize full engagement of partners.
5. RISK: Duplication of human resources across providers , such as care coordinators and navigators. MITIGATION: CPWNY has begun the establishment of work groups with representation across projects which share common strategies and similar resources. This is encouraging collaboration, alignment of work effort and sharing of resources, including workforce."

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

"The major interdependencies between our workforce transformation plans and other organizational workstreams are significant. The success of many of the projects is directly dependent on sufficient and timely support of workforce recruitment, training, etc. The Finance Committee of the CPWNY Board will designate a member to serve on the Workforce Project Team to ensure that funding for workforce functions stays in sync with project timelines to support recruitment, retraining, redeployment and other workforce needs. Finance engagement is also crucial to the development of a sustainable, valued based model, where resources, such as workforce, are utilized in the most efficient manner, to achieve the best results at a sustainable cost. The success of this work stream also depends on cultural competency, based upon partner surveys and specific needs of workforce.

"

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IPQR Module 11.6 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Workforce Project Team "	TBD	A group of cross-functional resources (e.g. Finance, HR, DSRIP lead, project leads, stakeholders, etc.) responsible for overall direction, guidance and decisions related to the workforce transformation agenda
CPWNY Executive Governance Body.	Edbauer Michael Markiewicz Joyce Bergmann Peter Horrigan Dennis Kerr Chris Nisbet Bruce Osborne Michael Rodrigues Bartholomew Stehlik Edward Sullivan Mark Tate Grace Walcyzk Dennis Wright Betsy Cotter Sarah Nees Rachael Nielsen David Santos Carlos Schifferli Tom Smering Peggy Stelmach Barry Sullivan Mark	Responsible for oversight
Workforce Project Manager	TBD	Dedicated Human Resource Manager accountable for support of all workforce-related activities.
WF Training Vendor(s)& Consultants	TBD	A training vendor(s)/consultant(s) to fill the identified gaps in training resources. Sisters Hospital/CHS currently has a Regional Training Center and relationships with most educational institutions in WNY. May utilize recruitment assistance as needed.

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IPQR Module 11.7 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved in your workforce transformation plans, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Human Resource Professionals (Partners Organizations)	HR leadership of CPWNY PPS	Support data collection of compensation and benefit information; current state workforce information, future state design and potential hiring needs. Provide insights and information related sources and destinations of redeployed staff by project
Training Professionals(Catholic Health System and Partner Organizations)	Training Leadership of CPWNY	Provide oversight and input to development of training needs assessment, and subsequent training strategy and plan
External Stakeholders		
Labor Unions	Labor/Union Representation	Expertise and input around job impacts resulting from DSRIP projects
WF Training Vendor(s) & Consultants	TBD	Technical training /curriculum development/recruitment.

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IPQR Module 11.8 - IT Expectations

Instructions :

Please describe how the development of shared IT infrastructure across the PPS will support your plans for workforce transformation.

Relationship between IT and Workforce is an important one, and alignment between these two will be critical to DSRIP success. First, once our training strategy and plan are implemented, we will rely on IT platforms significantly to track training progress (e.g. tracking who's been trained, the subject matter of the training, when the training took place, certification levels, etc.). This will require a cross-member organization learning management system capability. CPWNY will be using Enterprise resource planning (ERP) business management software (Lawson and other) and a project management software (Performance Logic) to assist with collecting, analyzing, and reporting workforce process measures.

IPQR Module 11.9 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

"The headline measures of the success of our workforce transformation program will be the targets of redeployed, retrained, and hired staff and the workforce budget, as articulated in the baseline information to be provided later in DY1. Community Partners of WNY will utilize an electronic survey mechanism and a performance tool (Performance Logic) to collect and report this data. We have established a reporting structure for these numbers that allows us to gather information from our whole network on a quarterly basis and funnel this information to the workforce committee. Each of the DSRIP project committees will include a representative of the Workforce Project Team in order to ensure the workforce project team has a real-time view of how the recruitment, redeployment and retraining efforts are affecting the individual projects, so that we can manage any risks as they arise.
The Workforce Project Team will develop a process to manage the data collection and ratification for the quarterly progress reports."

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IPQR Module 11.10 - Staff Impact

Instructions :

Please upload the Workforce Staffing Impact (Projections) and the Workforce Staffing Impact (Actuals) tables provided for quarterly reporting.

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mdjohns	Other	46_DY2Q3_WF_MDL1110_OTH_Staffing_Impact_Actuals_Dy2Q3_8576.xlsx	no changes since DY2Q2	01/25/2017 09:49 AM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions :

Please include details on workforce spending for DY2. The workforce spending actuals should reflect only what was spent during the relevant quarters and is not cumulative across semi-annual periods. The PPS can shift funding across categories; e.g., from Retraining to New Hires. Please note that the "Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)" section is calculated based on the total yearly commitments.

Benchmarks	
Year	**Amount($)**
Total Cumulative Spending Commitment through Current DSRIP Year(DY2)	2,000,000.00

Funding Type	Workforce Spending Actuals		Cumulative Spending to Date (DY1-DY5)($)	Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)
	DY2(Q1/Q2)($)	DY2(Q3/Q4)($)		
Retraining	85,428.59	0.00	97,535.41	13.93%
Redeployment	4,813.00	0.00	4,813.00	1.07%
New Hires	4,850.96	0.00	4,850.96	1.08%
Other	40,495.08	0.00	40,495.08	10.12%
Total Expenditures	**135,587.63**	**0.00**	**147,694.45**	**7.38%**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 11.12 - IA Monitoring:

Instructions :

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Project 2.a.i – Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management

IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

1. Inability to engage all practices based on scale and speed projections. Will closely monitor and track, utilize territory physicians to work with physician offices to get provider engagement--implement remediation strategies. Will have a shared vision and transparency that shows the progress of the partners in the program. Performance initiatives will be enhanced in a clinical integration program.
2. Clinical Practices have HIT limitation including EMR without HISP connections to other EMR system that impact interoperability and functionality. (Data import)-convert to EMRs with capabilities of interoperability when feasible - various EHR CCD exchange through direct exchange with HIE, use of MobileMD (direct messaging capabilities) and Crimson will help data exchange between platforms.
3. Issues with HEALTHeLINK/RHIO. Under utilization of the RHIO due to access and multiple sign-on requirements ; RHIO is not receiving paid claims from local payers or NYSDOH and claims data will require significant time for mapping and challenges in data governance; Only one EMR system is currently sending CCDs to the local RHIO; RHIO virtual health record is generally a PDF, not discrete data able to be fully consumed into the host EMR. Mitigation: Until EMR vendors are able to send discrete CCD data, recipient EMRs will be able to upload PDF documents.
4. Ability of data repository to generate patient registry reports for population health interventions and to close gaps in care. (Data export/extraction)--Implementation of Crimson will mitigate this issue as they are population health tools. Currently, we have a manual way to manage population health.
5. Patient resistance to engagement/care coordination. Patients' failure to make/maintain appointments. This issue will be mitigated through the use of community health workers in high need areas --will start off by gaining knowledge of this new role and identifying issues. CPWNY will use community health workers with similar cultures and ethnic backgrounds to the target population. CPWNY will develop a customized care planning workflow for Medicaid patients (psychosocial issues) that may be different from Commercial/Medicare patients. We will set up a central case management hotline to discuss issues and mitigate patient resistance (esp. psychosocial issues). Staffing demands will be mitigated with workforce development and cross-training of staff. Catholic Health will provide recruitment expertise in attracting workers. CPWNY will also set up a central transportation resource for those who have barriers related to transportation, as indicated in the Community Needs Assessment.
6. Potential shortage of PCP access point. Monitoring of patient experience surveys and input from community workers will allow CPWNY to evaluate the services provided in the various areas -- Mitigation: Provide transportation and open access to health homes to meet the patients where they are at thereby mitigating access issues.
7. Significant financial reserve to cover value-based financial risk contracts. CMP will work with health plans and increase reserves set aside to offset risk.
8. EMR capability not fully implemented due to staff competencies and system limitations. This will be mitigated by the Clinical Transformation team who will provide education via web, in-person, and work with vendors to improve upon system limitations. The Clinical Transformation team at CMP knows short-comings of EMRs utilized in WNY and will be able to remedy the system limitations quickly (even recommending a new EMR system if need be)
9. Heath home GSI care coordination system not integrated with the Virtual Heath Record. Care coordination application and home care devices to support communication across care settings --CPWNY has reached out to Millennium PPS leaders regarding GSI for care coordination integration.

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IPQR Module 2.a.i.2 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY4 Q2	Project	N/A	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.		Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1…..According to Thorpe and Ogden (1) An Integrated Delivery System is characterized by comprehensive services across the continuum of care and includes the fiollowing : 1. Patient focus; 2. Geographic coverage and rosters; 3. Performance Management; 4. Information Systems; 5. Organization culture and leadership ; 6. Physician integration ; 7. Governance Structure; Financial Management.The inclusion of all providers , institutions, payers, and CBOs:		Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1 SUB STEPS: a. Align hospitals, physicians and other providers across the continuum , inclusive but not limited to behavioral health specialists , in governance meetings. Recognize that acute care is not the hub of the system and the primary care provider is. This includes but not limited to finance committee, IT/data committee and ad hoc committees.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task b. The delivery system is designed around the patient, not the provider. Adopt shared decision making tools throughout the continuum of care and utilize care managers to meet the needs of the complex patient.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Task c. Adopt system wide evidence based guidelines, policies and procedures.		Project		Completed	09/01/2015	10/31/2016	09/01/2015	10/31/2016	12/31/2016	DY2 Q3
Task d. Build consensus regarding a variety of performance measures and goals including access to care, clinical outcomes, functionality, satisfaction and value received and incentives.		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task e. Create a process to that tracks provider performance compared to contract terms /requirements , including corrective action plans		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task f. Establish a plan to monitor PPS provider performance periodically and report to the PPS governance, with corrective action and performance improvement initiatives, as needed.		Project		Completed	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task g. CEOs participate (through the governance board, in facilitating a network of healthcare delivery organizations and provide strategic management and leadership to their own organizations.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task h. Adopt a " no wrong door approach " policy and procedure to health care delivery, ensuring an individual can be treated , or referred to treatment , whether he or she seeks help for mental health problems, a substance abuse problem or general medical conditions.This would be reflected in educational trainings, PCMH rollout, health homes, and hospital alignments with outpatient care.		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task i. IT integration will be crucial to success of the IDS: Initiate assessments of systems and identification of gaps that will be prioritized and remedied.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task J. Complete full provider list of all PPS participants , defined by provider type, NPI and Practice name- post PPS provider network directory on web site. Maintain periodic audit trail report of log of changes to network list , periodic reports with changes to network list and contractual agreements.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task k. Develop a list of elements that will need to be part of each provider agreement/cotnract to develop draft contract		Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4

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l. Set up accountability agreements with partners (with behavioral health, ancillary providers, facilities, palliative care)as well as acute care , outpatient care, long term care, urgent care, home care, etc. Process of tracking agreements established.										
Task m. Create a process to track all executed provider contractual agreements.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task n. Engage key internal unit level PPS partners to participate in IDS project		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2…Set up and maintain regular meetings /communication and involvement with all relevant stakeholders : (though there are target dates to sub steps meetings are continuous , especially when setting clinical integration metrics and informing of outcomes. SUB STEPS In relation to Step 2:		Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task a. Meet with Primary Care Providers - start with large Medicaid practices who need PCMH and communicate DSRIP initiatives utilizing physician lead , clinical transformation and enhanced care management team. (This is continuous)		Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task b. Meet with all small panel Medicaid practices utilizing Clinical Transformation team , Care Management team and Territory physicians (as needed) (This is continuous)		Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task c. Meet with Behavioral health through project involvement and Medical director as needed (this is continuous)		Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task d. Meet with post acute , long term care, community based service providers , social service organizations through project involvement, project leads. (this is continuous)		Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task e. Initiate meetings with payers on a monthly basis		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task f. Will use a variety of communication methods: webinars, emails, open forums, surveys, letters, Newsletters, and a fully functioning website with contacts for questions regarding our integrated network. A list of our network will be on the website with contact info.		Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
g. Communicate with other WNY PPS leadership to ensure no mixed messages on overlapping projects and present WNY as aligned and focused on the improvement of health care in the communities.										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Expand our current systems in place for ACO population health: MedInsight, Crimson, HEALTHeLINK. This provides the network and population management analytics and reporting application to monitor the sources of care for patients: Following sub steps refer to Step 1:		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task a. Data Acquisition: inpatient data interfacing= DY 1, Q2; Ambulatory (hospital based interfacing) data interfacing = DY 1, Q2; Completion of physician practice interfacing = DY2, Q2		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task b. User Acceptance testing: inpatient analytics - DY 1,Q2; Ambulatory (hospital based) analytics = DY2, Q2; physician practice (medical groups) analytics - DY 2, Q2		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2 - Utilize current CMP ACO MedInsight to aggregate and stratify patients for population health utilizing health plan (payer) data (inclusive of Medicaid Salient data once pt. specific info is available) and EMR data rollout. (Medent, Clinical, Allscripts, etc.) --see Project requirement #6 Step 3 =Ensure data is getting into the EMR via queryable fields		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3…Social services link to HEALTHeLINK and other partners via Mirth Mail		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q4	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Our data analytics system is designed to identify gaps in care of the population and will be able to drill down to individual gaps in care. Obtain data of partners (refer to project requirement 2, step 2- Utilize current CMP ACO Med insight to aggregate and stratify patients for population health utilizing health plan (payer) data (inclusive of Medicaid Salient data once pt. specific info is available) and EMR data rollout (Medent, eClinicalWorks, Allscripts, etc.).		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2…Maximize usage of claims data, EMR data, and patient self-report data by partnering with payers and providers in data collection -- set up discussions with payers: Starting with obtaining Medicaid claims data from health plans, in particular, data for high risk Medicaid patients.		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3…Engage CBOs in executive governing body; assess the CBO resources and capabilities; and engage them according to alignment with projects and work streams.		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4…Develop and utilize a patient dashboard approach to deploy community health workers , care managers, social workers, and other resources as needed to augment primary care		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4

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practice.										
Task Step 5 ...Deploy mobile clinical transformation team (EMR specialists and QA specialists) to assist in identifying and addressing gaps in care and prioritize where the Medicaid population is the largest. Gaps will be closed through the use of registries, use of portal and secure messaging in reaching out to patients; the care management team will prioritize patients (and caregivers) and assist practices in tracking and interventions. Regional physician leads will work with practices in each county to improve practitioners engagement.		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6…Staff trained on IDS protocol and processes by region utilizing CPWNY website, WebEx, clinical transformation teams and regional physicians.		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Create inventory of Safety Net and non-Safety Net		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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providers are signed on to HEALTHeLINK, whether they send complete CCD after encounter, whether they send/receive via HISP, whether they can do virtual record lookup. Determine the EMRs they are using.										
Task Step 2…Roll out of partner agreements that stipulate the sharing of health information and use of the RHIO		Project		In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3…In addition to agreements, HEALTHeLINK will be purchasing 500 authentication tokens for PPS practices that will make authentication for access to the RHIO information easier and no cost to the partner. This will enable providers to access information securely and easier.		Project		In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4…HEALTHeLINK will provide a community wide patient event notification service that keys on multiple event types and is configurable to the practice/provider level		Project		In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5…Build a directory that contains the DIRECT address of providers and practices across the community . This would facilitate the direct exchange of patient information between healthcare settings and would be readily accessible by any provider/user		Project		In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6…Data exchange solution that enables Omni-directional communication between care providers and patients: a. Roll-out of patient portal to PPS partners without EMR= DY 1,Q 4; Roll-out to other PPS partners= DY 2, Q 4; Integrate MobileMD with RHIO (HEALTHeLINK) = DY 1, Q4; Integrate MobileMD with PPS EMR , first PPS EMR = DY2, Q4; Integrate with all other PPS EMRs such as behavioral health, SNF, home care= DY 3, Q4 (NOTE: MobileMD is an HIE that provides comprehensive data exchange solutions and will be directly integrated with the community-wide HEALTHeLINK RHIO/SHIN-NY).		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note:		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1... Analyze current status of EMR systems used, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of PCMH (Level 3, 2, 1, in process, or none) by participating provider practices. Create a work plan and timelines for getting practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step2... Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload. Roll out will be in phases starting with those practices with the largest volume of Medicaid patients.		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3... Understand EMR system capabilities and if they have the ability to meet MU/PCMH for those who are not currently there. If there are gaps in capabilities create a work plan and timeline for working with the vendor or possibly transitioning some practices to more "ready" vendors(those practices that need to transition to more " ready" vendors will need more time and will not be completed until DY 3, Q4)		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 4… Have 100% of practices on EMR systems that enable them to meet MU and PCMH		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY4 Q2	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Step 1…Create and maintain patient registries from Practices EMRs. For practices who don't currently have EMR, do manual registry based on claims data to start with , and eventually merge them to EMR registry workflow.										
Task Step 2...Create data dictionary of registry elements		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3...Ensure data is getting into the EMR via queryable fields		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4…Data quality check and robust data aggregation /reporting		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5…Data analytics function in place		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6…Appropriate clinical oversight /review in place		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 7…Maintain centralized patient registries that will be used to stratify patients by condition and by responsible providers. Prioritize by HCC (patient stratification on severity/complexity) and other coding methodologies to assist the practices in population health interventions.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1...Analyze current status of EMR systems used, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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PCMH (Level 3, 2, 1, in process, or none) by participating provider practices. Create a work plan and timelines for getting practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.										
Task Step 2...Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3...Create a survey or contact practices to understand practice readiness to engage in PCMH or MU activities (if not currently engaged). Create work plan for training and educating those who are ready. Create an intervention strategy to help engage those who are not ready through the use of Regional Primary Care Leaders, Hospital leadership, and other resources yet to be determined (such as providing more care management assistance or behavioral health assistance to help the practice feel more comfortable with their ability to take on PCMH Project.)		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4...Create educational training materials for Meaningful Use. Provide targeted education based on each practices needs, especially for those who did not meet MU on DY1, for either in person training, web based (WebEx), or user-group by EMR vendor training		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Provide education and training to greater than half practices on Meaningful Use		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task b. Provide education and training to greater than 75% practices on Meaningful Use		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task c. Provide education and training to 100% practices on Meaningful Use		Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task d. All practices on Meaningful Use by end of DY 3= Steps listed below that correspond with PCMH 2014 standards but focusing on EMR capabilities and practice use of these capabilities:		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 5…Improving quality ,safety , efficiency and reducing health		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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disparities (these measures will help to provide better access to comprehensive patient data for patients health team; use evidence based order sets and Computer Order entry; apply clinical decision support at the point of care; generate list of patients who need care and use them to reach out to patients.)										
Task Step 6…Engage patients and families in their health care (these measures will provide patients and families with timely access to data; tools to make informed decisions and manage their health)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7…Improve care coordination (These measures will allow practices to exchange meaningful clinical information among a professional health care team)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 8…Improve population and public health (these measures will allow physicians to communicate with public health agencies and better track of health information across communities)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 9…Ensure adequate privacy and security protections for personal health information (These measures will help ensure : the privacy & security protections for confidential health information through operating policies , procedures and technology; compliance with applicable law; and transparency of data sharing to the patient.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 10...Create educational and training materials for Patient Centered Medical Home recognition. Create a series of classes (teaching of standards, leadership skills, project management skills, IT/EMR support) for practices not yet achieved PCMH to teach the steps of how to achieved Level 3 recognition. Find practices that have already achieved Level 3 that are willing to participate as mentors and leaders to other practices that have not yet achieved and connect them.		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Provide education and training to greater than half practices on PCMH		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task b. Provide education and training to greater than 75% practices on PCMH		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1

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c. Provide education and training to 100% practices on PCMH										
Task d. All Primary Care practices achieve PCMH by end of DY3==Steps listed below that are individualized to the assessment of each practice and has meaningful use standards embedded in the applicable standard:		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 11… Ensure PCMH policies and procedures in place with a process to review , revise and reapprove (templates are provided for office adaptation, customization)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 12…Ability to run reports to track missed appointments, upcoming appointments, gaps in preventive care, gaps in chronic disease management, hospitalization and transitions of care documentation, care management interventions.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 13…Appointment Access and availability reports completed (and follow policy). Enhance recruitment of providers based on access and availability report and CAHPS surveys through hospital and IPA recruitment offices		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 14…Roles and job descriptions completed for practice team members in PCMH and training to PCMH as noted above		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 15…Evidence Based guidelines built into the EMR along with tools to manage patient care(care management including referrals to COBs, educational tools, follow up , motivational interviewing)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16…Assessment of diversity in the practice and ability to run quality metrics based on culture, language, and ethnicity		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17…Track outreach to patients in attempts to close gaps in care(along with preferred methods of contact as stipulated by the patient)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 18…Exchange of information (care coordination)-- reports to show timeliness of incoming and outgoing patient information.(referral agreements in place and information exchanged according to agreements and policy)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Task Step 19…Quality improvement program in the office, utilizing Rapid Cycle Evaluation		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 20…Evaluation of usefulness of community referrals.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 21…Medication management (monitors cost, best practice, allergies, interactions, e-scripts)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 22... Set up a process for continued education and assistance with PCMH and Meaningful Use. PCMH renewals occur every three years, and meaningful use is yearly. So many practices will have to renew PCMH recognition during this time period, as well as continuing their MU attestations. We want to set up a process to ensure their continued success in the future. There are also standards in which you must show achievement during the interim years of recognition like the measurement and improvement of quality measures.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q4	Project	N/A	Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 1…Establish monthly meetings with health plans to focus on medical management with actuarial/financial and medical/nursing staff discussing improvement initiatives , either separately or together .Catholic Medical Partners (CMP) has monthly meetings (rotating basis) with health plans reviewing utilization trends and discussing performance issues, return on investment, and payment reform. There is never an end date or completion date with healthplan meetings -- they will be ongoing but will add CPWNY partners to the table.		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2… Currently CMP has risk arrangements and Value based contracts. We are working on with Fidelis (main product Medicaid) on Value based contracting . With existing contracts CPWNY will bring forth those partners interested in Value based		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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contracting (ie Hospice Buffalo has expressed a desire to be included in talks for Palliative Care)										
Task Step 3…. Include key stakeholders in the meetings with MCOs as they express their interest in negotiating Value based contracts once data available indicating ROI.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4….Meetings to escalate to Monthly as needed if value based contracting for PPS is not on target r/t to agreement of incentives, shared savings or risk arrangements.		Project		Completed	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 5… Provide Executive Board with updates to Value Based Contracting progress on a quarterly basis		Project		Completed	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY4 Q2	Project	N/A	In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 1...Develop a negotiating committee inclusive of representatives of our partners for discussions of value based contracts		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2… CPWNY will utilize resources including a Contract Sub Committee and a Strategic Planning Sub Committee to engage impacted providers / partners and assist in the individual contracting done with HMO's.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 3…CPWNY will use an existing shared savings compensation model and existing value based contracts for the establishment of value based agreements with the health plans.CPWNY will explore various VBP models such as total population, integrated primary care, acute care, and chronic care and payment methodologies. Plan the orderly implementation of VBP through the Strategic Planning Committee.		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Step 4… Insure that health plan data is available in a timely manner to all partners so action may be taken- CPWNY receives paid claims data and monitors cost and frequency of hospital inpatient and outpatient services , physician services, pharmacy and other expenses.										
Task Step 5…Insure the global budgets are risk adjusted for age and gender		Project		In Progress	06/01/2015	12/31/2016	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 6…Develop a stop-loss mechanism with the health plan contracts		Project		In Progress	07/01/2015	12/31/2016	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 7…Review actuarial reports and trends with the PPS governance.		Project		In Progress	07/01/2015	12/31/2016	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 8…Compare utilization and cost to industry wide benchmarks		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 9…Align performance measures with community and industry standards utilizing a clinical integration program.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY4 Q2	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Utilizing healthcare data analytics complete an assessment of our PPS attributed Medicaid members. Using clinical transformation team, extract data from EMRs - all Medicaid patients; sort by who has not been in office for 1 year or greater; by disease conditions (Cardiovascular , HTN, Renal, Diabetes, Behavioral health); impending doctor appointment; build in claims data to ascertain hospitalizations and ER visits to obtain holistic view of patient; Stratify population by the aforementioned and also segment by culture, ethnicity and language; Connect patients to health home (who also uses community health workers). Set up documentation in EMR to run		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4

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reports on care management care plans, care transitions. To be overseen by CPWNY Clinical Transformation and CPWNY IT teams.										
Task Step 2… Identify and train community health workers and patient navigators- work with our CBO partners including our Health Homes to assist in developing a community health worker program.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3…Survey CBOs on their capabilities, value they bring for the Medicaid patient, hours of operation and after hours access, their role in meeting the needs of the Medicaid patient to avoid hospital usage as a first line health access component. Utilize social workers to make recommendations to connect partners with various CBOs , based on population needs of the provider.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4…Each county will identify their community based partners, utilizing the Community Needs Assessment as a guide after the survey in step 3 is completed, and set up agreements/contracts regarding exchange of information and their committed help for the Medicaid patient.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 5…Utilizing a behavioral health subcommittee, focus workgroup , draw on existing knowledge base of behavioral health providers regarding the needs and concerns of their patient base.Based on this information develop a strategy to engage patients.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6…CPWNY Care management team will assist practices, prioritizing outreach and developing a workflow on patient engagement, examining patient expressed barriers to seeking health care on an outpatient basis. Barriers may be related to lack of understanding, social, cultural, travel time, family dynamics, prioritization, etc. and utilize Community Based Organizations for overcoming these barriers.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	mdjohns	Other	46_DY2Q3_PROJ2ai_MDL2ai2_PRES9_OTH_DY2Q3_MCO_Meeting_template_8528.pdf	CPWNY MCO Meeting Template	01/24/2017 02:57 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
culturally competent community-based organizations, as appropriate.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	

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IPQR Module 2.a.i.3 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid Point Assessment	Completed	Mid Point Assessment Narrative for this Project	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid Point Assessment	

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IPQR Module 2.a.i.4 - IA Monitoring

Instructions :

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Project 2.b.iii – ED care triage for at-risk populations

IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

• Initially different providers will be at different states of readiness for meeting PCMH level 3 standards. This would limit the number of practices that are prepared manage patients according to DSRIP guidelines. We plan to utilize our current clinical transformation team to aide practices that have not yet achieved certification. Additional staff will be hired to address the influx of practices required to achieve certification. CPWNY will prioritize practices with the largest volume of Medicaid patients. CPWNY will utilize existing relationships with our health homes and safety net clinics to help manage patients and meet project requirements.

• There may be periods when many providers require support from the PPS to achieve common deadlines. This will create a short term demand on central resources that may not be equipped to handle the entire volume of providers at once. CPWNY will address this by starting early and prioritizing practices that require the most help. As deadlines approach, CPWNY will establish a call service to address questions about achieving requirements. CPWNY will hold group training sessions to touch multiple practices at once and provide additional resources to practices as needed. CPWNY will enlist the help of providers that have successfully met their deadlines to offer guidance to practices that are behind, reducing the burden on centralized staff. The executive governance board will review performance of all PPS providers for possible remediation.

• Key providers in a patient care pathway may not be part of the PPS's network. This may create a problem with ensuring that the provider has interest in meeting DSRIP goals when treating our patients. In our region, there are two PPS provider networks: CPWNY and Millennium Collaborative Care (MCC). As both PPS's are engaged in the ED Triage project, CPWNY will establish a mutual agreement with MCC to treat all patients according to DSRIP standards. CPWNY will develop IT infrastructure through the RHIE, Health-e-Link, which will allow CPWNY providers to exchange information with MCC providers in order to track patient progress across PPS's. For patients who see providers outside of either network, CPWNY will refer them to existing internal care management resources, such as our health homes, to ensure that the patients are receiving appropriate care, attending appointments, and meeting care plan goals.

• Some providers may resist adopting PPS-wide protocols. This would affect CPWNY's overall performance and hinder the quality of care provided to patients. As a federally recognized Accountable Care Organization, Catholic Medical Partners has experience engaging physicians in PPS-wide protocols related to quality of care and performance reporting. This is done through use of physician champions, performance incentives, providing necessary resources, and remediation programs for providers who fail to perform at the expected level. CPWNY will employ our existing and proven strategies going forward to ensure participation and engagement in PPS-wide protocols. The executive governance board will review performance of all PPS providers for possible remediation.

• Some providers may see an excess burden if they choose to implement DSRIP projects with only a subset of their patients. This may hinder provider engagement and lower performance. CPWNY will create an incentive program that rewards physicians for clinical performance and for physician engagement. CPWNY will create a policy that requires all Medicaid patients be treated according to the same standards, and will not discriminate based on their status as a member of our attributed population. CPWNY will provide resources such as care coordination, community health workers, and social workers to assist practices and alleviate the burden of DSRIP implementation.

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IPQR Module 2.b.iii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	13,617

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	3,064	6,128	9,192	12,256
	Quarterly Update	259	440	440	0
	Percent(%) of Commitment	8.45%	7.18%	4.79%	0.00%
IA Approved	Quarterly Update	0	438	0	0
	Percent(%) of Commitment	0.00%	7.15%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (440) does not meet your committed amount (9,192) for 'DY2,Q3'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mdjohns	Other	46_DY2Q3_PROJ2biii_MDL2biii2_PES_OTH_Patient_engagement_narrative_8615.docx	narrative for patient engagement	01/25/2017 11:09 AM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 2.b.iii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Stand up program based on project requirements		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1….Assess current ER utilization for potentially preventable ER visits by payer type Medicaid/Managed Medicaid and by level of severity (triage level 4 or 5), including high risk patients who have multiple preventable ER visits.		Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Step 2...Assess current ER Care Management capabilities, scope of work, hours of operation, staffing complement , etc. at each acute care site and the resources needed to achieve the target goals of reducing potentially preventable ER visits by 25% over 5 years. Determine exiting resources at each ER that can assist with diversion: social workers, Health home, care management staff.		Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Step 3….CPWNY's partner hospitals currently have protocols for ER triage for potentially preventable ER visits. CPWNY will assess the existing protocols and adapt the protocols to better suit the needs of Medicaid population.		Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4….Develop protocols for ER triage for potentially preventable ER visits and referral process to PCMH practices and/or Health Home and other community resources.		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5...Commence with hiring/posting process for select clinical/non clinical personnel including social workers , patient navigators and health home outreach associates		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6….Train staff in identifying potentially preventable ER visits and in facilitating safe and effective referrals to PCMH, Health		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Home and other community resources.										
Task Step 7….Establish onsite health home outreach presence /capability in the ER setting for select high volume ER with initial focus on Sisters/Main Street and Mercy Buffalo.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 8….Establish open access for patients with participating CBOs for rapid turn around and follow through. Agreement between CPWNY and participating CBOs will reflect this expectation.		Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 9….Create/establish electronic data base /registry for the Medicaid patient cohort. The ER triage project team will work with the IT team to address the gaps in existing EMR systems in tracking Medicaid patients in ER.		Project		Completed	09/01/2015	12/30/2016	09/01/2015	12/30/2016	12/31/2016	DY2 Q3
Task Step 10….Follow through with health home (weekly updates as needed) for patients diverted and referred to either health home or PCMH PCP practices.		Project		Completed	10/01/2015	12/30/2016	10/01/2015	12/30/2016	12/31/2016	DY2 Q3
Task Step 11…Periodic assessment of success, failures, improvements needed utilizing process improvement techniques such as Rapid Cycle Improvement. (This activity is ongoing)		Project		In Progress	07/01/2015	03/30/2018	07/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step. 12...Once established program successful after 6-9 months then roll out to other hospitals, one at a time. (steps 1-12)		Project		In Progress	01/01/2017	03/30/2018	01/01/2017	03/30/2018	03/31/2018	DY3 Q4
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or		Provider	Safety Net Practitioner - Primary Care Provider	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
APCM standards.			(PCP)							
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Item a. (Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.) will be addressed in the following steps:		Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1... Analyze current status of EMR systems used, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of PCMH (Level 3, 2, 1, in process, or none) by participating provider practices. Create a work plan and timelines for getting practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2... Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload. Roll out will be in phases starting with those practices with the largest volume of Medicaid patients.		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3... Understand EMR system capabilities and if they have the ability to meet MU/PCMH for those who are not currently there. If there are gaps in capabilities create a work plan and timeline for working with the vendor or possibly transitioning some practices to more "ready" vendors(those practices that need to transition to more " ready" vendors will need more time and will not be completed until DY 3, Q4)		Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 4… Have 100% of practices on EMR systems that enable them to meet MU and PCMH		Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task The following steps will address item b. and c. (b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable)		Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1... The ER Triage project team will collaborate with CPWNY's IT team to assess community primary care providers' and Health Home's existing notification capabilities.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2... Establish procedures and policies on connectivity between ER and primary care providers; currently some of the CPWNY hospitals have real time notification to the Health Home and/or community primary care providers when a patient has presented into the ER that needs Health Home assistance.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3... The ER Triage project team will conduct meetings and assessment with other CPWNY partner hospitals on their existing connectivity with Health Home and community primary care and existing ED triage procedures and policies.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4... The ER Triage project team will develop plan to identify and address gaps to transform to real time notification to the Health Home based on existing best practices and nationally recognized guideline.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Efforts to understand EMR systems capabilities/readiness and ability to achieve /meet Medical Home, PCMH or APCM status with focus on practices/groups/practitioners not yet there. This may include a written/formalized workplan, timeline with evaluating/ascertaining vendor readiness. Will evaluate moving some practices to vendors with more capabilities to achieve status as noted		Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.	DY3 Q4	Project	N/A	In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).										
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.		Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task There are levels of patient navigators: Level 1 may be a lay healthcare worker or have some college , and work in the community or health care settings. They often work with patients during health screening and through the diagnostic process and may link patients to screening tests or provider health information. Level 1 also work with patients to identify and reduce barriers that keep patients from getting healthcare. A Level 2 patient navigator may be a nurse or a social worker with a BS or MS degree. Some Level 2 navigators may have less education but a lot of experience as patient navigators. These navigators work with patients in healthcare or community settings after patients receive a diagnosis , through treatment or disease management, into health maintenance, and sometimes at the end of life. Level 2 navigators may focus on behavior change, adjustment to life with a chronic illness or help clients maintain a healthy lifestyle. They address barriers to healthcare , coordinate care, tailor health information to patient needs, and motivate clients to make healthy choices. (Level 2 patient navigators can also perform all functions of Level 1 as well) he following is CPWNY road map for use of patient navigators is:		Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task CPWNY has experience with patient navigators, Level 2 , in certain hospitals for patients other than Medicaid. The ER Triage project team, in collaboration with Health Home, will assess the capability of our partners and identify gaps in addressing the needs of Medicaid population.		Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task CPWNY will develop procedures and protocols that develop flow when a patient needs a Level 1 or 2 patient navigator that will better address the needs of the Medicaid population.		Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Produce a list of non emergent encounters eligible for triage to ascertain trends and issues (as stated in Milestone #1) time of day , frequent flyers, to help guide the facilitation of protocols established.(provide lists to patient navigators of PCMH offices that will accommodate patient appointments)		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task CPWNY will engage partners with successful patient navigation performance in providing patient navigation training programs that also meet cultural competency and health literacy requirements for patient trust and engagement.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Based on assessments of Hospital partners and their existing resources , formulate a hiring/training plan with our selected CBOs to bridge resource gaps. Training program will specifically address improving Medicaid population's access to PCMH practices. Patient navigators will be trained to work along side with social workers to access community resources.		Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Initial implementation at Mercy Hospital of Buffalo and Sisters of Charity Hospital. Competency to be in place for assisting the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need; assist the patient with identifying and accessing needed community support resources; assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).		Project		Completed	09/01/2015	03/30/2016	09/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Deployment of on site health home outreach associates in the SOC and MHOB ER during peak hours of 11:00 am to 11:00 pm so as to support/encourage/promote health home enrollment		Project		Completed	09/01/2015	03/30/2016	09/01/2015	03/30/2016	03/31/2016	DY1 Q4
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	DY2 Q4	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).		Provider	Safety Net Hospital	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Create/establish a system identification/system solution/system alert to identify that an risk patient is in the ED based on payer type and ER triage level of care (CPWNY's Partner Hospitals in the Catholic Health System currently have a system to identify ER utilization for potentially preventable ER visits by payer type -- Need to expand to Medicaid/Managed Medicaid and by level of severity (triage level 4 or 5), including high risk patients who have multiple preventable ER visits.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Assess what all our hospital partners have in place , identify gaps in systems and utilize Rapid Cycle Evaluation method to process improve.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task ER Triage team (inclusive of CPWNY hospital partners) will work on creation and establishment of a system wide /universal data base with reporting /analytic reporting capability. CPWNY's IT team will be involved in this endeavor.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Data quality control with appropriate clinical oversight -adjust process based on the quality control oversight.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	
Participating EDs will establish partnerships to community primary care	

NYS Confidentiality – High

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	
For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

IPQR Module 2.b.iii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid Point Assessment	Completed	Mid Point Assessment Narrative for this Project	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid Point Assessment	

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IPQR Module 2.b.iii.5 - IA Monitoring

Instructions :

New York State Department Of Health
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Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Project 2.b.iv – Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

IPQR Module 2.b.iv.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

• Risk: Initially different providers will be at different states of readiness/completeness regarding meeting PCMH level 3 standards. This would limit the number of practices that are prepared to schedule and manage patients according to the project guidelines. Mitigation: CPWNY plans to utilize current clinical transformation team to target and aide practices that have not yet achieved their certification. Additional staff will be hired by this team to address the influx of practices required to achieve PCMH level 3 certification. CPWNY will prioritize and focus on practices with the largest volume of Medicaid patients. CPWNY will also utilize existing relationships with our health homes and safety net clinics to help manage patients and meet project requirements.

• Risk: As providers work towards meeting the timelines set by the PPS, there may be periods when many providers require support from the PPS to achieve common PPS-wide deadlines. This will create a short term demand on central resources that may not be equipped to handle the entire volume of providers at once. CPWNY will address this by starting early and prioritizing practices that require the most help and effort to achieve specific requirements. Mitigation: As widespread deadlines approach, CPWNY will establish a call service to address questions or concerns with achieving requirements. CPWNY will hold intensive group training sessions to touch multiple practices at once and provide additional resources to practices as needed. CPWNY will enlist the help of providers that have successfully met their deadlines to act as liaisons and offer guidance to practices that are behind, and reduce the burden on centralized staff. The executive governance board will review performance of all PPS providers for possible remediation.

• Risk: Some providers may resist/refuse adopting PPS-wide protocols. This would affect CPWNY's overall performance and hinder the quality of care provided to patients in the network. Mitigation: As a federally recognized Accountable Care Organization, Catholic Medical Partners has experience engaging physicians in PPS wide protocols related to quality of care and performance reporting. This is done through use of physician champions, performance incentives, providing necessary resources to our practices, and through remediation programs for providers who fail to perform at the expected level. CPWNY will employ these existing, and proven, strategies going forward to ensure participation and engagement in PPS-wide DSRIP protocols. The executive governance board will review performance of all PPS providers for possible remediation.

• Risk: Some providers may see an excess burden if they choose to implement DSRIP projects with only a subset of their patients. This may hinder provider engagement and lower performance. Mitigation: CPWNY will create an incentive program that rewards physicians for clinical performance and for physician engagement. CPWNY will also institute a policy that requires that all Medicaid patients be treated according to DSRIP project standards, and will not discriminate based on their status as a member of our attributed population. CPWNY will provide resources such as care coordination, community health workers, and social workers to assist practices and alleviate the burden of DSRIP implementation.

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IPQR Module 2.b.iv.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	11,740

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,500	4,109	5,000	8,218
	Quarterly Update	2,883	5,985	5,985	0
	Percent(%) of Commitment	192.20%	145.66%	119.70%	0.00%
IA Approved	Quarterly Update	0	5,985	0	0
	Percent(%) of Commitment	0.00%	145.66%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mdjohns	Other	46_DY2Q3_PROJ2biv_MDL2biv2_PES_OTH_Patient_engagement_narrative_8617.docx	narrative for patient engagement	01/25/2017 11:11 AM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 2.b.iv.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1… Establish a work group that includes home care partners, certified health home agencies, primary care physicians, and other CBO's, to determine CPWNY protocol. Members of this work group will be selected based on Medicaid volume, and their responsibility for discharge planning.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2…Established work group analyzes current PPS partner hospitals existing Care Transition models including staffing, hospital readmission rates within 30 days, and primary referral sources that are currently PCMH. Identify gaps in current discharge planning protocols.		Project		Completed	08/15/2015	03/31/2016	08/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3…Review existing best practices for reducing hospital re-admissions.		Project		Completed	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4… Care Transitions project team will develop risk assessment process using Project Boost (8P readmission risk assessment methodology). Risk assessment process will be approved by Clinical Governance Committee (CGC).		Project		Completed	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5… Roll out risk assessment process (including training, culture competency, health literacy, and social support) to all participating hospitals.		Project		Completed	12/31/2015	12/31/2016	12/31/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6…Review existing care transitions protocols for the key		Project		Completed	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
clinical conditions represented in the readmission data. Utilize the Project Boost 8P readmission risk assessment methodology. Project Boost uses factors such as problems of medications, psychological status, physical limitations, health literacy, etc.										
Task Step 7…Develop a Care Transition protocol for discharge planning and linkage to care management and PCMH practices. The protocol will focus on ensuring patients are seen 2-7 days after discharge. The protocol will also include active follow-up from health home and/or community health workers if patients do not successfully engage in 2-7 days. Included in this protocol is a process to screen patients for health home referrals and home care services.		Project		Completed	01/02/2016	05/30/2016	01/02/2016	05/30/2016	06/30/2016	DY2 Q1
Task Step 8…Use existing Care Transition protocol as the base for developing the Care Transition Intervention Model, and adapt to the needs of Medicaid population.		Project		Completed	01/02/2016	05/30/2016	01/02/2016	05/30/2016	06/30/2016	DY2 Q1
Task Step 9…Send draft protocol to Clinical Governance Committee for review and feedback		Project		In Progress	05/30/2016	12/31/2016	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 10…Finalize Care Transition Intervention Model (Approval from Clinical Governance Committee)		Project		In Progress	09/30/2016	12/23/2016	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11…Develop a communication and implementation strategy for the Care Transition Intervention Model at all PPS Partner Hospitals		Project		In Progress	12/23/2016	03/30/2017	12/23/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 12…Monitor implementation of the care transitions protocol through training with attestation and self reportingto make sure the protocol is actively implemented. Periodic review of re-hospitalizations (to the same facility and all faculties) after implementation. (This action is ongoing)		Project		In Progress	12/23/2016	03/30/2017	12/23/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 13…Use Rapid Cycle improvement method to monitor readmission over the duration of DSRIP. (this action is ongoing)		Project		In Progress	12/23/2016	03/30/2017	12/23/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1…The PPS project management office, Catholic Medical Partners, currently has Medicaid risk contracts (with Value Based Payment metrics) with 3 payers and is working to develop risk contracts with 2 additional health plans. This would include the majority of Medicaid population attributed to CPWNY. Please note that Catholic Medical Partners project management team has had Value Based contracts based on successful collaborative relationships over the last 10 years.		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 2… PPS will review existing risk contracts and conduct assessment of how to include PPS partners in existing and future risk contracts. Develop timeline to include PPS partners in the future.		Project		Completed	04/01/2015	12/30/2016	04/01/2015	12/30/2016	12/31/2016	DY2 Q3
Task Step 3…Currently the health plans are providing to the PPS's Health Homes lists of potentially eligible patients to be enrolled in Health Homes. Currently PPS has 1500 patients enrolled and is working for enrolling another 1500 patients. Note: This will be ongoing enrollment process through the 5 years of DSRIP grant.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4…The PPS project management office meets quarterly with health plans to identify opportunities to improve utilization and enhance quality using both actuarial data from Milliman MedInsight and clinical metrics from sources such as NYS DOH QARR.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5…The PPS project management office will review on periodic basis readmission trends for each managed care		Project		In Progress	08/01/2015	03/30/2018	08/01/2015	03/30/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
contract and will report results to the Care Transitions project team and all providers who are engaged in initiative to reduce re-admissions. (This action is ongoing)										
Task Step 6…The PPS project management office will provide readmission reports to each of the PPS's participating PCMH practices and Health Homes. (This action is ongoing)		Project		Completed	12/30/2015	06/30/2016	12/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 7…PPS will use Rapid Cycle Improvement to provide PPS partners with trends of hospital readmission and will provide training and group sessions to share best practices. (this action will be ongoing)		Project		Completed	12/30/2015	06/30/2016	12/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10…Share the final version of CPWNY's PPS-wide Care Transition model for Medicaid with MCO's and Health Homes to ensure reduce redundancy and improve effectiveness		Project		In Progress	12/23/2016	03/30/2017	12/23/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 11…CPWNY will conduct periodic progress updates on the Care Transition model roll out and on relationship development with Health Homes, MCO and Fee-For-Service (this action is ongoing)		Project		In Progress	03/30/2017	03/30/2018	03/30/2017	03/30/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure required social services participate in the project.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Required network social services, including medically tailored home food services, are provided in care transitions.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1…Evaluate and analyze current social services used each PPS partner hospital for Care Transition Services. PPS will use the analysis to identify regional trends in readmissions will assess the capacity and adequacy of social services safety net in supporting PCMH practices in caring for patients and providing relevent data on utilization. Please note that we have used community needs assessment to identify the geographical areas where patients with the highest need reside and selected PPS partners in those areas.		Project		Completed	09/03/2015	12/30/2015	09/03/2015	12/30/2015	12/31/2015	DY1 Q3
Task Step 2…Social service agencies will receive basic trainings on socio economic factors related to re-hospitalizations based on the Project Boost methodology. And PPS will provide trainings on the		Project		Completed	09/30/2015	03/30/2016	09/30/2015	03/30/2016	03/31/2016	DY1 Q4

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protocols we developed for Care Transitions. Please note that the Project Management Office currently has 3 social workers engaged in receiving referrals from the PPS network, as well as various existing hospital based Social Workers referring patients to social services. A referral process has been established and the team of social workers has established relationships with Meals on Wheels, Catholic Charities, Erie/Chautauqua/Niagara County Health Departments, Horizon Health Services, Health Homes, legal services, and participating behavioral health and substance abuse agencies.										
Task Step 3…Expand the Project Management Office's current services to other PPS partners especially in Chautauqua County, provide trainings.		Project		Completed	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4…PPS will monitor social service agencies' volume on periodic basis, which will be used to assess PPS's success in closing social economic gaps and to assess PPS's success in the future. The Project Advisory Committee will receive periodic reports. Monitoring in Erie County will be established sooner (DY1 Q4) due to the fact that the PMO has existing relationship with social service agencies..		Project		In Progress	12/30/2015	03/30/2017	12/30/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 5…Create a process for referrals including a documented list of social services available in the community and referral agreements between hospital partners and social service agencies that document processes and timelines.		Project		In Progress	04/15/2016	03/30/2017	04/15/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 6…CPWNY will work with relevant social services to conduct periodic assessment based on utilization reporting identified in the gap analysis (ie access to appropriate services through of implementation of referral process, e.g. referral volume, timely follow-up after referral, etc) (this action is ongoing)		Project		In Progress	03/30/2017	03/30/2018	03/30/2017	03/30/2018	03/31/2018	DY3 Q4
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
planned discharges.										
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Hospital	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1…Analyze current PPS partner hospitals care manager staffing models and processes. Review current job descriptions, training needs/gaps, and staffing levels. Determine if current processes include early notification of planned discharges.		Project		Completed	04/20/2015	09/30/2015	04/20/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Review existing care manager protocols and create a work group including care management leads from each PPS partner hospitals to determine CPWNY protocol. Included in this protocol is a process to identify patients early in their hospital stay (including when in the ER) for a planned discharge process, patient screening for additional referrals (health home, home care, BH, Palliative Care, social service needs. Also included is a documentation plan (Current electronic documentation, gaps, and plan for future needs)		Project		Completed	08/02/2015	12/22/2015	08/02/2015	12/22/2015	12/31/2015	DY1 Q3
Task Step 3…Create and Send draft protocol from workgroup to Clinical Governance Committee for review and feedback		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4…Finalize Care Transition protocol for care managers (Approval from Clinical Governance Committee)		Project		Completed	01/02/2016	03/30/2016	01/02/2016	03/30/2016	03/31/2016	DY1 Q4
Task Step 5…PPS will monitor the number of patients discharged per PPS participating hospital and assess whether the discharge process is consistent with the developed protocol and sufficient to handle patient volume. Periodic reports will be produced. (this action will be ongoing)		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 6…Develop a training, communication and implementation		Project		Completed	04/15/2016	12/30/2016	04/15/2016	12/30/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
strategy for the Care Management model.										
Task Step 7…The PPS will develop a highly reliable discharge planning process using a change management strategy / Six Sigma Method based upon the premises that proactive follow-up and risk mitigation is needed to reach the overall goal of reducing readmission by 25%. We will use the theme of "no patient left behind". The Project Management Office and Catholic Health System have Six Sigma training in place.		Project		In Progress	04/15/2016	03/10/2017	04/15/2016	03/10/2017	03/31/2017	DY2 Q4
Task Step 8…PPS will use Rapid Cycle Improvement and periodic reports to monitor results. Results will be communicated through the reporting system to governance boards and relevant providers. (this action will be ongoing)		Project		In Progress	04/15/2016	03/30/2017	04/15/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1…Analyze current policies and procedures that are in place for documenting and exchanging care transition plans from patient medical record. Including who has access, how it Is transmitted to the patient and their care team (including their primary care provider)		Project		Completed	08/01/2015	09/29/2015	08/01/2015	09/29/2015	09/30/2015	DY1 Q2
Task Step 2…Determine each hospitals' and primary care center's referral network EMR interoperability capabilities (see IT Assessment)		Project		Completed	08/15/2015	03/31/2016	08/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3…Review assessment and determine gaps for exchanging care transition plans between patients and primary care providers in a timely manner. CPWNY is developing our Crimson Care Management module in partnership with HEALTHeLINK which will have the capability to receive alerts when a patient is admitted, discharged, or presents at the ER at any hospital in our		Project		Completed	01/05/2016	09/30/2016	01/05/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS region.										
Task Step 4…Convene work group to determine policy and procedure for exchanging care transition plans		Project		Completed	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5…Create and Send draft protocol from workgroup to Clinical Governance Committee (CGC) for review and feedback		Project		In Progress	02/10/2016	12/31/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 6…Finalize Care Transitions plan protocol (Approval from CGC)		Project		In Progress	02/28/2016	12/31/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 7…Develop a training, communication and implementation strategy for the Care transition record exchange for each PPS partner hospital and primary care practice		Project		In Progress	08/02/2016	03/28/2017	08/02/2016	03/28/2017	03/31/2017	DY2 Q4
Task Step 8…The PPS will develop a value based payment mission within the PPS using both process and outcome measures for the target population and metrics for both clinical and financial success. The PPS will develop a highly reliable discharge planning process using a change management strategy / Six Sigma Method based upon the premises that proactive follow-up and risk mitigation is needed to reach the overall goal of reducing readmission by 25%. We will use the theme of "no patient left behind". The Project Management Office and Catholic Health System have Six Sigma training in place.		Project		In Progress	04/15/2016	03/30/2017	04/15/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure that a 30-day transition of care period is established.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Evaluate current PPS partners' existing Care Transition process including the current 30-day transition of care period.		Project		Completed	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review existing care transition care period and identify gaps where PPS partners are not following a 30 day transition of care period.		Project		Completed	10/15/2015	03/28/2016	10/15/2015	03/28/2016	03/31/2016	DY1 Q4
Task Convene work group to establish procedures for practices to follow for 30 day transition of care period and monitoring		Project		Completed	04/03/2016	09/30/2016	04/03/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
including screening for patient at higher risk for re-admission.										
Task Create and Send draft procedure from work group to Clinical Governance Committee for review and feedback.		Project		In Progress	06/20/2016	12/31/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Finalize 30 Day Care Transition period procedure (Approval from CGC)..		Project		In Progress	09/01/2016	12/20/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Develop a training, communication and implementation strategy for the 30 day Care transition period.		Project		In Progress	01/04/2017	03/28/2017	01/04/2017	03/28/2017	03/31/2017	DY2 Q4
Task Step 7…The PPS will develop a value based payment mission within the PPS using both process and outcome measures for the target population and metrics for both clinical and financial success. The PPS will develop a highly reliable discharge planning process using a change management strategy / Six Sigma Method based upon the premises that proactive follow-up and risk mitigation is needed to reach the overall goal of reducing readmission by 25%. We will use the theme of "no patient left behind". The Project Management Office and Catholic Health System have Six Sigma training in place.		Project		In Progress	04/15/2016	03/30/2017	04/15/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1…Review IT assessment for all hospital partners including EMR platforms and identify where they currently document/identify discharged patients, care transition plans sent, and identify gaps in current documentation status of other necessary data fields in order to track project implementation progress. Our IT assessment indicates that all our PPS hospital partners are using EMR platforms and sharing with the local RHIO, HEALTHeLINK.		Project		Completed	08/10/2015	03/31/2016	08/10/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2…Monitor and ensure the hospital partners are actively using the local RHIO, HEALTHeLINK.		Project		Completed	01/05/2016	06/01/2016	01/05/2016	06/01/2016	06/30/2016	DY2 Q1
Task		Project		Completed	01/05/2016	12/31/2016	01/05/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 3…Create work plan including hospital IT departments and/or care management departments to address and IT data documentation and reporting gaps at each hospital										
Task Step 4…Implement and communicate work plan to address and IT data documentation and reporting gaps at each hospital		Project		In Progress	07/06/2016	03/30/2017	07/06/2016	03/30/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	
Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	
Ensure required social services participate in the project.	
Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	
Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	
Ensure that a 30-day transition of care period is established.	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	

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IPQR Module 2.b.iv.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid Point Assessment	Completed	Mid Point Assessment Narrative for this Project	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid Point Assessment	

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IPQR Module 2.b.iv.5 - IA Monitoring

Instructions :

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Project 2.c.ii – Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services

IPQR Module 2.c.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

• Provider participation in telemedicine consultations requires a comprehensive credentialing process. This could create a problem for CPWNY where the time it takes for our participating providers to achieve the appropriate credentials will be too long to meet initial patient demand and achieve patient engagement targets. To mitigate this problem, while our local providers are undergoing the process of achieving the appropriate credentials, CPWNY will contract with turnkey vendors to facilitate consultations by connecting with available providers across the country. CPWNY will choose a vendor with expertise in addressing challenges of differing licensure/credentialing standards across different states. Over the timeline of the grant, if we do not reach the necessary volume of local providers interested and successful in achieving these credentials, these contracts with turnkey vendors will be renewed to supplement care based on patient demand.

• Currently, there is limited reimbursement infrastructure for telemedicine consultations. This creates a problem with engaging providers to participate in consultations if they are unsure about how they will be paid for their service. To ensure the sustainability of this project, CPWNY will then work with local health plans and Medicaid Managed Care Organizations to negotiate and develop a payment infrastructure for telemedicine consultations that is sufficient to encourage physician engagement. CPWNY will engage providers and request physician input in the development of a sustainable payment model.

• For the initial implementation, there is concern that providers may not have the appropriate IT infrastructure or technological capabilities to participate in telemedicine consultations. CPWNY will work with our information technology team to build exchange capacity between different provider sites. CPWNY will contract with turnkey vendors to help facilitate the development of appropriate IT infrastructure in a timely manner. Technologies will be rolled out gradually based on practices with high volume of Medicaid patients accessing these services and patients with acute conditions.

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IPQR Module 2.c.ii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	13,862

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,450	2,900	4,212	5,524
	Quarterly Update	6	12	12	0
	Percent(%) of Commitment	0.41%	0.41%	0.28%	0.00%
IA Approved	Quarterly Update	0	12	0	0
	Percent(%) of Commitment	0.00%	0.41%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (12) does not meet your committed amount (4,212) for 'DY2,Q3'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mdjohns	Other	46_DY2Q3_PROJ2cii_MDL2cii2_PES_OTH_Patient_engagement_narrative_8618.docx	narrative for patient engagement	01/25/2017 11:15 AM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

IPQR Module 2.c.ii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement telemedicine services, aimed at reducing avoidable hospital use by increasing patient access to services not otherwise available and/or increasing specialty expertise of primary care providers and their staff in order to increase availability of scarce specialty services.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Telemedicine service implemented, based on evaluation of impact to underserved areas including, but not limited to: - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Perform a community-wide assessment to determine highest need for telemedicine and potential gaps, which can assist in the reduction of preventable admissions/readmissions. This is in accordance with the goals to reduce improper utilization by 25% in 5 years. The WNY region has identified gaps such as critical care, acute neurology assessment, and behavioral health consultations. In addition, our goal is to triage patients to appropriate level of care through telemedicine consults and thus facilitate patient transfers as needed.		Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task CPWNY will assess existing telemedicine capabilities and issue telemedicine RFPs to outside vendors.		Project		Completed	04/01/2015	04/15/2015	04/01/2015	04/15/2015	06/30/2015	DY1 Q1
Task Telemedicine vendor selected by CPWNY EGB based on vendor's capability of addressing identified gaps in services.		Project		Completed	04/15/2015	05/15/2015	04/15/2015	05/15/2015	06/30/2015	DY1 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Specialist on Call-NY Telemedicine TPP (SOC) was selected.										
Task Contract negotiations between SOC and CPWNY. Contract developed by SOC and under review by CPWNY's legal team and Women's Christian Association Hospital, which is the first pilot site for rolling out the telemedicine project.		Project		Completed	05/30/2015	07/15/2015	05/30/2015	07/15/2015	09/30/2015	DY1 Q2
Task Contract to be signed by CPWNY for the initial and ongoing implementation of the telemedicine project. WCA to review and sign contract for the individual services to be provided in the areas identified as gaps in care for this institution. There will be a 120-day implementation period following signing		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Needs for connectivity, interoperability, credentialing, reporting, and other required elements of the telemedicine project will be coordinated with CPWNY's participating partners and outside vendors.		Project		Completed	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task Provide communication and training to participating providers at WCA hospital on Specialists on Call regarding equipment and clinical protocols for the provision of medical services.		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task CPWNY will conduct periodic assessment of the progress in implementing the telemedicine project and produce reports and newsletters. CPWNY will utilize Rapid Cycle Improvement and PDSA methodology for continuous improvement. Note: ongoing activity.		Project		In Progress	03/30/2016	03/30/2018	03/30/2016	03/30/2018	03/31/2018	DY3 Q4
Milestone #2 Provide equipment specifications and rationale for equipment choice (including cost of acquisition, maintenance and sustainability of service).	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Equipment specifications (meeting certified standards for interoperability and communications) and rationale documented.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Telemedicine workstations leased from SOC based on their experience and on call network for ICU, neurology and psychiatry		Project		Completed	07/15/2015	10/01/2015	07/15/2015	10/01/2015	12/31/2015	DY1 Q3
Task Implementation including equipment, clinical protocol , IT installation and training is $55,000 per hospital (one time fee) plus monthly maintenance of $750 per month. Equipment choice		Project		Completed	07/15/2015	10/01/2015	07/15/2015	10/01/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
(Rubbermaid Telemedicine cart with Cisco SX20 video codec or Polycom Group 500) is specified by SOC, which will provide continuous maintenance.										
Task CPWNY will engage in discussions with health plans to develop additional strategic initiatives that will enhance the sustainability of the project, including additional reimbursement for these services.		Project		In Progress	07/15/2015	12/31/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #3 Define service area and participating providers, with clear delineation between telemedicine hub sites versus spoke sites.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Service area, delineated between spoke and hub sites, defined.		Provider	Spoke Sites	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Service area, delineated between spoke and hub sites, defined.		Provider	Hub Sites	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Perform assessment of areas in our counties (Chautauqua, Erie and Niagara, Orleans) in high need of telemedicine services. Reach out to other hospitals to identify their specific needs and initiate implementation of additional telemedicine sites.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Begin roll out in Chautauqua County, starting with Women's Christian Association hospital, due to high patient demand and provider interest.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize agreements with WCA hospital. CPWNY will work on additional agreements with Brooks Memorial Hospital in Chautauqua County, Mount St Mary's Hospital in Niagara County, Medina Hospital in Orleans County, Westfield Hospital in Chautauqua County, and Bertrand Chaffee Hospital in Erie County.		Project		Completed	07/01/2015	03/30/2016	07/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task SOC is a turn key operation with a robust on-call network. To create a uniform process, they will act as the "hub" for our providers to obtain services. The spokes will be our rural hospitals and providers.		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Procure service agreements for provision of telemedicine services such as specialty services, participating primary care and nurse triage monitoring.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task		Provider	Spoke Sites	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Service agreements in place for provision of telemedicine services.										
Task Service agreements in place for provision of telemedicine services.		Provider	Hub Sites	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Service agreements, which outline specific protocols for the provision of medical services, are developed for WCA Hospital, Brooks Memorial Hospital, Mount St Mary's Hospital, and Bertrand Chaffe Hospital with all related costs and relevant services identified. The agreements are developed based on SOC's standard service protocol and are edited to incorporate the specific needs of CPWNY's participating hospitals.		Project		Completed	06/01/2015	03/30/2016	06/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Agreements will be approved by the CPWNY EGB and specific hospital agreements will be reviewed and approved in coordination with participating hospitals.		Project		Completed	06/01/2015	03/30/2016	06/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Communicate the terms of the service agreements and provider contracts to participating providers.		Project		Completed	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task The Medical Directors of each institution participating in the project will coordinate the implementation, credentialing, and integration of the services with their respective medical staff.		Project		Completed	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 Develop standard service protocols, as well as consent and confidentiality standards meeting all federal and state requirements.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Telemedicine service, consent, and confidentiality protocols developed to meet federal and state requirements for: - patient eligibility - appointment availability - medical record protocols - educational standards - continuing education credits		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Work with Specialists on Call and the CPWNY Clinical Governance Committee will review and approve standard service protocols and standards on consent and confidentiality that will be HIPAA-compliant.		Project		Completed	06/01/2015	12/30/2015	06/01/2015	12/30/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task SOC will ensure that their approved physicians are licensed in NYS. Participating hospitals will credential SOC physicians within their medical staff.		Project		Completed	07/15/2015	12/30/2015	07/15/2015	12/30/2015	12/31/2015	DY1 Q3
Task Hospital to use SOC clinical protocols and requirements for effective record exchange and provide appropriate documentation regarding the encounter.		Project		Completed	07/15/2015	12/30/2015	07/15/2015	12/30/2015	12/31/2015	DY1 Q3
Task Timeline for accessing the on call physician will be established by contractual agreements with SOC.		Project		Completed	07/15/2015	09/30/2015	07/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task In coordination with the local hospital medical staff leadership, CPWNY will provide communication and training to participating providers on standard service protocols.		Project		Completed	07/15/2015	12/30/2015	07/15/2015	12/30/2015	12/31/2015	DY1 Q3
Task Assessment executed and reviewed to determine effectiveness of the program and make improvements. SOC is Joint Commission regulated and adheres to proper quality guidelines.		Project		Completed	01/01/2016	12/30/2016	01/01/2016	12/30/2016	12/31/2016	DY2 Q3
Milestone #6 Coordinate with Medicaid Managed Care Organizations to develop and ensure service authorization and payment strategies are in place to support sustainability of patient care uses.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Service authorization and payment strategies developed, in concert with Medicaid Managed Care companies.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task CPWNY's PMO has existing value-based risk contract relationship with local Medicaid Managed Care Organizations. CPWNY will leverage existing relationships to develop service authorizations and payment strategies to address the needs of Medicaid population.		Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Convene meetings with local health plans and Managed Care Organizations to discuss payment arrangements and authorization.		Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Finalize payment agreements with major health plans and Managed Care Organizations for provision of telemedicine services.		Project		In Progress	07/01/2015	12/31/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	01/01/2016	12/31/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Payment agreements approved by the EGB and the Finance Committee.										
Task Meet periodically with the MMCOs to review and improve agreements. (This action is ongoing)		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Include in service agreements provisions for the exchange of clinical information. Identify SOC capabilities for tracking and follow-up.		Project		Completed	07/15/2015	12/30/2015	07/15/2015	12/30/2015	12/31/2015	DY1 Q3
Task Review IT assessment to identify interoperability capabilities between SOC and CPWNY providers and between the local RHIO, HEALTHeLINK.		Project		Completed	07/15/2015	09/30/2016	07/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task Work with HEALTHeLINK and the IT team to develop interoperability and patient tracking capability.		Project		Completed	07/15/2015	12/31/2016	07/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task CPWNY will require participating hospitals to report utilization of patients engaged in this project. (This action is ongoing)		Project		In Progress	07/15/2015	03/30/2017	07/15/2015	03/30/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement telemedicine services, aimed at reducing avoidable hospital use by increasing patient access to services not otherwise available and/or increasing specialty expertise of primary care providers and their staff in order to increase availability of scarce specialty services.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Provide equipment specifications and rationale for equipment choice (including cost of acquisition, maintenance and sustainability of service).	
Define service area and participating providers, with clear delineation between telemedicine hub sites versus spoke sites.	
Procure service agreements for provision of telemedicine services such as specialty services, participating primary care and nurse triage monitoring.	
Develop standard service protocols, as well as consent and confidentiality standards meeting all federal and state requirements.	
Coordinate with Medicaid Managed Care Organizations to develop and ensure service authorization and payment strategies are in place to support sustainability of patient care uses.	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	

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IPQR Module 2.c.ii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid Point Assessment	Completed	Mid Point Assessment Narrative for this project	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid Point Assessment	

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IPQR Module 2.c.ii.5 - IA Monitoring

Instructions :

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Project 3.a.i – Integration of primary care and behavioral health services

IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

• Risk: It is not financially viable to hire therapists and psychiatric providers in rural practices exclusively for DSRIP patients. This could limit access to integrated care. Mitigation: CPWNY will institute a policy that all patients are treated according to DSRIP standards, and will not discriminate by insurance or DSRIP status. Therapists and psychiatric providers will be shared by multiple primary care offices. Satellite clinics will be embedded in primary care practices so both Medicaid and commercial insurance can be billed, or enhanced rapid access referral process will be in place. CPWNY will off-set the difference between Medicaid and commercial rates to support BH services.

• Risk: Staff and providers may not understand the projects and may be reluctant to perform necessary roles. Mitigation: CPWNY will ensure that all organizations are trained in the goals of DSRIP and roles of the organization and their staff. Catholic Medical Partners has experience engaging physicians in quality improvement and performance reporting through physician champions, performance incentives, providing resources, and remediation for providers who fail to perform. CPWNY will employ these strategies to ensure engagement in DSRIP protocols. The executive governance board will review performance for possible remediation.

• Risk: Lack of care coordination technology and lack of integration of medical and social services. OPWDD services & medical services have separate systems and rules. Without a care coordination system there will be limited continuity for OPWDD individuals. Mitigation: CPWNY will invest in care coordination technology to allow communication between providers, individuals and natural supports. New technology will include ability to track information on habilitative and medical services. CPWNY will ensure that all agencies have EHR access with linkage to the data warehouse. In the event of limited resources, CPWNY will use our health homes, which have capacity for managing and tracking both health and social services, to refer OPWDD individuals.

• Risk: Lack of interoperable EMRs between PCPs and behavioral health providers. This could create a barrier for coordination and secure exchanges between providers. Mitigation: CPWNY will partner with HealtheLink and instruct practices to utilize their functionality for direct exchange of patient data. This includes capability for Bi-directional exchange of CCD/CCDA data. CPWNY plans to develop infrastructure either through HealtheLink or individual EMRs for exchange of information between all network providers.

• Risk: Difficulty in engaging patients. Lack of participation is a liability for performance. Mitigation: CPWNY will train PCPs and behavioral health providers in the social and structural determinants of health. CPWNY will use peer health coaches and telephone reminders to engage patients. CPWNY will enlist experienced partners in the development of wellness programs. Appointment scheduling will consider patient schedules and transportation to ensure compliance. CPWNY providers will engage patient family members to create a familiar support network.

• Risk: Lack of standardized protocols for identifying patients in need of primary care and behavioral health services. This may create differences in patient classification and treatment across providers and inhibit continuity of care. Mitigation: CPWNY will establish PPS-wide protocols for classifying patients and developing care plans. CPWNY will provide training of PCPs in motivational interviewing and behavioral health treatment. Behavioral health staff will be trained in fundamentals of diabetes, hypertension, obesity, and nutrition. PCPs will be trained to use Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Patient Health Questionnaire (PQH9) protocols for screening and evaluation.

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IPQR Module 3.a.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	38,681

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	8,704	17,407	25,143	32,879
	Quarterly Update	8,787	18,993	18,993	0
	Percent(%) of Commitment	100.95%	109.11%	75.54%	0.00%
IA Approved	Quarterly Update	0	18,993	0	0
	Percent(%) of Commitment	0.00%	109.11%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (18,993) does not meet your committed amount (25,143) for 'DY2,Q3'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mdjohns	Other	46_DY2Q3_PROJ3ai_MDL3ai2_PES_OTH_Patient_engagement_narrative_8619.docx	narrative for patient engagement	01/25/2017 11:17 AM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 3.a.i.3 - Prescribed Milestones

Models Selected		
Model 1 ✓	Model 2 ✓	Model 3 ✗

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…The project management office (PMO) staff will identify from participating providers lists primary care practices and licensed mental health, behavioral health, and substance abuse organizations across the Community Partner's of WNY geographic areas and coordinate with Millennium Collaborative Care PPS as to which primary care providers and licensed mental health, behavioral health, and substance abuse providers are in both PPS's.			Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…PMO staff, with a cover letter detailing the kinds of support Community Partners could provide their practice, survey the identified primary care practices who are exclusively in the Community			Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Partner's PPS as to their PCMH/NCQA Level or Advanced Primary Care status, percentage of current Medicaid patients served, their current ability to accept new Medicaid patients, EHR status and vendor, CCD capacity to receive and send records, relationship with HealtheLink RHIO, current behavioral health capacity if any, status of current use of PHQ9 and SBIRT screenings, and willingness to discuss possible integration of a satellite mental health or behavioral health (including substance abuse) clinic within their practice site (Article 28 outpatient primary care clinics are currently unable by regulation to integrate a satellite Article 31 mental and behavioral health clinic unless there is a completely separate entrance and separate waiting room making this approach to integration not feasible). The PMO has contacted the regional Department of Health Commissioner for assistance in overcoming this barrier. (Will start with high volume Medicaid practices and roll out survey in increments.)											
Task Step 3…CPWNY PMO and Millennium Collaborative Care designated staff will send a joint cover letter and Survey to those primary practices which are in both the Millennium and Community Partner PPS's to identify available support and ask for the same information as in Step 2			Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 4...With a cover letter detailing the kinds of support available in CPWNY, with representation from Article 31 (e.g. Spectrum) partners, will survey the identified licensed mental health/CD agencies exclusively aligned with Community Partners PPS as to current experience with satellite clinic integration into primary care sites, willingness to consider satellite clinic integration into primary care sites, EHR status and vendor, HealtheLink RHIO experience/relationship, CCD and /or MIRTH mail			Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

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capacity to receive and send records if any, current status/use of PHQ9 and SBIRT screenings, current capacity to provide primary care services within their existing MH clinics. (roll out in increments based on CNA)											
Task Step 5…CPWNY, with representation from Article 31 partners, and Millennium Collaborative Care designated staff will send a joint cover letter and Survey to those licensed mental health providers which are in both the Millennium and Community Partner PPS's identifying PPS support available and asking for the same information as in Step 3.			Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6…CPWNY, with representation from Article 31 partners, and Millennium Collaborative Care designated staff will jointly determine if the restrictions on integrating Article 31 clinics into Article 28 outpatient primary care facilities identified above are DOH regulations or Federal regulations. If DOH regulations jointly seek a waiver. If waiver not feasible explore the feasibility of the Article 28 clinics being able (if not already so) to hire their own mental or behavioral health (including substance abuse) professional and what supports would be needed to do so from respective PPS's if the Article 28 was in both PPS's. Survey solely or jointly by both PPS's as appropriate the Article 28's for the same information as in Steps 2 or 3.			Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7…Hold geographically accessible planning meetings for primary care and behavioral health providers who expressed via survey interest in proceeding toward integrated services.. Meetings will be led by teams consisting of physician, mental health leaders and CPWNY central office representatives Include Millennium Collaborative Care representatives to address those providers who will be serving patients from both PPS's. Initiate outreach to PCP's by			Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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physician ambassadors from CPWNY and CPWNY mental health ambassadors to mental health providers to engage those providers who either did not respond to surveys or declined interest. Discuss their obstacles to participation and how CPWNY can help to resolve obstacles and engage their active participation in the project through a shadowing visit to existing sites that have integrated behavioral health with primary care. Continue quarterly planning meetings throughout the project to support a learning community approach. Maintain regional meetings for providers throughout the project											
Task Step 8… CPWNY will use a variety of integration models to achieve the goals of this project. These include 1. embedding a mental or behavioral health provider from an Article 31 partner community based organization into a primary care site; 2. building evidence based behavioral health and substance abuse screening tools into the PCMH work flow; 3. facilitating same day access and referral to a geographically accessible behavioral health or substance abuse service for patients identified as in need.			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 9...For practices that do not have a behavioral health provider physically located in the primary care practice, "warm transfers" will be facilitated in person by an available member of the PCP office to behavioral health/substance abuse providers located close by or in the same building, or via a scheduled conference call with participating behavioral health/substance abuse providers, primary care physicians, and the patient.			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 10…Finalize contracts/MOU's with participating PCP's and behavioral health and substance abuse providers that outlines their commitment to participate in			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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developing and operationalizing integrated services within the CPWNY PPS or, as appropriate, CPWNY and Millennium PPS's if members of both PPS's. Coordinate content of the contracts/MOU's between PPS's to standardize expectations. (incremental roll out - start with high volume practices and high need areas based on Community Needs Assessment)											
Task Step 11…Analyze current status of EMR systems used for both PCP's and Behavioral health/substance abuse provider practices, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of PCMH (Level 3, 2, 1, in process, or none) by participating provider practices. Create a work plan and timeline for getting PCP practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12...Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload			Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 13..Create a targeted survey or contact practices to understand practice readiness to engage in PCMH or MU activities (if not currently engaged). Create a work plan for training and educating those who are ready. Create an intervention strategy to help engage those who are not ready through the use of Regional Primary Care Leaders, Hospital leadership, and other resources yet to be determined (such as providing more care management assistance or behavioral health assistance to help the practice feel more comfortable with their ability to take on PCMH recognition)			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task			Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 14...Create educational training materials for Meaningful Use. Provide targeted education based on each practices' need, especially for those who did not meet MU on DY1, for either in person training, web based (WebEx), or user-group by EMR vendor training											
Task 14.a. *Provide education and training to greater than half of practices on Meaningful Use			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 14.b. *Provide education and training to greater than 75% practices on Meaningful Use			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 14.c *Provide education and training to 100% practices on Meaningful Use			Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 14.d *All practices on Meaningful Use by end of DY 3= Steps listed below that correspond with 2014 standards but focusing on EMR capabilities and practice use of these capabilities:			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 15… Improving quality, safety , efficiency and reducing health disparities (these measures will help to provide better access to comprehensive patient data for patient's health team; use evidence based order sets and Computer Order entry; apply clinical decision support at the point of care; generate list of patients who need care and use them to reach out to patients.)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16…Engage patients and families in their health care (these measures will provide patients and families with timely access to data; tools to make informed decisions and manage their health)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17… Improve care coordination (These measures will allow practices to exchange meaningful clinical information among a professional health care team)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Task Step 18… Improve population and public health (these measures will allow physicians to communicate with public health agencies and better track of health information across communities)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 19…Ensure adequate privacy and security protections for personal health information (These measures will help ensure : the privacy & security protections for confidential health information through operating policies , procedures and technology; compliance with applicable law; and transparency of data sharing to the patient.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 20…Create education and training materials for PCMH recognition. Create a series of classes focused on teaching of standards, leadership skills, project management skills, IT/EMR support) for practices not yet achieved PCMH to teach the steps on how to achieve level 3 recognition. Find practices that have already achieved level 3 recognition that are willing to act as mentors and leaders to other practices who have not yet achieved level 3 and connect them.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 20.a *Provide education and training to greater than half practices on PCMH			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 20.b *Provide education and training to greater than 75% practices on PCMH			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 20.c *Provide education and training to 100% practices on PCMH			Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 20.d * All Primary Care practices achieve PCMH by end of DY3==Steps listed below that are individualized to the assessment of each practice and has meaningful use standards embedded in the applicable standard:			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Task Step 21…Insure PCMH policies and procedures are in place with a process to review , revise and re-approve (templates are provided for office adaptation, customization)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 22…Ability to run reports to track missed appointments, upcoming appointments, gaps in preventive care, gaps in chronic disease management, hospitalization and transitions of care documentation, and care management interventions.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 23…Appointment Access and availability reports completed (and follow policy). Enhance recruitment of providers based on access and availability report and CAHPS surveys through hospital and IPA recruitment offices			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 24…Roles and job descriptions completed for practice team members in PCMH and training to PCMH as noted above			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 25…Evidence Based guidelines built into the EMR along with tools to manage patient care (care management including referrals to CBOs, educational tools, follow up, motivational interviewing)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 26…Assessment of diversity in the practice and ability to run quality metrics based on culture, language, and ethnicity			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 27…Track outreach to patients in attempts to close gaps in care (along with preferred methods of contact as stipulated by the patient)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 28…Exchange of information (care coordination)-- reports to show timeliness of incoming and outgoing patient information.(referral agreements in place and information exchanged according to			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
agreements and policy)											
Task Step 29…Quality improvement program in the office, utilizing Rapid Cycle Evaluation			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 30…Evaluation of usefulness of community referrals.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 31…Medication management (monitors cost, best practice, allergies, interactions, e-scripts)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 32... Set up a process for continued education and assistance with PCMH and Meaningful Use. PCMH renewals occur every three years, and meaningful use is yearly. So many practices will have to renew PCMH recognition during this time period, as well as continuing their MU attestations. We want to set up a process to ensure their continued success in the future. There are also standards in which you must show achievement during the interim years of recognition like the measurement and improvement of quality measures.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 33…For primary care practices whose Medicaid patient percentages are too low to support an integrated mental or behavioral health (including substance abuse) satellite clinic, collaborative care agreements will be developed with the assistance of the PPS (or PPSs as appropriate) with geographically accessible licensed mental health clinics and behavioral health and substance abuse providers. Evidence based protocols will be codified in MOU's that define the respective responsibilities of both the PCP and BH provider. Protocols in the MOU will include same day/next day access for patients referred by the PCP, concurrent exchange of patient treatment information through CCD's or MIRTH mail as available, connectivity by both PPSs with HEALTHeLINK RHIO			Project		Completed	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2

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to support exchange of treatment information, and regular communication to coordinate treatment plans and medication management. Clinical transformation specialists will meet quarterly with providers and their leadership to support the collaborative care relationship and provide problem solving as necessary. (ongoing)											
Task Step 34… CPWNY is aware that services rendered by an Article 31 provider within an Article 28 facility are not billable to Medicaid. CPWNY is exploring mitigation options such as deploying social worker in Article 28 facility to facilitate warm handoff of patients.			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1..CPWNY Clinical transformation specialists in collaboration with Millennium Collaborative Care Project Manager will develop agreements between each PCP and the integrating BH providers (embedded Article 31 satellite clinic or collaborative care model) utilizing SAMSHA evidence based guidelines provided by the PPS to establish clear written protocols on warm hand-offs of patients, team meeting participation of BH and PCP providers with inclusion of support staff/practice managers, case conferences on more complex patient needs, spontaneous curbside consultation between PCP and BH providers on patient needs, exchange of clinical treatment record information (CCD's or secure MIRTH			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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mail), coordinated care plans including agreements on prescribing practices and coordination, warm hand-offs back to the referring physician at the conclusion of BH treatment including medication needs going forward as well as resolving the often perceived power differentials between physicians and behavioral health providers in order to promote true integration of service delivery versus simply co-location. Evidence based practices above will be coordinated with Millennium Collaborative Care where PCPs are members of both PPSs so services are delivered and integrated under one set of evidence based standards.											
Task Step 2.. Existing PMO care advisors are trained in motivational interviewing and brief interventions, which are key parts of the PMO's Care Management Program. The PMO currently utilizes social workers and nurses who have been trained and have a proven competency. As CPWNY rolls out the integrated model and as new staff are brought in, CPWNY will utilize the "train the trainer" program to train additional primary care and behavioral health staff on brief interventions and motivational interviewing.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3..Clinical transformation specialists from CPWNY (and Millennium Collaborative Care Project Manager as indicated by dual membership in both PPS's) will meet with each integrated PCP/satellite BH site staff and leadership, each collaborative PCP/BH relationship staff and leadership, and each PCP/BH collaborative relationship with a NP providing primary care services within the BH clinic at least quarterly to mutually assess and problem solve where necessary the established evidence based protocols that support integrated/collaborative treatment and practice.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4... Quarterly meetings between clinical transformation team and participating behavioral health/mental health/substance abuse sites will include			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
progress on implementation, status of adoption of clinical protocols, and discussion of risks and barriers to implementation. Clinical transformation team will assess progress and help practices to address risks and identify potential for improvements. (This action will be ongoing)											
Task Step 5... The respective PPS Health Home provider (CPWNY's Health Home provider within its PPS is Health Home Partners of WNY) will meet with PPS PCPs and BH licensed providers to educate all of the respective practitioners about the care coordination support and engagement Health Homes can provide eligible patients and how expedited referrals can be made, as well as clarifying the role differentiation between on site PCP nurse care coordinators and community based "boots on the ground" health home care coordinators.			Project		Completed	09/01/2015	07/01/2016	09/01/2015	07/01/2016	09/30/2016	DY2 Q2
Task Step 6…CPWNY Care Coordination team (and jointly with Millennium Collaborative Care Project Coordinator as appropriate) will assist PCP and BH practices in prioritizing outreach and developing a workflow on patient engagement, examining patient expressed barriers to seeking healthcare on an outpatient basis. Barriers may be related to a lack of understanding, social, cultural, travel time, transportation needs, family dynamics, prioritization, stigma associated with mental health treatment, etc. and utilize health home care coordinators for eligible patients and Community Based Organizations to overcome these barriers.			Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY3 Q4	Model 1	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Task Screenings are documented in Electronic Health Record.			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…PCP's and BH practices jointly surveyed by CPWNY & Millennium Collaborative Care as to which preventive screenings are currently routinely being used for patients in both PCP's and BH practices.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 2...CPWNY's 3.a.i project team in collaboration with Millennium Collaborative Care Project Manager will identify best practice physical health preventive care screenings to be adopted across both PPS's PCP's in addition to PHQ9 and SBIRT screenings for both PCP's and behavioral health (including substance abuse) practices. The CPWNY project team in collaboration with the Behavioral Health partners will assess and select appropriate SBIRT tools to be used and obtain approval from CPWNY's clinical governance committee.			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3…A joint PPS (CPWNY & Millennium) training plan will be developed for both PCP and behavioral health practices to support the adoption of best practice screenings where there are current gaps within identified PCP's and behavioral health (including substance abuse) providers. Training plan includes educating practices on the billing codes for PHQ9 and SBIRT screens as many practices are unaware of ability to bill for these screens and absence of billing is			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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a barrier.											
Task Step 4…CPWNY Clinical Integration teams and Millennium Collaborative Care will jointly assist in training to PCP's and behavioral health (including substance abuse) providers participating in both PPS's and CPWNY Clinical Transformation teams will assist in providing the same training to providers uniquely in the CPWNY PPS. As CPWNY rolls out the integrated model and as new staff are brought in, CPWNY will utilize the "train the trainer" program to train additional primary care and behavioral health staff on brief interventions and motivational interviewing.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5...All screenings are required to have documentation in provider EMR's.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6..Clinical integration training teams (with Millennium Collaborative Care counterparts for joint PPS membership) will incorporate reviews of screening protocols and implementation with periodic technical assistance meetings with providers.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7..CPWNY 3.a.i project team will assess and develop reporting metrics and outcome measures including usefulness of community referrals, medication management and adherence, effectiveness of patient outreach, and quality metrics based on culture, language, and ethnicity. The project team will utilize Rapid Cycle Improvement method for continuous improvement.(assessment is implemented in increments and ongoing)			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Utilizing healthcare data analytics, complete an assessment of our PPS attributed Medicaid members.			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2…The clinical transformation team will assist practices in extracting data from EMRs on their Medicaid patients; sort by who has not been in office for 1 year or greater; and impending doctor appointment by disease conditions (Cardiovascular , HTN, Renal, Diabetes, Behavioral health)			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3… Assess the population from claims data to ascertain hospitalizations and ER visits to obtain holistic view of patient; stratify population by the aforementioned and also segment by culture, ethnicity and language.			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4… CPWNY's PMO has existing referral relationship with our partner Health Home for eligible patients. The 3.a.i project team will assess the current workflow and develop a protocol for connecting eligible patients to the PPS's health home, Health Home Partners of WNY. CPWNY will extract data for further tracking from Health Home GSI Care Coordination software for health home enrolled patients.			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5…Utilizing data extracted, CPWNY's Clinical Transformation team and IT team with help practices to identify targeted patients and establish patient registries for managing patient care and milestone reporting. The target population for patient registries and tracking will include but not limited to conditions such as depression, substance abuse, and/or overlapping co-morbid with diabetes and cardiac			Project		In Progress	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4

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disease.											
Task Step 6… Work with the information technology team to integrate behavioral health status and alerts into the medical record. This process involves obtaining a consent from the patient at the primary care site and at the behavioral health site. Once the consents are both in place, information can be shared through HEALTHeLINK direct exchange or through mirth mail. (Defined process must be in place to ensure that no downstream sharing of patient behavioral health [title 42] information takes place)			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7… Set up documentation in EMRs to run reports on care management care plans, care transitions, preventive PCP and BH screenings etc. To be overseen by CPWNY Clinical Transformation and CPWNY IT teams.			Project		In Progress	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	DY3 Q4	Model 2	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…The project management office (PMO) staff will identify from participating provider lists primary care practices and licensed mental health, behavioral health, and substance abuse provider organizations across the Community Partner's of WNY geographic areas and coordinate with Millennium Collaborative Care PPS to identify which primary care providers and licensed mental health, behavioral health, and substance abuse providers are in both PPS's.			Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…PMO staff, with a cover letter detailing the			Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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kinds of support Community Partners could provide their practice, will survey the identified primary care practices who are exclusively in the Community Partner's PPS as to their PCMH/NCQA Level or Advanced Primary Care status, percentage of current Medicaid patients served, their current ability to accept new Medicaid patients, EHR status and vendor, CCD capacity to receive and send records, relationship with HealtheLink RHIO, current behavioral health/mental health/substance abuse capacity if any, status of current use of PHQ9 and SBIRT screenings, and willingness to discuss possible integration of a satellite mental health, behavioral health, or substance abuse clinic within their practice site (Article 28 outpatient primary care clinics are currently unable by regulation to integrate a satellite Article 31 clinic unless there is a completely separate entrance and separate waiting room making this approach to integration not feasible). The PMO has contacted the regional Department of Health Commissioner for assistance in overcoming this barrier. (Will start with high volume Medicaid practices and roll out survey in increments.)											
Task Step 3…CPWNY PMO and Millennium Collaborative Care designated staff will send a joint cover letter and Survey to those primary care practices which are in both the MCC and Community Partner PPS's identifying available support and asking for the same information as in Step 2			Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 4...With a cover letter detailing the kinds of support available in the CPWNY PPS network, with representation from Article 31 (e.g. Spectrum) partners, will survey the identified licensed mental health/CD agencies exclusively aligned with Community Partners PPS as to current experience and capacity to provide primary care services within existing mental health, behavioral			Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

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health, and substance abuse clinics, EHR status and vendor, HealtheLink RHIO experience/relationship, CCD and /or MIRTH mail capacity to receive and send records if any, current status/use of PHQ9 and SBIRT screenings. (roll out in increments based on CNA)											
Task Step 5…CPWNY, with representation from Article 31 partners, and Millennium Collaborative Care designated staff will send a joint cover letter and Survey to those licensed mental health, behavioral health, and substance abuse providers which are in both the Millennium Collaborative Care and Community Partner PPSs identifying PPS support available and asking for the same information as in Step 3.			Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6…CPWNY, with representation from Article 31 partners, and Millennium Collaborative Care designated staff will jointly determine if the restrictions on integrating Article 31 clinics into Article 28 outpatient primary care facilities identified above are DOH regulations or Federal regulations. If DOH regulations, jointly seek a waiver. If waiver not feasible explore the feasibility of the Article 28 clinics being able (if not already so) to hire their own MH professional and what support would be needed to do so from respective PPS's if the Article 28 was in both PPS's. Survey solely or jointly by both PPS's as appropriate the Article 28's for the same information as in Steps 2 or 3.			Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7…Hold geographically accessible planning meetings for primary care and behavioral health providers who expressed via survey interest in proceeding toward integrated services.. Meetings will be led by teams consisting of physician, mental health leaders and CPWNY central office representatives. Include Millennium Collaborative Care representatives to address those providers who will be serving patients			Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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from both PPSs. Initiate outreach to PCPs by physician ambassadors from CPWNY and CPWNY mental health ambassadors to mental health providers to engage those providers who either did not respond to surveys or declined interest. Discuss their obstacles to participation and how CPWNY can help to resolve obstacles and engage their active participation in the project through a shadowing visit to existing sites that have integrated behavioral health with primary care. Continue quarterly planning meetings throughout the project to support a leaning community approach. Maintain regional meetings for providers throughout the project											
Task Step 8…CPWNY will work with Millennium PPS to integrate advanced care management services into Article 31 organizations and other mental health, behavioral health, and substance abuse sites to promote improvements and key health indicators that are targeted to be achieved for the behavioral health populations.			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 9…Finalize contracts/MOU's with participating PCP's and BH providers that outlines their commitment to participate in developing and operationalizing integrated services within the CPWNY PPS or, as appropriate, CPWNY and Millennium PPSs if members of both PPS's. Coordinate content of the contracts/MOU's between PPS's to standardize expectations. (incremental roll out - start with high volume practices and high need areas based on Community Needs Assessment)			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 10…Analyze current status of EMR systems used for both PCP's and behavioral health, mental health, and substance abuse provider practices, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of PCMH (Level 3, 2,			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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1, in process, or none) by participating provider practices. Create a work plan and timeline for getting PCP practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.											
Task Step 11...Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload			Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 12..Create a targeted survey or contact practices to understand practice readiness to engage in PCMH or MU activities (if not currently engaged). Create work plan for training and educating those who are ready. Create an intervention strategy to help engage those who are not ready through the use of Regional Primary Care Leaders, Hospital leadership, and other resources yet to be determined (such as providing more care management assistance or behavioral health assistance to help the practice feel more comfortable with their ability to take on PCMH recognition)			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 13...Create educational training materials for Meaningful Use. Provide targeted education based on each practices needs, especially for those who did not meet MU on DY1, for either in person training, web based (WebEx), or user-group by EMR vendor training			Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 13.a. *Provide education and training to greater than half of practices on Meaningful Use			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 13.b. *Provide education and training to greater than 75% practices on Meaningful Use			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 13.c *Provide education and training to 100% practices on Meaningful Use			Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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13.d *All practices on Meaningful Use by end of DY 3= Steps listed below that correspond with 2014 standards but focusing on EMR capabilities and practice use of these capabilities:											
Task Step 14…Improving quality, safety , efficiency and reducing health disparities (these measures will help to provide better access to comprehensive patient data for patients health team; use evidence based order sets and Computer Order entry; apply clinical decision support at the point of care; generate list of patients who need care and use them to reach out to patients.)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 15…Engage patients and families in their health care (these measures will provide patients and families with timely access to data; tools to make informed decisions and manage their health)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16…Improve care coordination (These measures will allow practices to exchange meaningful clinical information among a professional health care team)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17…Improve population and public health (these measures will allow physicians to communicate with public health agencies and better track of health information across communities)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 18…Ensure adequate privacy and security protections for personal health information (These measures will help ensure: the privacy & security protections for confidential health information through operating policies , procedures and technology; compliance with applicable law; and transparency of data sharing to the patient.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 19…Create education and training materials for PCMH recognition. Create a series of classes focused on teaching of standards, leadership skills, project management skills, IT/EMR support) for practices not			Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4

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yet achieved PCMH to teach the steps on how to achieve level 3 recognition. Find practices that have already achieved level 3 recognition that are willing to act as mentors and leaders to other practices who have not yet achieved level 3 and connect them.											
Task 19.a *Provide education and training to greater than half practices on PCMH			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 19.b *Provide education and training to greater than 75% practices on PCMH			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 19.c *Provide education and training to 100% practices on PCMH			Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 19.d * All Primary Care practices achieve PCMH by end of DY3==Steps listed below that are individualized to the assessment of each practice and has meaningful use standards embedded in the applicable standard:			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 20…Insure PCMH policies and procedures in place with a process to review, revise and re-approve (templates are provided for office adaptation, customization)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 21…Ability to run reports to track missed appointments, upcoming appointments, gaps in preventive care, gaps in chronic disease management, hospitalization and transitions of care documentation, and care management interventions.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 22…Appointment Access and availability reports completed (and follow policy). Enhance recruitment of providers based on access and availability report and CAHPS surveys through hospital and IPA recruitment offices			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 23…Roles and job descriptions completed for			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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practice team members in PCMH and training to PCMH as noted above											
Task Step 24…Evidence Based guidelines built into the EMR along with tools to manage patient care (care management including referrals to CBOs, educational tools, follow up , motivational interviewing)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 25... The PPS leadership and clinical transformation staff will ensure that participating behavioral health/mental health/substance abuse sites will meet article 31 certification requirements for medical screening and follow up and are aligned with the DSRIP outcome metrics.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 26…Assessment of diversity in the practice and ability to run quality metrics based on culture, language, and ethnicity			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 27…Track outreach to patients in attempts to close gaps in care (along with preferred methods of contact as stipulated by the patient)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 28…Exchange of information (care coordination)-- reports to show timeliness of incoming and outgoing patient information.(referral agreements in place and information exchanged according to agreements and policy)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 29…Quality improvement program in the office, utilizing Rapid Cycle Evaluation			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 30…Evaluation of usefulness of community referrals.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 31…Medication management (monitors cost, best practice, allergies, interactions, e-scripts)			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Step 32... Set up a process for continued education and assistance with PCMH and Meaningful Use. PCMH renewals occur every three years, and meaningful use is yearly. So many practices will have to renew PCMH recognition during this time period, as well as continuing their MU attestations. We want to set up a process to ensure their continued success in the future. There are also standards in which you must show achievement during the interim years of recognition like the measurement and improvement of quality measures.											
Task Step 33... CPWNY will Use the results of the joint survey with MCC to identify primary care providers willing to accept patients identified with medical needs at behavioral health sites.			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 34…For behavioral health, mental health, and substance abuse providers who choose to integrate primary care services into their practice collaborative care agreements will be developed with the assistance of the PPS (or PPS's as appropriate)with geographically accessible primary care providers and mobile nurse practitioners. Evidence based protocols will be codified in MOU's that define the respective responsibilities of both the PCP and BH/MH/substance abuse provider. Protocols in the MOU will include same day/next day access for patients referred by the behavioral health/mental health/substance abuse provider including but not limited to scheduled conference calls between collaborative providers and the patient to discuss conditions and treatment plans. Concurrent exchange of patient treatment information through CCD's or MIRTH mail as available, connectivity by both with HEALTHeLINK RHIO to support exchange of treatment information, and regular communication to coordinate treatment plans and medication management. Clinical transformation specialists will meet quarterly with providers and their			Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4

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DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
leadership teams to support the collaborative care relationship and provide problem solving as necessary. (ongoing)											
Task Step 35…To support the provision of primary care services within licensed MH clinics the PPS (or PPS's s appropriate to clinics in both PPS's) will fund the hiring of nurse practitioners to be attached to a collaborative PCP, whose role will be to spend one day a week on average at five different high volume Medicaid BH clinics to provide basic primary care screening, preventive medicine and medication management in collaboration with the BH/MH/substance abuse therapist and psychiatric provider as indicated. The population to be served are those Medicaid patients of the behavioral health/mental health/substance abuse clinic who refuse to be linked to a PCP practice. The NP will have a collaborative agreement with the host PCP to support their practice with this population. The PPS (or PPS's) will also fund, where none is available, a LPN nurse at each licensed behavioral health/mental health/substance abuse clinic to support basic health screening, wellness education and follow-up for both the NP and psychiatric providers. This collaborative relationship between the PCP and the behavioral health/mental health/substance abuse clinic will be supported by both a detailed MOU with defined protocols and an assigned clinical transformation specialist from CPWNY who will hold, at a minimum, quarterly meetings with the PCP and behavioral health/mental health/substance abuse practitioners/leadership with the assigned NP to assess the experience for patients and providers and support problem solving as needed.			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 36... NP will be hired to provide primary care assessments to patients who are lost to contact with their primary care provider and following that will be			Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4

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linked to a primary care site. In addition the participating behavioral health/mental health/ substance abuse providers will have embedded nurse care coordinators to assist in supporting the patients and ensuring follow up and continuation of their care plan.											
Task Step 37…. Eligible patients will be referred to health home. (This action is ongoing)			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1.. CPWNY Clinical transformation specialists in collaboration with Millennium Collaborative Care Project Manager will develop agreements between PCPs and the integrating BH providers (embedded Article 31 satellite clinic or collaborative care model) utilizing SAMSHA evidence based guidelines provided by the PPS to establish clear written protocols on warm hand-offs of patients, team meeting participation of BH and PCP providers with inclusion of support staff/practice managers, case conferences on more complex patient needs, spontaneous curbside consultation between PCP and BH providers on patient needs, exchange of clinical treatment record information (CCD's or secure MIRTH mail), coordinated care plans including agreements on prescribing practices and coordination, warm hand-offs back to the referring physician at the conclusion of BH treatment including medication needs going forward as			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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well as resolving the often perceived power differentials between physicians and behavioral health providers in order to promote true integration of service delivery versus simply co-location. Evidence based practices above will be coordinated with Millennium where PCPs are members of both PPSs so services are delivered and integrated under one set of evidence based standards.											
Task Step 2.. Existing PMO care advisors are trained in motivational interviewing and brief interventions, which are key parts of the PMO's Care Management Program. The PMO currently utilizes social workers and nurses who have been trained and have a proven competency. As CPWNY rolls out the integrated model and as new staff are brought in, CPWNY will utilize the "train the trainer" model to train additional primary care and behavioral health staff on brief interventions and motivational interviewing.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3..Clinical transformation specialists from CPWNY (and Millennium Collaborative Care Project Manager as indicated by dual membership in both PPS's) will meet with each integrated PCP/satellite BH site staff and leadership, each collaborative PCP/BH relationship staff and leadership, and each PCP/BH collaborative relationship with a NP providing primary care services within the BH clinic at least quarterly to mutually assess and problem solve where necessary the established evidence based protocols that support integrated/collaborative treatment and practice.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4..Quarterly meetings between clinical transformation team and participating behavioral health/mental health/substance abuse sites will include progress on implementation, status of adoption of clinical protocols, and discussion of risks and barriers to implementation. Clinical transformation team will assess progress and help practices to address risks			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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and identify potential for improvements. (This action is ongoing)											
Task Step 5.. The respective PPS Health Home provider (CPWNY's Health Home provider within its PPS is Health Home Partners of WNY) will meet with PPS PCPs and BH licensed providers to educate the respective practitioners about the care coordination support and engagement Health Homes can provide eligible patients and how expedited referrals can be made, as well as clarifying the role differentiation between on site PCP nurse care coordinators and community based "boots on the ground" health home care coordinators.			Project		Completed	09/01/2015	07/01/2016	09/01/2015	07/01/2016	09/30/2016	DY2 Q2
Task Step 6…CPWNY Care Coordination team (and jointly with Millennium Collaborative Care Project Coordinator as appropriate) will assist PCP and BH practices in prioritizing outreach and developing a workflow for patient engagement, and examining patient expressed barriers to seeking healthcare on an outpatient basis. Barriers may be related to a lack of understanding, social, cultural, travel time, transportation needs, family dynamics, prioritization, stigma associated with mental health treatment, etc. and utilize health home care coordinators for eligible patients and Community Based Organizations for overcome these barriers.			Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY3 Q4	Model 2	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive primary care services,			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4

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as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral health).											
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Mental Health	In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…PCP's and behavioral health/mental health/substance abuse practices jointly surveyed by CPWNY & Millennium as to which preventive screenings are currently being implemented routinely for patients in both PCP's and behavioral health/mental health/substance abuse practices.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 2...CPWNY's 3.a.i project team in collaboration with Millennium Project Manager identify best practice physical health preventive care screenings to be adopted across both PPS's PCP's in addition to PHQ9 and SBIRT screenings for both PCP's and behavioral health/mental health/substance abuse practices. The CPWNY project team in collaboration with the BH partners will assess and select appropriate SBIRT tools to be used and obtain approval from CPWNY's clinical governance committee.			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3…A joint PPS (CPWNY & Millennium) training plan will be developed for both PCP and behavioral health/mental health/substance abuse practices to support the adoption of best practice screenings where			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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there are current gaps within identified PCP's and behavioral health/mental health/substance abuse providers. Training plan includes educating practices on the billing codes for PHQ9 and SBIRT screens as many practices are unaware of ability to bill for these screens and absence of billing is a barrier.											
Task Step 4…CPWNY Clinical Integration teams and Millennium jointly assist in training PCPs and behavioral health/mental health/substance abuse providers participating in both PPSs and CPWNY Clinical Transformation teams will provide the same training to providers uniquely in the CPWNY PPS. As CPWNY rolls out the integrated model and as new staff are brought in, CPWNY will utilize the "train the trainer" model to train additional primary care and behavioral health staff on brief interventions and motivational interviewing.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5...All screenings are required documentation in provider EMR's.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6..Clinical integration training teams (with Millennium Collaborative Care counterparts for joint PPS membership) will incorporate reviews of screening protocols and implementation with periodic technical assistance meetings with providers.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7..CPWNY 3.a.i project team will assess and develop reporting metrics and outcome measures including usefulness of community referrals, medication management and adherence, effectiveness of patient outreach, and quality metrics based on culture, language, and ethnicity. The project team will utilize Rapid Cycle Improvement method for continuous improvement.(assessment is implemented in increments and ongoing)			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all	DY2 Q4	Model 2	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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patients engaged in this project.											
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Utilizing healthcare data analytics complete an assessment of our PPS attributed Medicaid members.			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2…Using clinical transformation team, assist practices in extracting data from EMRs on their Medicaid patients; sort by who has not been in office for 1 year or greater; and impending doctor appointment by disease conditions (Cardiovascular , HTN, Renal, Diabetes, Behavioral health)			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3… Assess the population from claims data to ascertain hospitalizations and ER visits to obtain holistic view of patient; stratify population by the aforementioned and also segment by culture, ethnicity and language.			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4… CPWNY's PMO has an existing referral relationship with our partner Health Home for eligible patients. The 3.a.i project team will assess the current workflow and develop protocol for connecting eligible patients to PPS's health home, Health Home Partners of WNY. CPWNY will extract data for further tracking from Health Home GSI Care Coordination software for health home enrolled patients.			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5…Utilizing data extracted, CPWNY's Clinical Transformation team and IT team will assist practices in identifying targeted patients and establishing patient			Project		In Progress	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
registries for managing patient care and milestone reporting. The target population for patient registries and tracking will include but not be limited to conditions such as depression, substance abuse, and/or overlapping co-morbid with diabetes and cardiac disease.											
Task Step 6… Work with the information technology team to integrate behavioral health status and alerts into the medical record. This process involves obtaining a consent from the patient at the primary care site and at the behavioral health site. Once the consents are both in place, information can be shared through HEALTHeLINK direct exchange or through mirth mail. (Defined process must be in place to ensure that no downstream sharing of patient behavioral health [title 42] information takes place)			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7… Set up documentation in EMRs to run reports on care management care plans, care transitions, preventive PCP and BH screenings etc. To be overseen by CPWNY Clinical Transformation and CPWNY IT teams.			Project		In Progress	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY3 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Policies and procedures include process for consulting with Psychiatrist.											
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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EHR demonstrates integration of medical and behavioral health record within individual patient records.											
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including physical and behavioral health screenings.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	

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IPQR Module 3.a.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid Point Assessment	Completed	Attached is the mid-point assessment narrative for this project.	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid Point Assessment	

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IPQR Module 3.a.i.5 - IA Monitoring

Instructions :

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Project 3.b.i – Evidence-based strategies for disease management in high risk/affected populations (adult only)

IPQR Module 3.b.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

• Risk: Difficulty engaging and sustaining patient participation. Lack of participation is a liability for performance. Mitigation: CPWNY will train primary care and cardiac providers in the social and structural determinants of health. Community health workers and social workers will provide home visits, linkage to community resources, and free blood pressure monitoring. PCMH practices will provide open appointment access and consider patient work schedules and transportation to ensure compliance. Patient reminder systems will include secure text messages for blood pressure checks, lab work, and appointment reminders. CPWNY will enlist experienced peers in the design of wellness programs. Providers will engage patient family members to create a familiar support network.

• Risk: Lack of standard treatment protocols on follow up for cardiac patients. This could create problems for consistency of care and ensuring treatment according to DSRIP goals. Mitigation: CPWNY will develop PPS-wide protocols and policies for treatment of patients, development of care plans and strategic follow up. Policies will mandate that providers offer follow up blood pressure checks without appointment or co-pay, and that primary care practices meet PCMH and patient engagement. CPWNY will develop policies for identifying high-risk patients to be referred to a health home or a care coordinator for additional management. The PPS will provide training to staff and patients on proper BP monitoring.

• Risk: Providers resist or refuse to adopt DSRIP policies. This could affect performance and patient outcomes. Mitigation: As a federal Accountable Care Organization, Catholic Medical Partners has experience engaging physicians in quality of care and performance reporting protocols. This is done through use of physician champions, performance incentives, providing resources, and remediation for providers who fail to perform at the expected level. CPWNY will employ these existing strategies to ensure participation in DSRIP protocols. The executive governance board will review performance for possible remediation.

• Risk: Lack of electronic information sharing capability between providers due to lack of EMR technology or gaps in interoperability. This would create a barrier for care coordination and information sharing. Mitigation: CPWNY will use HealtheLink and their functionality for direct exchange of patient data, including capability for Bi-directional exchange of CCD/CCDA data, to close information gaps. Capital funding will be used to provide EMRs to practices using paper charts and to upgrade existing EMRs to ensure interoperability and data capture. To start, CPWNY will instruct providers without an EMR to use Mirth mail through HEALTHeLINK for secure exchanges. The PPS will dedicate resources for improvements in CVD management through data integration, systems interoperability, patient registries, and alerts and reminders to update providers and patients.

• Risk: Practices cannot afford nutritionists, care coordinators, and patient educators. Without access to these resources, practices have limited ability to engage patients and improve outcomes. Mitigation: CPWNY will use partner Health Homes to provide integrated services. CPWNY will hire centralized care coordinators that assist multiple practices in managing patients, minimizing direct costs to providers. Patients will be referred to nutritionists at CPWNY partner organizations and community settings for education and budget meal planning promoting hypertension and cholesterol control. CPWNY will provide nutritionists and patient educators to act as resources to practices on an as-needed basis. CPWNY will also develop group programs for wellness education and medication management for patients with cardiac conditions.

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IPQR Module 3.b.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	12,011

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	2,703	5,405	7,808	10,210
	Quarterly Update	2,444	8,771	8,771	0
	Percent(%) of Commitment	90.42%	162.28%	112.33%	0.00%
IA Approved	Quarterly Update	0	8,769	0	0
	Percent(%) of Commitment	0.00%	162.24%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mdjohns	Other	46_DY2Q3_PROJ3bi_MDL3bi2_PES_OTH_Patient_engagement_narrative_8620.docx	narrative for patient engagement	01/25/2017 11:20 AM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 3.b.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1…Assess practice adoption of evidence based guidelines with protocols for cardiovascular conditions including elevated cholesterol, Coronary Artery Disease, Congestive Heart Failure and Hypertension. Catholic Medical Partners, currently uses evidence based guidelines in consistent with nationally recognized ICSI Standard for assessment. The current ICSI standard has the following patient engagement requirements: smoking cessation, diet exercise medication adherence, and assessment of underlining risk factors such as depression. Currently 70% of the PPS's primary care practices have adopted the ICSI standard reporting guidelines and are receiving reports on successful implementation. We will use regional partner meetings to educate additional practices on the ICSI standards. These ICSI guidelines utilizied are the most recent version and are consistent in application with the ACC /AHA guidelines and JNC8 (as reviewed by a board certified cardiologist in our network).		Project		Completed	09/02/2015	01/30/2016	09/02/2015	01/30/2016	03/31/2016	DY1 Q4
Task Step 2…Clinical transformation team and care management team will engage practices in cardiovascular risk reduction by emphasizing value based payment for success and our health plan contracts as well as for overall physician performance in the emerging value based payment world. PPS will expand the reporting/monitoring to other PPS partners.		Project		Completed	03/01/2016	09/02/2016	03/01/2016	09/02/2016	09/30/2016	DY2 Q2

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Task Step 3… Existing clinical transformation team will work with practices to develop/implement point of care reminders (clinical decision support) in alignment with evidence based guidelines determined by the clinical governance committee. Reminder system will be evaluated based on Hedeis and other quality measure.		Project		Completed	03/01/2016	09/02/2016	03/01/2016	09/02/2016	09/30/2016	DY2 Q2
Task Step 4…Clinical Governance Committee to implement standard evidence based guidelines for cardiovascular disease including CAD, elevated cholesterol, CHF and hypertension		Project		Completed	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5... Communicate and promote standard evidence based guidelines for cardiovascular conditions via website with annual review. (This action will be ongoing)		Project		In Progress	11/01/2016	03/30/2018	11/01/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 6... Create and distribute patient education materials that promote healthy lifestyle practices and behaviors to reduce cardiovascular risks.		Project		In Progress	11/01/2016	03/30/2018	11/01/2016	03/30/2018	03/31/2018	DY3 Q4
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1. CPWNY and Millennium PPS working together to perform IT assessment of partners to include:		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task a. Use of EMR, HIE and other information systems; b. data		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4

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sharing capabilities; c readiness for connection to QE (RHIOs/HIE; Performance reporting capabilities and modalities; dashboard and platforms for patient generated data; future plans for IT integration; use of data security and confidentiality plans										
Task b. Share results of readiness survey with PPS partners		Project		Completed	09/30/2015	03/30/2016	09/30/2015	03/30/2016	03/31/2016	DY1 Q4
Task c. Map future state needs from Project Implementation plan to readiness assessment to identify gaps. Road map of future needs will be a requirement in the current state assessment and gap analysis engagement.		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task d. Update and approve IT Project Implementation plan		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task e. Evaluate current RHIO capabilities to fill identified gaps. HEALTHeLINK will be integrally involved in the current state assessment and gap analysis.		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2…Create inventory of Safety Net and non-Safety Net providers are signed on to HEALTHeLINK, whether they send complete CCD after encounter, whether they send/receive via HISP, whether they can do virtual record lookup. Determine the EMRs they are using.		Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Step 3…Roll out of partner agreements that stipulate the sharing of health information and use of the RHIO		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 4…In addition to agreements, HEALTHeLINK will be purchasing 500 authentication tokens for PPS practices that will make authentication for access to the RHIO information easier and free of cost to the partner. This will enable providers to access information securely and easily. CPWNY PPS and Millennium Collaborative Care PPS are working collaboratively with HEALTHeLINK to ensure that all safety net provider are able to communicate with HEALTHeLINK and all HEALTHeLINK providers through the use of secure email. HEALTHeLINK is currently using MIRTH mail technology.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 5…HEALTHeLINK will provide a community-wide patient event notification service that keys on multiple event types and is		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4

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configurable at the practice/provider level. HEALTHeLINK is working with CPWNY PPS and Millennium Collaborative Care PPS to develop a notification system for all hospital admissions/ discharges and transfers, as well as results delivery.										
Task Step 6…Build a directory that contains the DIRECT address of providers and practices across the community . This would facilitate the direct exchange of patient information between healthcare settings and would be readily accessible by any provider/user		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 7…Data exchange solution that enables Omni-directional communication between care providers and patients: a. Roll-out of patient portal to PPS partners without EMR= DY 1,Q 4; Roll-out to other PPS partners= DY 2, Q 4; Integrate MobileMD with RHIO (HEALTHeLINK) = DY 1, Q4; Integrate MobileMD with PPS EMR , first PPS EMR = DY2, Q4; Integrate with all other PPS EMRs such as behavioral health, Skilled Nursing Facilities, home care= DY 3, Q4 (NOTE: MobileMD is an HIE that provides comprehensive data exchange solutions and will be directly integrated with the community-wide HEALTHeLINK RHIO/SHIN-NY).		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step...8 Catholic Medical Partners, currently has implemented a clinical integration program aligned with population health and value based purchasing. Catholic Medical Partners will continue to educate and engage PPS partners to develop clinical processes that drive clinical and financial results. This clinical model and its business model will be used to sustain the DSRIP initiatives to support the successful completion of the DSRIP grant. (This action will be ongoing)		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step... 9 Catholic Medical Partners, currently uses utilization and quality reports that are developed from the Milliman MedInsight program and is developing a population health clinical and business intelligence system using Crimson Management system that highlights utilization and quality against best practices and has a specific care management program that will be used by the PCMH practices to focus on interventions on patient's quality of care.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4

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Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1... Analyze current status of EMR systems used, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of PCMH (Level 3, 2, 1, in process, or none) by participating provider practices. Create a work plan and timelines for getting practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2... Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload. Roll out will be in phases starting with those practices with the largest volume of Medicaid patients.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3... Understand EMR system capabilities and if they have the ability to meet MU/PCMH for those who are not currently there. If there are gaps in capabilities create a work plan and timeline for working with the vendor or possibly transitioning some practices to more "ready" vendors(those practices that need to transition to more " ready" vendors will need more time and will not be completed until DY 3, Q4)		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 4… Have 100% of practices on EMR systems that enable them to meet MU and PCMH		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4

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PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1…Currently 70% of CPWNY PPS providers have a CCHIT-certified EMR, are using EMR prompts and reminders to identify gaps in care for cardiac related diseases. They are also receiving results delivery and ADTs on diagnostic testing and will use this technology for notification on admission, discharges, and transfers. Over 50% of the current CPWNY PPS providers are submitting EMR data to CMP and this data is been integrated into CMP's population health management system's cardiac module that will produce reports on patient utilization, quality, gaps in care, and engagement. CPWNY will assess the remaining PPS providers who are not currently reporting electronically.		Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Step 2…For identified practices who don't have a self management module in their EMR, CPWNY will develop a web-based registry reporting system to document care management activities.		Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Step 3… The current CMP system does not identify cardiac patients who specifically receive insurance through Medicaid. CMP will develop stratified reports by Medicaid managed care payers using both EMR and claims data to track patients utilization and engagement. A key to this process will be to identify patients who have not accessed a primary care provider as well as patients who are receiving majority of their medical care from a non primary care provider. Note CPWNY PPS will use CMP's existing registry reporting system for practices whose EMR is not currently integrated in Crimson system. This system is been used for CMS ACO reporting.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4... Current CMP providers who have implemented an EMR but not submitting EMR data into the Crimson Population Health Management System will be engaged and their EMR vendor will be asked to interface their EMR system with the Crimson Population Health Management System.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5...Create data dictionary of registry elements		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4

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Step 6…Practices will Create and maintain patient registries for cardiac conditions from practice EMRs to track engaged patients.										
Task Step 7…Monitor and educate to improve data getting into the EMR via queryable fields to include interventions and patient engagement.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 8…Data quality check and robust data aggregation /reporting. (This action is ongoing)		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 9…Data analytics function in place		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 10…Appropriate clinical oversight /review in place		Project		Completed	04/01/2015	12/30/2016	04/01/2015	12/30/2016	12/31/2016	DY2 Q3
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1… Assess practice EMR documentation templates for inclusion of tobacco use screening and intervention		Project		Completed	09/03/2015	12/20/2015	09/03/2015	12/20/2015	12/31/2015	DY1 Q3
Task Step 2… The EMR systems being utilized by the majority of CPWNY's partners have tobacco prompt modules. The EMR prompts the treating provider to assess whether the patient is a current smoker or has been a smoker in the past. This allows the provider to assess the patient's current smoking status and risk of recidivism. Following the assessment provider will assist the patient through referral to the "Opt to Quit" program in use in Roswell Park Cancer Institute. CPWNY will address any gaps in tobacco prompt.		Project		Completed	09/03/2015	12/20/2016	09/03/2015	12/20/2016	12/31/2016	DY2 Q3
Task Step 3 Develop and deploy standard templates for providers identified in gap analysis to support evidence based guidelines and protocols, including 5 As for tobacco cessation.		Project		Completed	09/01/2015	12/22/2016	09/01/2015	12/22/2016	12/31/2016	DY2 Q3
Task		Project		In Progress	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4

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Step 4. Develop training for CPWNY practitioners and staff on tobacco control 5 As via web based tool with attestation										
Task Step 5. CPWNY will assess smoking cessation efforts on a periodic basis and compare to baseline data on smoking. Results will be communicated through reports and improvements will be made using Rapid Cycle improvement and Change Management strategy. (this action will be ongoing)		Project		In Progress	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 6. CPWNY, in collaboration with Roswell Park Cancer Institute, will provide periodic training and educational materials on tobacco control to both patient and PPS partners. (This action will be ongoing)		Project		In Progress	10/01/2015	03/30/2017	10/01/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1… Catholic Medical Partners, will identify and adopt nationally recognized standards for hypertension and elevated cholesterol treatments protocols, such as ICSI guidelines. These ICSI guidelines utilizied are the most recent version and are consistent in application with the ACC /AHA guidelines and JNC8 (as reviewed by a board certified cardiologist in our network).Our current system monitors blood pressure, LDL levels, medication lists and adherence, and beta blockers.		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 2…Assess practice adoption of evidence based guidelines for Hypertension and elevated cholesterol.		Project		Completed	09/01/2016	12/30/2016	09/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Step 3 .. Implement the treatment protocol in all PCMH practices and cardiology practices.		Project		In Progress	10/01/2016	03/28/2017	10/01/2016	03/28/2017	03/31/2017	DY2 Q4
Task Step 4 .. CPWNY will assess practice adoption of these standard protocols and monitor performance on quarterly basis. (This action will be ongoing)		Project		In Progress	10/01/2016	03/28/2017	10/01/2016	03/28/2017	03/31/2017	DY2 Q4
Milestone #7 Develop care coordination teams including use of nursing staff,	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4

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pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.										
Task Clinically Interoperable System is in place for all participating providers.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1… Assess CPWNY member practices for current "care coordination teams", policies and documented workflows		Project		Completed	09/10/2015	12/04/2015	09/10/2015	12/04/2015	12/31/2015	DY1 Q3
Task Step 2… Compile findings for "Gap Analysis". Develop staffing and work plan for practices to have access to nurse care coordinators, clinical pharmacists, social workers, community health workers and registered dieticians		Project		Completed	12/15/2015	06/20/2016	12/15/2015	06/20/2016	06/30/2016	DY2 Q1
Task Step 3... Leverage and adopt CPWNY's existing care management models, NCQA PCMH standards for care coordination, job descriptions, training, practice processes/workflows in practices without Care Coordination at the time of the assessment		Project		Completed	03/30/2016	06/30/2016	03/30/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4... Assess EMR documentation templates for patient care coordination assessments that include project elements		Project		Completed	06/01/2016	12/15/2016	06/01/2016	12/15/2016	12/31/2016	DY2 Q3
Task Step 5 Develop and deliver via web based resources training for CPWNY care coordinators with attestation for completion (this action will be ongoing)		Project		In Progress	01/02/2017	03/28/2017	01/02/2017	03/28/2017	03/31/2017	DY2 Q4
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1… Assess current policy for MCOs with office visit co-pays		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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for BP checks										
Task Step 2 Assess gaps in CPWNY practice capability and policy for "open access" for BP checks		Project		In Progress	01/03/2016	03/31/2017	01/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3... Implement "open access" scheduling using IHI's open access scheduling model. CPWNY will use physician champions to engage the providers in understanding the importance of BP control in achieving DSRIP milestones for the cardiac project and how this relates to value based purchasing.		Project		In Progress	01/03/2016	03/31/2017	01/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4... It is our understanding that Medicaid patients do not have any co-payment for blood pressure checks. In case there is copayment, CPWNY will work with MCOs in eliminating any financial barriers for Medicaid patients to monitor blood pressure.		Project		In Progress	01/02/2016	03/30/2018	01/02/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 5... Clinical Transformation staff to support practices with EMR system changes to support waiving copay for BP check office visit and schedule modifications to standardize "open access" for BP check. Ability to generate reports on BP checks.		Project		In Progress	08/01/2016	12/28/2017	08/01/2016	12/28/2017	12/31/2017	DY3 Q3
Task Step 6... Develop and deliver via web based resources training for CPWNY staff and practitioners with attestation for completion		Project		In Progress	01/02/2016	03/30/2018	01/02/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 7 CPWNY will assess the effectiveness of training, the implementation of the policy and monitor performance periodically. (This action will be ongoing)		Project		In Progress	01/02/2018	03/30/2018	01/02/2018	03/30/2018	03/31/2018	DY3 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1…The Cardiac project team will research the existing best practices on BP monitoring and equipment.		Project		Completed	06/30/2015	03/30/2016	06/30/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 2…The Cardiac project team will identify gaps in current protocols on BP monitoring.		Project		Completed	10/02/2015	03/30/2016	10/02/2015	03/30/2016	03/31/2016	DY1 Q4
Task		Project		In Progress	01/02/2016	12/31/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4

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Step 3…Develop and provide broad web based training on proper BP measurement technique with attestation at practice level for participation										
Task Step 4…Assess practice staff proficiency with proper BP measurement technique through practice based clinical skills competency assessment.		Project		Completed	02/28/2016	09/30/2016	02/28/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5…CPWNY will delegate to each practice to ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment. Practices will attest to proficiency of their staff in monitoring BP.		Project		Completed	01/02/2016	12/30/2016	01/02/2016	12/30/2016	12/31/2016	DY2 Q3
Task Step 6... Staff proficiency of BP monitoring will be assessed periodically to ensure correct measurement and techniques. (This action will be ongoing.)		Project		In Progress	01/02/2016	03/30/2017	01/02/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1…Assess practice EMR capability to track BP readings over time		Project		Completed	09/03/2015	12/20/2015	09/03/2015	12/20/2015	12/31/2015	DY1 Q3
Task Step 2…Clinical transformation team along with healthcare analysts will assist the practices to identify the patients who are potentially un-diagnosed for hypertension.		Project		Completed	09/03/2015	09/30/2016	09/03/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3…Communicate and promote standard evidence based guideline protocol including additional work up for repeated		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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elevated BP via website										
Task Step 4.... CPWNY will assist the practices in setting up EMR reminders to prompt proper coding and timely follow-up on patients with repeated elevated BP.		Project		In Progress	09/01/2015	09/30/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 5... CPWNY will work with our population health management system to send messages to providers who have patients with elevated blood pressure without a proper ICD code. CPWNY will also monitor coding to ensure all patients with chronic cardiac conditions continue to be coded properly.		Project		In Progress	01/02/2016	03/30/2018	01/02/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 6... Develop and deliver ongoing training via web based resources for CPWNY staff and practitioners with attestation for completion.		Project		In Progress	01/02/2016	03/30/2018	01/02/2016	03/30/2018	03/31/2018	DY3 Q4
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1…CPWNY will work with health plans to develop a preferred formulary of medications that have once-daily regimens or fixed dose combinations pills.		Project		Completed	11/30/2015	09/30/2016	11/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2…Develop and communicate current list of once daily hypertension medications to practices, prioritizing practices with Medicaid cardiac patients.		Project		In Progress	11/15/2015	12/31/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 3... Assess CPWNY member practices for standard policy and workflow for medication review, amend or implement medication review policy and a process to include once daily medications to improve adherence		Project		In Progress	10/10/2015	12/30/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 4…Work with MCOs to provide practice specific reports of patients not on once-daily regimens or fixed dose combination pills, review annually.		Project		In Progress	11/30/2015	03/30/2017	11/30/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #12 Document patient driven self-management goals in the medical	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4

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record and review with patients at each visit.										
Task Self-management goals are documented in the clinical record.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1…Assess CPWNY member practices for current policy and process for documenting patient engagement in self management of diet exercise, smoking, and medication adherence.		Project		Completed	09/03/2015	12/20/2015	09/03/2015	12/20/2015	12/31/2015	DY1 Q3
Task Step 2…Compile findings for "Gap Analysis" and develop work plan to implement a standard workflow and documentation standards for patient centric self management goals related to their cardiovascular condition		Project		Completed	01/04/2016	12/31/2016	01/04/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 3... CPWNY's PPS network has experience with meeting NCQA PCMH standards. Currently 70% of our practices are NCQA recognized. In order to meet these standards providers must work with patients to develop patient-driven self management goals and document review at relevant visits. We will use our continued recognition as evidence of appropriate documentation and use of patient self management goals. These reviews are done according to NCQA standards and policies. We will work with our non-PCMH partners to achieve level 3 recognition.		Project		Completed	09/03/2015	12/30/2016	09/03/2015	12/30/2016	12/31/2016	DY2 Q3
Task Step 4…CPWNY's mobile care transformation team will meet with practices to review their adherence to the guidelines and to the documentation requirements to patient driven self-management goals. Care transformation team will provide training, practice processes/workflows in practices as needed.		Project		In Progress	09/03/2015	03/30/2017	09/03/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 5... The care transformation team will develop and deliver via web based resources training for CPWNY staff and practitioners with attestation for training completion. (this action will be ongoing)		Project		In Progress	11/15/2016	03/30/2018	11/15/2016	03/30/2018	03/31/2018	DY3 Q4
Milestone #13 Follow up with referrals to community based programs to	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4

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document participation and behavioral and health status changes.										
Task PPS has developed referral and follow-up process and adheres to process.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1…CPWNY project management office has developed referral agreements between primary care physicians and behavioral health agencies, the health home. Existing agreement and policy will be expanded to other PPS partners and other community agencies including but not limited to Catholic Charities, the Urban League, and hospice/palliative care. CPWNY will monitor referrals from CPWNY providers to these organizations.		Project		Completed	09/03/2015	12/30/2015	09/03/2015	12/30/2015	12/31/2015	DY1 Q3
Task Step 2…Assess CPWNY member practice policies and processes for tracking and follow up on BH, Wellness/Health Promotion referrals		Project		Completed	09/03/2015	12/20/2015	09/03/2015	12/20/2015	12/31/2015	DY1 Q3
Task Step 3.. Compile findings for "Gap Analysis" and develop work plan to ensure practices have implemented a standard workflow for tracking and follow up on BH, Wellness/Health Promotion referrals		Project		Completed	01/04/2016	06/30/2016	01/04/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4… CPWNY will identify and educate the practices on available community based programs. Resources will also be posted on CPWNY's website. CPWNY will use regional meeting with providers to provide training and education about available community programs and strategies for follow up and documentation.		Project		Completed	09/03/2015	09/30/2016	09/03/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5…CPWNY will engage PCMH and cardiology practices in encouraging their patients to use community resources available		Project		Completed	09/03/2015	09/30/2016	09/03/2015	09/30/2016	09/30/2016	DY2 Q2

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to improve patient self management behaviors including Wegman's for diet, health plans' exercise an yoga programs, "feeling fit" programs, and The New York State Smokers Quitline's "Opt to Quit" program for smoking cessation.										
Task Step 6… On annual basis CPWNY will conduct PPS-wide survey to all practices and a sample of patients to assess satisfaction with community based programs. The survey will assess access to care, ease of referral and reporting.		Project		In Progress	09/03/2015	03/30/2017	09/03/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 7… Patient tracking and follow-up will be accomplished through the RHIO secure email system, Mirth Mail, which allows for secure exchange of patient information between the CBOs and providers.		Project		In Progress	09/03/2015	09/30/2017	09/03/2015	09/30/2017	09/30/2017	DY3 Q2
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented protocols for home blood pressure monitoring.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1… CPWNY will develop policy for home BP monitoring for patients with chronic cardiac diseases and other chronic conditions with cardiac complications to actively engage them in self management skills. The policy will include patient educational materials on the importance of regular BP monitoring and information about available community resources.		Project		Completed	09/03/2015	03/30/2016	09/03/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 2… CPWNY will assess health plan policies for the provision of home BP monitoring equipment. CPWNY will follow-up with support and processes for adopting protocols which include home blood pressure monitoring as a component of self management.		Project		Completed	09/03/2015	03/30/2016	09/03/2015	03/30/2016	03/31/2016	DY1 Q4

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Task Step 3… Compile findings, develop "Gap Analysis" and work plan for member practices to adopt protocols including promoting home blood pressure monitoring		Project		Completed	03/30/2016	06/30/2016	03/30/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4... Communicate and promote evidence based guideline protocol including home monitoring of BP		Project		Completed	09/01/2016	12/30/2016	09/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Step 5... Develop and deliver training resources via printed material and web based resources for training CPWNY staff and practitioners with attestation for completion. The training will focus on helping the practices to teach patients to perform home BP monitoring. CPWNY will work with local pharmacies to promote patient engagement with home BP monitoring.		Project		Completed	01/02/2016	12/30/2016	01/02/2016	12/30/2016	12/31/2016	DY2 Q3
Task Step 6… CPWNY will encourage patients to self-report BP to their providers. CPWNY will periodically monitor performance. (this action is ongoing)		Project		In Progress	07/05/2016	12/31/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 7... Work with health plan to improve the approval process for getting home BP monitoring equipment.		Project		In Progress	09/01/2016	12/30/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1…Currently the project management office, Catholic Medical Partners, maintains a information technology warehouse that analyzes claims data and EMR data to measure access to care and gaps in care. CMP has a disease specific methodology for identifying high risk patients including patients with cardiac conditions who are not receiving recommended follow-up visits. CPWNY will leverage existing capabilities to assist practices to identify patients with hypertension who have not had a recent visit and schedule a follow up.		Project		Completed	08/30/2015	03/31/2016	08/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2…Practices will Create and maintain patient registries to identify patients with hypertension who have not had a recent		Project		Completed	08/30/2015	06/30/2016	08/30/2015	06/30/2016	06/30/2016	DY2 Q1

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visit from practice EMR to o support population health management and individual patient outreach to reduce "Gaps in Care" with an annual office visit.										
Task Step 3… CPWNY will utilize the mobile clinical transformation and care management teams to communicate to practices the disease specific methodology for identifying registries of patients with hypertension who have not had recent visits and schedule follow-up visits. The project management office will roll out this methodology to the remaining PPS partners not currently addressed by existing teams.		Project		Completed	08/30/2015	09/30/2016	08/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4… CPWNY will use Health Home and community health workers to do outreach to patients who cannot be contacted by the practice.		Project		In Progress	08/30/2015	12/31/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 5… Leverage CPWNY's existing clinical transformation and care management staff to coach and mentor CPWNY member practices on patient outreach/campaigns to close "Gaps in Care"		Project		In Progress	08/01/2016	03/01/2017	08/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task Step 6… CPWNY will produce periodic reports, and track and trend practice improvements in scheduling visits for patients with hypertension. (This action is ongoing)		Project		In Progress	08/01/2015	03/30/2017	08/01/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1… CPWNY PPS is implementing a smoking cessation program with Roswell Park Cancer Institute. This includes provider education on access to smoking cessation programs as well as educational material for patients. The NYS Smoker's Quitline, housed at Roswell Park Cancer Institute, has an established electronic referral system that enables PPS physicians to make referrals to the Quitline's "Opt to Quit" smoking cessation program. For practices currently without any EMRs, referrals can be made to the Quitline's "Fax to Quit" program.		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4

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Step 2… Assess CPWNY member practices for standard policy and workflow, including "warm transfer" at the time of screening for patients for use of tobacco and referral to the NYS smoker's Quitline										
Task Step 3…Promote standard evidence based guidelines for the diagnosis and treatment of cardiovascular disease with tobacco screening and cessation support via CPWNY website		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 4… The community needs assessment estimated about 26% of the WNY Medicaid population are tobacco users. The PPS will conduct periodic reviews of population health data to determine if the prevalence of tobacco users is declining. (this action is ongoing)		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 5… CPWNY will produce periodic reports, measure patient improvement, and conduct follow-ups based on tracking data from Roswell Park's "Opt to Quit" and "Fax to Quit" programs. (This action is ongoing)		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1…Catholic Medical Partners is currently using the Massachusetts General Chronic Care Management evidence-based approach to intervene with patients with the greatest burden of illness and highest risk for institutional care. Our		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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identification system use HCC (Hierarchical Clinical Conditions) methodology to identify "hot spot" patients who need extra clinical care and services.										
Task Step 2…The Catholic Medical Partners analytic team produces list of patients who's HCC score is higher than 1.1 on a semi annual basis. The PMO assists the practices to create registries for each primary care practice to monitor the care and treatment of this high risk population on a periodic basis. This includes referral to the Health Home. The PMO also has implemented group visits in specific practices that are provided by physician, pharmacist, and nutritionist. CPWNY will expand this model to the other PPS partners.		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 3… Assess CPWNY member practices current policy and standard process for identifying "high risk" patients, those who would benefit from a group visit or peer lead chronic condition management group visits to improve adherence to treatment plans, improve self management confidence and conviction		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4… Compile findings and develop a "Gap Analysis" and work plan with time frames and accountable party identified to increase identification of "high risk patients" and refer to Health Home, group visits and peer lead chronic condition management group visits among CPWNY partners		Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 5... Develop and deliver results of the "hot-spotting" analysis via web based resources training for CPWNY staff and practitioners with attestation for completion		Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 6…CPWNY will conduct periodic review to monitor the effectiveness of implementing the HCC-based care management model. (this action is ongoing)		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task		Provider	Practitioner - Non-Primary	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.			Care Provider (PCP)							
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Mental Health	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1…The Million Hearts Campaign focus on reducing acute Myocardial Infarction by 1 million. The PMO's current care management program for patients at risk for cardiac disease follows the ICSI guidelines and are consistent with the Million Hearts guidelines. The PMO will further align the guidelines and policies for current programs to the Million Hearts Campaign.		Project		Completed	08/30/2015	12/30/2015	08/30/2015	12/30/2015	12/31/2015	DY1 Q3
Task Step 2… Assess current clinical processes within CPWNY primary care practices and cardiology practices for promotion of heart healthy lifestyle including diet and exercise, BP and cholesterol level screenings and management, prescribing of aspirin per evidence based guideline, tobacco use screening and support/referral for cessation.		Project		Completed	08/30/2015	03/30/2016	08/30/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 3…Compile findings and develop a "Gap Analysis" using evidence based guidelines for diagnosis and management of cardiovascular diseases. Develop a work plan to close the gaps.		Project		In Progress	02/28/2016	12/31/2016	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 4…The PMO will integrate performance reporting on strategies from the Million Hearts Campaign into the Crimson Population Health Care Management module (in development by the PMO) that will be used by practice-based clinical staff to promote value based care and treatment.		Project		Completed	08/30/2015	12/30/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5... Develop and make available training materials via web based resources with attestation of completion.		Project		In Progress	08/30/2015	03/30/2017	08/30/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 6… CPWNY will conduct periodic review and monitor the effectiveness of implementing the ICSI guidelines and Million Hearts Campaign for primary care and cardiology practices. (This action will be ongoing)		Project		In Progress	01/01/2016	03/30/2017	01/01/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #19	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4

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Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.		Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1…Compile list of contacts per MCO to understand current programs and initiatives to improve early cardiovascular disease identification and management; including BP and cholesterol screening, tobacco use screening and referral for cessation support. The PPS project management office, Catholic Medical Partners, currently has Medicaid risk contracts (with Value Based Payment metrics) with 3 payers and is working to develop risk contracts with 2 additional health plans. This would include the majority of Medicaid population attributed to CPWNY. Please note that Catholic Medical Partners project management team has had Value Based contracts based on successful collaborative relationships with local health plans for over the past 10 years.		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 2…Meet with MCO decision makers to develop a standard community collaborative approach. Review MCO agreements to confirm they support coordination of services.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3…The PMO will continue to work with the health plans in order to receive timely information from paid claims and to use the data elements included in the claims payment abstracts to identify patients at risk for cardiovascular disease and to assess patient and practice compliance with clinical protocols of care. (This action will be ongoing)		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4…Currently claims data is been entered into Milliman MedInsight system. In the future this data will be integrated with EMR data in Crimson population health system. The PMO's currently Medicaid managed health plans are in full agreement with this approach and are the foundation of our sustainability model.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Task Step 5…The PMO will work with Medicaid managed care organizations to utilize the centralized care and case management services provided the health plans. The Medicaid managed care organizations will increasingly hold the PPS accountable for de-centralized care management for the populations of patients at risk for cardiovascular diseases.		Project		In Progress	09/30/2015	03/30/2017	09/30/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 6... Document defined process and agreements and communicate broadly among CPWNY practices and MCO staff.		Project		In Progress	03/30/2017	09/30/2017	03/30/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1… Assess current status of CPWNY practices for diagnosis and management of cardiovascular disease per DSRIP project requirements.		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 2…Currently Catholic Medical Partners is accredited by the national NCQA as an Accountable Care Organization, and has previously accredited by NCQA for disease management. The PMO strategy for provider engagement is based upon supporting the clinical practices and providing the infrastructure, clinical staff, and quality and utilization data to assist the clinical practices. In addition, the PMO provides financial incentives and uses a team of physician champions as role models for practice transformation. The PMO will expand the current effort to the other PPS partners.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3… Currently, more than half of CPWNY's primary care providers are actively engaged in the PMO's care management program. CPWNY will develop a plan to expand the care management program for cardiac patients to the other PPS partners.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4… Develop a practice specific work plan to target practices with gaps in people, process or technology. Leverage Clinical Transformation, Care Management staff and the CPWNY		Project		Completed	05/01/2016	12/30/2016	05/01/2016	12/30/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Medical Director to drive change/improvement at the practice level.										
Task Step 5… Measure and report practice level progress semi annually to the Clinical Governance Committee and Executive Governing Board of CPWNY. (This action is ongoing)		Project		In Progress	03/30/2016	03/30/2017	03/30/2016	03/30/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	
Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Per week of 1/17/2017 DSRIP updates, this milestone is now due DY3Q4.
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	
Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	
Document patient driven self-management goals in the medical record and review with patients at each visit.	
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	
Develop and implement protocols for home blood pressure monitoring with follow up support.	
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	
Facilitate referrals to NYS Smoker's Quitline.	
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	
Adopt strategies from the Million Hearts Campaign.	
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	
Engage a majority (at least 80%) of primary care providers in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	
Milestone #18	Pass & Ongoing	
Milestone #19	Pass & Ongoing	
Milestone #20	Pass & Ongoing	

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IPQR Module 3.b.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid Point Assessment	Completed	Mid Point Assessment Narrative for this Project	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid Point Assessment	

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IPQR Module 3.b.i.5 - IA Monitoring

Instructions :

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Project 3.f.i – Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)

IPQR Module 3.f.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

• Risk: Hiring staff and completing specific Nurse Family Partnership (NFP) training prior to project implementation. Without timely hiring and training, the program risks being understaffed and CPWNY will not meet patient engagement. Mitigation: CPWNY started the HR process of posting job descriptions and filling positions prior to the April 1st start date, hiring an administrative lead and project supervisor. CPWNY will contract with Nurse Family Partnership to use their resources while the program is developed internally. CPWNY will also look internally for nurses interested in participating in this program and obtaining NFP certification, which will eliminate hiring time as an obstacle. Once initial resources are in place, additional staff can be hired and trained as needed.

• Risk: Obtaining sufficient volume of referrals to the program. Referrals are necessary for the effectiveness and sustainability of the program. Mitigation: Referrals to the program requires communication with agencies that impact first time Medicaid moms. CPWNY has begun conversations with partner providers and community based organizations to drive referrals, including our own primary care centers, clinics, and faith-based organizations. Protocols will be developed and distributed to all CPWNY partners that define the specific target population targeted and how and where to refer them.

• Risk: Some providers may refuse to adopt new policies or engage with DSRIP goals. This could affect project performance and limit quality of care. Mitigation: CPWNY will educate physicians on the benefits of this program in connecting patients with resources outside of the healthcare system that impact compliance and patient health status that physicians may not otherwise have access to. As a federal Accountable Care Organization, Catholic Medical Partners has experience engaging physicians in PPS wide protocols through use of physician champions, performance incentives, providing resources, and remediation for providers who fail to perform. CPWNY will use these proven strategies to ensure participation and engagement. The executive governance board will review performance for potential remediation.

• Risk: Adequately identifying the target population. Without clear guidelines about the target population, providers may be unsure and unlikely to refer to the program. Mitigation: CPWNY will work with Nurse Family Partnership to develop guidelines for defining eligible high-risk mothers. CPWNY will develop protocols that define how to facilitate a formal referral and where to send patients for additional information. CPWNY will offer DSRIP resources to NFP to supplement existing referral and information services. CPWNY will prioritize providers and partner organizations that see high volumes of high-risk mothers, such as safety net clinics with OBGYN services, social service providers, or faith-based organizations.

• Risk: Some providers or organizations seeing CPWNY patients may not be formal partners of the PPS. This could create a problem for ensuring providers perform according to DSRIP goals and refer to CPWNY programs. Mitigation: In our region, there are two PPS provider networks: CPWNY and Millennium Collaborative Care (MCC). CPWNY will establish a mutual agreement with MCC to treat each other's patients according to DSRIP standards and host monthly meetings to discuss opportunities for collaboration and resource sharing. For providers and community organizations outside of either network, CPWNY will establish referral agreements to create a mutual benefit and encourage volume for respective programs. Patients who see providers outside of either network will be referred to internal care management resources to follow up on appropriate care, appointment attendance, and progress towards care plan milestones.

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IPQR Module 3.f.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	180

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	60	90	96	120
	Quarterly Update	51	60	60	0
	Percent(%) of Commitment	85.00%	66.67%	62.50%	0.00%
IA Approved	Quarterly Update	0	60	0	0
	Percent(%) of Commitment	0.00%	66.67%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (60) does not meet your committed amount (96) for 'DY2,Q3'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mdjohns	Other	46_DY2Q3_PROJ3fi_MDL3fi2_PES_OTH_Patient_engagement_narrative_8621.docx	narrative for patient engagement	01/25/2017 11:23 AM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 3.f.i.3 - Prescribed Milestones

Models Selected		
Model 1 ✓	Model 2 ✗	Model 3 ✗

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers.	DY3 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS has developed a project plan that includes a timeline for implementation of an evidence-based home visiting model, such as Nurse-Family Partnership visitation model, for this population.			Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1…Meet with representative from National Office of Nurse Family Partnership to determine needs and application requirements. NFP is a evidence-based prescribed step-by-step process, which anyone who implements must follow with high fidelity. Complete site visits, multiple communication and reviews of application before submitted. Obtain current application to complete.			Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 2… Engage providers such as OB/GYN and primary care through newsletter, face-to-face meetings, the community advisory board, and other maternal child coalitions that are already established in Erie and Chautauqua County. We presented the plan in OB/GYN meetings that reached more than 60 OB/GYN and primary care physicians.			Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task			Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 3….Establish relationships (through face-to-face meetings, national conferences, working with assigned mentor agency, etc.) with Chautauqua providers and CBOs (such as United Way of Buffalo and Erie County, WIC, Jericho Road, Buffalo Prenatal Perinatal Network, etc.), as well as deepen relationships with providers and CBOs in Erie County, ensure support prior to implementation of model. CPWNY's partners such as Catholic Health Women Services has existing relationship with CBOs and community based programs for high risk mothers. CPWNY will leverage and expand existing relationships to notify about the NFP program and gain referrals. Note: this activity will be ongoing through DY5.											
Task Step 4….In partnership with Chautauqua County, who already has funding for education and travel expenses for their planned program, apply for NFP medallion.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 5….Develop HR Plan for recruitment of staff for program, particularly for Supervisor and Nurse Home Visitors to reflect population served			Project		Completed	04/01/2015	05/15/2015	04/01/2015	05/15/2015	06/30/2015	DY1 Q1
Task Step 6….Search for Program Coordinator/Administrator for program to lead implementation. SUBSTEPS in relation for step 6:			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task a. Hire Program Coordinator/Administrator			Project		Completed	04/01/2015	05/15/2015	04/01/2015	05/15/2015	06/30/2015	DY1 Q1
Task b. Train Program Coordinator/Administrator on NFP			Project		Completed	06/08/2015	06/30/2015	06/08/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 7….Search for Nurse Supervisor to lead nursing team in Chautauqua County. SUBSTEPS in relation to step 7:			Project		Completed	04/01/2015	07/17/2015	04/01/2015	07/17/2015	09/30/2015	DY1 Q2
Task a. Hire 1 Nurse Supervisor for Chautauqua team			Project		Completed	04/01/2015	06/22/2015	04/01/2015	06/22/2015	06/30/2015	DY1 Q1
Task b. Train 1 Nurse Supervisor on NFP			Project		Completed	04/01/2015	07/17/2015	04/01/2015	07/17/2015	09/30/2015	DY1 Q2
Task			Project		Completed	04/01/2015	08/15/2015	04/01/2015	08/15/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 8….Search for Nurse Home Visitors to join nursing team in Chautauqua County. SUBSTEPS in relation to step 8:											
Task a. Hire 2 Nurse Home Visitors for Chautauqua team			Project		Completed	04/01/2015	07/27/2015	04/01/2015	07/27/2015	09/30/2015	DY1 Q2
Task b. Train 2 Nurse Home Visitors on NFP			Project		Completed	07/27/2015	08/14/2015	07/27/2015	08/14/2015	09/30/2015	DY1 Q2
Task Step 9….Search for 0.5 time data/administrative assistant to join team in Chautauqua County. SUBSTEPS in relation to step 9:			Project		Completed	06/01/2015	09/01/2015	06/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task a. Hire 0.5 data/administrative assistant for Chautauqua team			Project		Completed	06/01/2015	09/01/2015	06/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task b. Train 0.5 data/administrative assistant on NFP			Project		Completed	06/01/2015	09/01/2015	06/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 10….Begin Implementation of program in Chautauqua County in DY1 Q3 to achieve required enrollment objectives			Project		Completed	06/01/2015	09/01/2015	06/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 11….Search for Nurse Supervisor to lead nursing team in Erie County. SUBSTEPS in relation to step 11:			Project		In Progress	12/01/2015	03/30/2018	12/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task a. Hire 1 Nurse Supervisor for Erie County team			Project		In Progress	12/01/2015	03/30/2018	12/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task b. Train 1 Nurse Supervisor on NFP			Project		In Progress	02/01/2016	03/30/2018	02/01/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 12….Search for Nurse Home Visitors to join nursing team in Erie County. SUBSTEPS in relation to step 12:			Project		In Progress	12/01/2015	03/30/2018	12/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task a. Hire 5 Nurse Home Visitors for Erie County team (DY1, Q4 (1); DY2, Q4 (2); DY3 Q4 (2))			Project		In Progress	12/01/2015	03/30/2018	12/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task b. Train 5 Nurse Home Visitors on NFP (DY1, Q4 (1); DY2, Q4 (2); DY3 Q4 (2))			Project		In Progress	12/01/2015	03/30/2018	12/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task			Project		In Progress	01/01/2016	03/30/2018	01/01/2016	03/30/2018	03/31/2018	DY3 Q4

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Step 13….Search for 1 data/administrative assistant to join team in Erie County. SUBSTEPS in relation to step 13:											
Task a. Hire 1 data/administrative assistant for Erie team			Project		In Progress	01/01/2016	03/30/2018	01/01/2016	03/30/2018	03/31/2018	DY3 Q4
Task b. Train 1 data/administrative assistant on NFP			Project		In Progress	01/01/2016	03/30/2018	01/01/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 14….Begin Implementation of program in Erie County in DY1 Q4 to achieve required enrollment objectives			Project		In Progress	01/01/2016	03/30/2018	01/01/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 15….Establish referral mechanism (see below) with local agencies to grow Erie County enrollment in DY2 Q3. The CPWNY 3.f.i project team will work with providers such OB/GYN and primary care providers in establishing referral system. (This action is ongoing)			Project		In Progress	07/01/2015	03/30/2018	07/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 16….Conduct regular team meetings and staff supervision as outlined below. SUBSTEPS in relation to step 16:			Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task a. One-to-one clinical supervision - nurse and supervisor meet once a week to reflect on a nurse's caseload and quality assurance. (this action is ongoing)			Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task b. Case conferences - twice monthly meetings with the team dedicated to joint review of cases, data reports and charts, with the purpose to find solutions, problem solve and professional growth. The 3.f.i project team will utilize the case conferences as a PDSA continuous improvement cycle. (this action is ongoing)			Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task c. Team meetings- twice monthly meetings held for administrative purposes, to discuss program implementation issues, and team building. (this action is ongoing)			Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4

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Task d. Field supervision - every 4 months the supervisor makes a joint home visit with each nurse to at least one client. (this action is ongoing)			Project		In Progress	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 17….NFP requires the creation of an active Community Advisory Board (CAB) to advise, support, and sustain NFP over time. The CAB consists of members from partner CBOs, other agencies, and clients. Substeps in relation to step 17:			Project		Completed	04/01/2015	04/15/2015	04/01/2015	04/15/2015	06/30/2015	DY1 Q1
Task a. Meet and share NFP progress, challenges, and updates with CAB on a quarterly basis. (this action is ongoing)			Project		In Progress	04/15/2015	03/30/2018	04/15/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 18…. CPWNY 3.f.i project team will develop and adopt reporting metrics and outcome measures based on the DSRIP requirement to evaluate the effectiveness of evidence-based home visitation model for pregnant high- risk mothers including high-risk first time mothers. NFP has a prescribed guidelines to report and track participating patient outcomes. CPWNY will utilize such guidelines along with DSRIP requirements in reporting and assessment.			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 19…. CPWNY 3.f.i project team will conduct periodic assessment on implementation of NFP in Erie and Chautauqua County, apply Rapid Cycle Improvement methods to evaluate and address identified gaps as needed.			Project		In Progress	04/15/2015	05/28/2017	04/15/2015	05/28/2017	06/30/2017	DY3 Q1
Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk.	DY2 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has developed a referral system for early identification of women who are or may be at high-risk.			Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1….Develop a working definition of high risk mothers to be engaged in this project. CPWNY will use			Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3

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the nationally recognized Nurse Family Partnership definition for enrollment, which is first time mothers, prior to 28 weeks pregnant, who are Medicaid/WIC eligible and considered high risk due to economic issues.											
Task Step 2…..Obtain policies from National office of NFP to follow their referral process and modify to ensure meets needs of our community.			Project		Completed	06/29/2015	06/30/2015	06/29/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 3….Coordinate with Chautauqua County Home visiting program to identify patients in their service area. SUBSTEPS in relation to step 3: (Note: ongoing activity.)			Project		In Progress	08/01/2015	03/30/2017	08/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task a. Meet with Chautauqua County clinics, primary care centers, OB/GYN practices and hospitals to educate on NFP and ask for appropriate referrals. Note: ongoing activity.			Project		In Progress	08/04/2015	03/30/2017	08/04/2015	03/30/2017	03/31/2017	DY2 Q4
Task b. Attend Chautauqua County CAB meeting to discuss NFP program and ask for appropriate referrals. Note: ongoing activity.			Project		In Progress	09/30/2015	03/30/2017	09/30/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 4….Work with all Erie County FQHCs, primary care centers, physician offices, agencies, hospitals to identify women who meet qualifications identified above and make referrals to NFP program. SUBSTEPS in relation to step 4: (Note: ongoing activity.)			Project		In Progress	06/22/2015	03/30/2017	06/22/2015	03/30/2017	03/31/2017	DY2 Q4
Task a. Meet with one-on-one with heads of Erie County clinics, primary care centers, OB/GYN practices and hospitals to discuss NFP and ask for appropriate referrals. Note: ongoing activity.			Project		In Progress	06/22/2015	03/30/2017	06/22/2015	03/30/2017	03/31/2017	DY2 Q4
Task b. Conduct educational sessions on NFP for medical and social service staff at Erie County clinics, primary care centers, OB/GYN practices and hospitals, and			Project		In Progress	02/01/2016	03/30/2017	02/01/2016	03/30/2017	03/31/2017	DY2 Q4

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ask for appropriate referrals. Note: ongoing activity.											
Task c. Identify office/agency "NFP champion" at Erie County clinics, primary care centers, OB/GYN practices and hospital, to facilitate referrals. Note: ongoing activity.			Project		In Progress	12/01/2015	03/30/2017	12/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task d. Embed Nurse Home Visitors in agencies/locations with potential high volume referrals. Note: ongoing activity.			Project		In Progress	03/01/2016	03/30/2017	03/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 5.... In the existing referral system, 100% of Chautauqua County's all pregnant women are referred to the County Health Department. Chautauqua County Health Department then directs patients to appropriate CBOs including NFP. In turn NFP will refer patients to other appropriate services. NFP will follow-up the success of referral through face-to-face in-home visits. The 3.f.i will utilize PDSA method to periodically evaluate the effectiveness of CBOs and other services regarding NFP and address gaps thereby mitigating risks. Note: ongoing activity.			Project		In Progress	07/15/2015	03/30/2017	07/15/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 6.... In Erie County, which also include Niagara County patients, CPWNY's partner hospitals see greater than 50% of all Medicaid high risk mothers from the community and have close relationships with leadership of the NFP program for substantial amount of referrals. The 3.f.i will also work with Erie County Buffalo Prenatal Perinatal Network to identify patients that fit in home visiting programs and direct patients to appropriate programs based on needs. The 3.f.i will utilize PDSA method to periodically evaluate the effectiveness of CBOs and other services regarding NFP and address gaps thereby mitigating risks. Note: ongoing activity.			Project		In Progress	07/15/2015	03/30/2017	07/15/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 7….Establish a mentor/mentee relationship with neighboring NFP agencies (Monroe County) to learn			Project		In Progress	07/14/2015	03/30/2017	07/14/2015	03/30/2017	03/31/2017	DY2 Q4

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best practices and options for referral system. Note: ongoing activity.											
Task Step 8….Develop visual diagram to use as education to various agencies to identify referral process			Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 9….Create local website for reference and referral.			Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 10… CPWNY's 3.f.i project team will periodically assess the effectiveness of our referral system in identifying high risk mothers and connecting them to necessary resources. The success of the referral system will be measured by qualified referral volume and by ongoing active referral relationship with CBOs and other partners as verified via bi-directional communications. Information technology reports will be collected from CPWNY's partner hospitals and prenatal services. Workflow and referral procedure will be documented and implemented. (this action is ongoing)			Project		In Progress	08/01/2015	03/30/2017	08/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 11…. CPWNY 3.f.i project team will apply Rapid Cycle Improvement methods to evaluate and address identified gaps in the implementation of our referral system. (this action is ongoing)			Project		In Progress	04/15/2015	03/30/2017	04/15/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.	DY2 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.			Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and			Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4

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evaluates results of quality improvement initiatives.											
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Perinatal Care Metrics.			Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders.			Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1…..CPWNY PMO, in concert with the 3.f.i project team, will develop a committee structure for a quality oversight committee of OB/GYN, primary care providers, and nurse home visitors. This committee will report to CPWNY's clinical governance committee and work closely with CPWNY's data/IT governance committee to oversee quality outcomes and to implement new or change activities as needed.			Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 2…..Recruit committee members from CPWNY partners including but not limited to representatives from Catholic Health Women Services, OB/GYN providers, primary care providers, nurse home visitors and/or supervisors, and CBOs.			Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3…..Oversight committee will take place quarterly with CHS Chairs of OB/GYN and community stakeholders. Note: ongoing activity.			Project		In Progress	10/01/2015	03/30/2017	10/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 4….The oversight committee will develop a quality improvement plan for the NFP project utilizing quality improvement methods such as root cause analysis, clinical quality improvement action plan, and rapid cycle improvement. Meeting minutes and follow-up plans will be documented. Newsletters and periodic reports will be distributed.			Project		In Progress	12/30/2015	03/30/2017	12/30/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task			Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4

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PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.											
Task Step 1….Through participation of the national Nurse Family Partnership program, CPWNY has access to their IT platform, the Efforts to Outcomes (ETO) computer software - a system that has been designed to provide implementing agencies with the information that is needed to monitor the quality of program implementation and the progress of enrolled families in attaining program goals. Note: ongoing activity.			Project		In Progress	09/01/2015	03/30/2017	09/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 2…. 3.f.i project staff will be trained on using ETO to track patients and quality outcome. Continuous training will be available to existing and additional staff.			Project		Completed	09/01/2015	03/30/2016	09/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 3… CPWNY will leverage the capability of ETO and integrate with the Crimson population health management system to monitor the effectiveness of the NFP project.			Project		In Progress	01/01/2016	03/30/2017	01/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 4… The NFP program dictates the tracking of information and what information to be tracked. All information is inputted in the ETO software. 3.f.i project team will produce reports from ETO data and share with the quality oversight committee and give client-specific feedback to CBOs who referred the patients. High level reports will be shared via website URLs and periodic newsletters.			Project		In Progress	01/01/2016	03/30/2017	01/01/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	DY3 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has identified and engaged with a regional medical center to address the care of high-risk pregnancies and infants (must have Level 3 NICU			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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services or Regional Perinatal Center). Assessment of the volume of high-risk pregnancies to be obtained through the CNA.											
Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has assembled a team of experts, including the number and type of experts and specialists and roles in the multidisciplinary team, to address the management of care of high-risk mothers and infants.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established MOUs or joint operating agreements with substantive multidisciplinary team responsible for co-managing care of high-risk mothers and infants.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers.	DY3 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has identified and established MOUs or joint operating agreements between multidisciplinary team and OB/GYN providers.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has developed/adopted uniform clinical protocols guidelines based upon evidence-based standards agreed to by all partners.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established best practice guidelines, policies and procedures, and plans for dissemination and training for interdisciplinary team on best practices.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Training has been completed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	DY3 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Clinic	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS uses alerts and secure messaging functionality.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.			Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Develop a Community Health Worker (CHW) program	DY3 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.											
Task PPS developed a work plan to use NYSDOH CHW training program and ensure CHW-trained members are integrated into the multidisciplinary team. PPS has obtained DOH funding for CHW training.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	DY3 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has named assigned CHW Coordinator(s) or timeline for hiring CHW Coordinator(s).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has developed a CHW workforce strategy and attendant qualifications of CHW(s) who meet the following criteria: 1) Indigenous community resident of the targeted area; 2) Writing ability sufficient to provide adequate documentation in the family record, referral forms and other service coordination forms, and reading ability to the level necessary to comprehend training materials and assist others to fill out forms; 3) Bilingual skills, depending on the community and families being served; 4) Knowledge of the community, community organizations, and community leaders; 5)Ability to work flexible hours, including evening and weekend hours.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Establish protocols for deployment of CHW.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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PPS has established timelines to complete protocols (policies and procedures) for CHW program, including methods for new and ongoing training for CHWs.											
Task PPS has developed plans to develop operational program components of CHW.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population.	DY3 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established agreements with MCOs demonstrating coordination regarding CHW program, or attestation of intent to establish coverage agreements, as well as progress to date.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers.	
Develop a referral system for early identification of women who are or may be at high-risk.	
Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
activities as appropriate.	
Use EHRs or other IT platforms to track all patients engaged in this project.	
Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	
Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.	
Develop service MOUs between multidisciplinary team and OB/GYN providers.	
Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	
Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	
Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other IT platforms to track all patients engaged in this project.	
Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	
Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	
Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	
Establish protocols for deployment of CHW.	
Coordinate with the Medicaid Managed Care organizations serving the target population.	
Use EHRs or other IT platforms to track all patients engaged in this project.	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	

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IPQR Module 3.f.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 3.f.i.5 - IA Monitoring

Instructions :

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Project 3.g.i – Integration of palliative care into the PCMH Model

IPQR Module 3.g.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk 1: The public connotation of hospice is "end-of-life care" vs. palliative care, which is chronic disease management. Without a clear understanding and distinction between hospice and palliative care, patients may not accept palliative care as a resource for chronic disease management. Mitigation: Provider and community-wide education and outreach across all care settings and patients and families.
Risk 2: Challenges inherent to difficult conversations including procrastination and issues in and around life limiting illness. Patients may be less likely to utilize hospice and palliative care when necessary. Mitigation: Provider and community-wide education and outreach across all care settings and patients and families. Increase availability of palliative care trained nurse specialists, social workers and physicians. Palliative care providers currently imbedded in hospitals and hospice will be deployed to multiple care settings including patients homes, hospitals, offices, clinics, etc.
Risk 3: Challenges of identifying appropriate palliative care referrals. Providers may not be able to identify appropriate patients at an optimum time for palliative care. Mitigation: Education and outreach across all providers. Integrate EMR based guidelines for identification and referral of palliative care/hospice appropriate patients.
Risk 4: Challenges in completing advanced directives. Inability to complete advanced directives has a potential negative impact in the patient's choice of care and may influence care provided that may be contrary to the patient's wishes. Mitigation: Utilization of Electronic Medical Orders Life Sustaining Treatment (E-MOLST) interventional protocols with consumers, their surrogates, practice managers, patient navigators and others as needed.
Risk 5: Limited payment mechanisms currently exist for palliative care service within Medicaid Managed Care. Providers may not be incentivized to engage patients in discussion around palliative care. And patients may be burdened with expensive cost. Mitigation: Expand upon existing third party payer agreements established for non-Medicaid palliative care patients and engage Medicaid Managed Care to cover the cost of these services.
Risk 6: Challenges in accommodating and understanding the cultural and ethnic beliefs and values with respect to end-of life conversations. Without sensitivity towards various cultural and ethnic values and believes, the success of palliative care interventions will be jeopardized. Mitigation: Recruit staff that are representative of diverse patient population and trained to address variable cultural beliefs regarding end of life.

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IPQR Module 3.g.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	1,070

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	161	321	535	749
	Quarterly Update	69	117	117	0
	Percent(%) of Commitment	42.86%	36.45%	21.87%	0.00%
IA Approved	Quarterly Update	0	117	0	0
	Percent(%) of Commitment	0.00%	36.45%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (117) does not meet your committed amount (535) for 'DY2,Q3'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mdjohns	Other	46_DY2Q3_PROJ3gi_MDL3gi2_PES_OTH_Patient_engagement_narrative_8613.docx	narrative for patient engagement	01/25/2017 11:06 AM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 3.g.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those eligible PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: The board of the project management office (PMO) conducted a strategic assessment of the areas of clinical care that are high priorities for the next three years. The assessment identified palliative care, care of patients with dementia, and patients with multiple chronic conditions as the population in greatest need and the area where the greatest gaps exist in the prevision of timely and ongoing clinical care and services.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 2: The palliative care project team has met with Community Partners of Western New York (PPS) representatives to request recommendations of PCPs (in PCMH practices) with high Medicaid patient populations to serve as a pilot in rolling out the integration methodology. CPWNY has identified 4 MD practices targeted for initial phase of PC integration who are PCMH certified with high Medicaid patient populations. (I.e., Our Lady of Victory, Mercy Comprehensive Care Clinic, WNY Primary Care, Southgate Medical). Additional PCPs will be added to the project once the process has been solidified.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: The project management office (PMO) will assess PCMH primary care and internal medicine practices who are caring for patients with multiple comorbid conditions including COPD, heart		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
failure, end stage renal disease, etc. to assist in strategizing roll out. This will be accomplished through registries and communication with the clinicians at the offices. Note: ongoing activity.										
Task Step 4: The project management office (PMO) will provide education and referral linkage to palliative care services, and establish agreements with PCMH primary care practices to integrate palliative care consultation into their clinical practices. As PCMH providers are enrolled into the project, they will receive an agreement spelling out responsibilities and deliverables specific to the project.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 5: Create introductory letter to send to identified PCP offices/clinics to integrate Palliative Care into their practice who are both PCMH Certified, as well as those who are not PCMH certified.		Project		Completed	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 6: Develop presentation of program services, criteria and goals to be presented by DSRIP staff members to designated office and staff and implement for pilot practices , evaluating success of the education and subsequent enrollment of patients into palliative care program		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Identify visit frequencies in collaboration with Primary care office and develop a time allotment for a Palliative care representative to be present in designated offices		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Continue to roll out palliative care integration in an organized manner: identification of PCMH practices with high volume of Medicaid patients, education, then to offices with PCMH intent, provide intro letter, education, registry review, referral , set up time allotment for patient for palliative care.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 1: Currently the PMO has participating agreements with hospice in Erie and Chautauqua counties. The PMO is working to recruit Niagara county hospice. The Hospice Buffalo organization will be the lead in the integration of palliative care into primary care.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: CPWNY will assemble a committee of representatives from Erie, Niagara and Chautauqua Counties with expertise in palliative care and health homes to assist with execution of DSRIP 3.g.i project strategy. The committee includes representatives from hospice, health homes, primary care providers, and CPWNY's clinical transformation and care management teams.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: The PPS will conduct county-wide meetings to facilitate the development of agreements between CPWNY primary care physicians and the respective county hospice/palliative care providers.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Ongoing collaboration with representatives from Niagara and Chautauqua County Hospice to implement 3.g.i project		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Meet with and create formal relationships with CBOs (e.g. MAS Transportation Co., Meals on Wheels, Lifeline (Personal Emergency Response Service), Health Homes, etc.) to serve and support DSRIP Medicaid patients. (As each county has different CBOs , relationship building and engagement will be specific to population needs to be served.)		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative care skills.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Hospice Buffalo as a member has recommended that		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
CPWNY adopt the Center to Advance Palliative Care evidence-based clinical care guidelines. CPWNY PPS has agreed to adopt CAPC's palliative care clinical guideline.										
Task Step 2: CPWNY will develop a PPS-wide protocol based on CAPC's palliative care guidelines for Erie, Niagara, and Chautauqua Counties. The development of the guideline will be based upon collaboration and agreement between the 3 hospice programs and CPWNY's medical leadership, in concert with CPWNY's PCMH practices.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: CPWNY's Clinical Governance Committee will review and approve the CAPC-based clinical guideline based upon the recommendations of CPWNY's medical director in concert with hospice partners.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Present PC guidelines to designated PCMH offices (roll out effort) and staff identified above as ongoing education in-services. The ongoing training will include MOLST (Medical Orders for Life Sustaining Treatment) forms. CPWNY will use physician champion to advocate for guideline adoption. (ongoing effort)		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Palliative care project team will initiate discussion with providers to complete MOLST (Medical Orders for Life Sustaining Treatment) forms with designated patients of PCP practices with a focus on designating an accountable person in the office to oversee this endeavor with appropriate documentation.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: CPWNY will conduct periodic assessment (use of advanced directives, MOLST forms, volume of referrals from registry) of implementation of CPWNY's palliative care guidelines and referrals. Utilize RCE method for process improvement.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: CPWNY will sustain the effort by continuously highlighting and reinforcing the value of palliative care services using physician and care team champions from both the practice community and from hospice partners. (ongoing effort)		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1:The delivery of appropriate palliative care requires a palliative care team to train clinical staff to ensure the professional staff are confident in their ability to provide palliative care. CPWNY has specialized palliative care professionals as members of the PPS, who will assist in the design and development of staff training for PCMH practices and staff.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2: The delivery of appropriate palliative care requires a palliative care team to train clinical staff to ensure the professional staff are confident in their ability to provide palliative care. CPWNY will use specialized palliative care professionals who are appropriately trained in this area of expertise to deliver care.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: CPWNY will identify PCMH practices to implement palliative care. Each PCMH practice will select staff members to receive specific palliative care trainings (on-site or webinar) consistent with the CAPC-based guidelines. For practices that do not wish to train their staff members in palliative care consultations, the hospice and palliative care partners will arrange for either in-office or home-based palliative care consultations.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: CPWNY will conduct periodic assessment of patient experience with palliative care consultations as well as surveys for the palliative care professionals to determine additional training needs and/or the need to training additional staff.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: CPWNY will monitor on periodic basis the frequency of palliative care consultations consistent with scale and speed.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 1: CPWNY will assess current level of financial coverage for palliative care consultations for the Medicaid population and accompanied policies for the 5 managed care plans and Fee-For-Service.										
Task Step 2: CPWNY's PMO has existing value based Medicaid managed care contracts. The PMO will leverage these relationships to develop protocols for treatment and accompanied reimbursement. CPWNY in concert with palliative care and PCMH partners will meet with health plans to review, prioritize, and address MMC coverage of palliative care services.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: The PMO will leverage its medical leadership to set forth the value and appropriateness of palliative care for the population in need.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: The PMO will conduct population health assessment of patients with chronic health conditions for each health plan. The PMO will identify the patients who could potentially benefit from palliative care. The PMO in collaboration with local health plans will train PCMH staff in early identification of patients and proper approach to initiating a palliative care discussion.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: CPWNY will conduct periodic assessment of palliative care effectiveness and coverage. The PMO will share the assessment with the managed care plans and the other PPS in WNY.		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: CPWNY will identify ICD and V codes that describe any palliative care sensitive conditions.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: CPWNY will train PCMH staff to use the codes to improve identification and tracking of patients who could potentially benefit from palliative care services. Note: As a requirement of PCMH, the practices have existing tracking		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
capability. More than half of CPWNY's primary care partners are currently PCMH.										
Task Step 3: CPWNY will develop and pilot a screening tool to assist PCP's to identify patients (as part of the protocol that is in concert with the guidelines adopted) who are appropriate for palliative care consultation/intervention. (start with pilot practices first)		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: CPWNY will develop a palliative care identification and tracking system within the Crimson population health management system that can be used by the practices (in addition to registries in the office) to identify the target population and to track the overall integration of palliative care within the target population. (system check)		Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: CPWNY in collaboration with the palliative care project team will establish metrics and create dashboards to track/manage scale and speed and DSRIP goals specific to palliative care.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: CPWNY will conduct periodic assessment of palliative care patient tracking via EMR and IT platforms. (reflective of step 4)		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	
Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	
Engage with Medicaid Managed Care to address coverage of services.	
Use EHRs or other IT platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

IPQR Module 3.g.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid Point Assessment	Completed	Attached is the mid-point assessment narrative for this project.	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Palliative Care Outcomes Scale (POS) Results	Completed	This milestone was added as a location for uploading the results of our POS survey collection.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid Point Assessment	
Palliative Care Outcomes Scale (POS) Results	

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

IPQR Module 3.g.i.5 - IA Monitoring

Instructions :

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Project 4.a.i – Promote mental, emotional and behavioral (MEB) well-being in communities

IPQR Module 4.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

• Risk: MEB media campaign fails to attain awareness levels among target audiences. Mitigation: Assess effectiveness of media campaign quarterly by obtaining baseline data in quarter or first year. Align with experts in PR and marketing fields. Collaborate with established social science evaluators and website analytics experts to gather baseline data. Track and monitor referrals to a newly designated information/referral hub as well as determine where respondents obtained referral information and how long they stay on website.
• Risk: School-based MEB prevention programs do not meet the projected level of engagement of clients and provide fewer than anticipated levels of referrals due to scheduling or engagement conflicts. Mitigation: Phase in programs over multiple years to lessen the risks of not reaching target audiences in educational settings. If school-based program schedules do not allow for engagement, target community-based locations for programming.
• Risk: Programs are not age and/or culturally appropriate. Mitigation: Provide evidence-based (SAMHSA-approved) programs at targeted locations. Work closely with partner agencies with experience with multicultural populations. Provide training to staff in cultural diversity via the International Institiute and hire staff with necessary qualifications. One limitation involves staff that do not have the adequate skill set to meet the needs of the diverse population of individuals living in the targeted geographic areas of the eight WNY counties, particularly Buffalo's West Side.
• Risk: Services are duplicated or do not reach target audience. Mitigation: Mental Health Association and ECCPASA will work closely with health plans and other organizations to ensure the project is focusing on different topical areas and is not duplicating any existing efforts. Work closely with community partners to ensure that the services provided meet the needs of those in their specific community settings. Strategies to be utilized will include regularly scheduled meetings and communication to coordinate these efforts.
• Risk: Stigma about accessing mental health or addiction treatment services. Mitigation: Lessen stigma via workplace wellness programs and media campaign. Adapt program to reflect demographic/cultural considerations. Hold focus groups among target audiences and partner with agencies experienced with cultural populations. Train staff in stigma/cultural competency. Any associated resistance to this programming will be addressed via the frequency and means that will be utilized to promote these initiatives (i.e., number of TV ads, billboards, etc.). Key messaging willl utilize the concept of social norms as well as the importance of prevention and how it translates to better emotional and behavioral health.

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IPQR Module 4.a.i.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 1. Engage the community partners in a planning process to design and implement mental emotional and behavioral health programs to meet the needs of the population.	Completed	1. Engage the community partners in a planning process to design and implement mental emotional and behavioral health programs to meet the needs of the population.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 1… CPWNY will engage the Mental Health Association of Erie County (MHA) and Erie County Consult for the Prevention of Alcohol and Substance Abuse (ECCPASA) to review the community needs assessment and to align MHA and ECCPASA with the needs of the community.	Completed	Step 1… CPWNY will engage the Mental Health Association of Erie County (MHA) and Erie County Consult for the Prevention of Alcohol and Substance Abuse (ECCPASA) to review the community needs assessment and to align MHA and ECCPASA with the needs of the community.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 2… MHA and ECCPASA were selected to lead the 8-county WNY region-wide implementation on this project in collaboration with CPWNY and Millennium PPS.	Completed	Step 2… MHA and ECCPASA were selected to lead the 8-county WNY region-wide implementation on this project in collaboration with CPWNY and Millennium PPS.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 3… The following existing evidence-based SAMHSA-approved programs were identified by CPWNY's planning leadership, in concert with MHA and ECCPASA, as being aligned with community needs assessment. They include Mental Health First Aid, Too Good for Violence, Ripple Effect, Compeer, and the Wellness Recovery Act. These programs are currently being utilized in WNY and have a proven record in reducing suicide and reducing factors leading to depression.	Completed	Step 3… The following existing evidence-based SAMHSA-approved programs were identified by CPWNY's planning leadership, in concert with MHA and ECCPASA, as being aligned with community needs assessment. They include Mental Health First Aid, Too Good for Violence, Ripple Effect, Compeer, and the Wellness Recovery Act. These programs are currently being utilized in WNY and have a proven record in reducing suicide and reducing factors leading to depression.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 4… MHA and ECCPASA indicated during the planning process that the current evidence-based	Completed	Step 4… MHA and ECCPASA indicated during the planning process that the current evidence-based programs need to be expanded to meet the needs of WNY community.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
programs need to be expanded to meet the needs of WNY community.								
Task Step 5… CPWNY is currently working with MHA and ECCPASA to identify specific programs to be expanded in which counties and developing	Completed	Step 5… CPWNY is currently working with MHA and ECCPASA to identify specific programs to be expanded in which counties and developing	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 6… Contact community partners to determine capacity/interest in partnering	Completed	Step 6… Contact community partners to determine capacity/interest in partnering	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 7… Identify specific programs/projects to achieve project goals	Completed	Step 7… Identify specific programs/projects to achieve project goals	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8… Rank order programs/projects based on impact, feasibility and funding	Completed	Step 8… Rank order programs/projects based on impact, feasibility and funding	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9… Structure agreements (MOU) with community partners, formulizing goals, schedule and budget	Completed	Step 9… Structure agreements (MOU) with community partners, formulizing goals, schedule and budget	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone 2. Prioritize the delivery of programs based on needs, community impact and accessibility through identification of opportunities to integrate social determinants of health into existing and/or new projects.	In Progress	2. Prioritize the delivery of programs based on needs, community impact and accessibility through identification of opportunities to integrate social determinants of health into existing and/or new projects.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Use community needs assessment to identify priority needs and programs/projects	Completed	Use community needs assessment to identify priority needs and programs/projects	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Select programs/projects primarily from SAMHSA's approved registry	Completed	Select programs/projects primarily from SAMHSA's approved registry	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify partners with expertise and experience in targeted program/project areas	Completed	Identify partners with expertise and experience in targeted program/project areas	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Continue to assess project impact and adjust programs/projects as necessary. Project impact will be evaluated by increasing the number of Medicaid members participating in each of the 4	In Progress	Continue to assess project impact and adjust programs/projects as necessary. Project impact will be evaluated by increasing the number of Medicaid members participating in each of the 4 programs that are aligned with the community needs assessment finds and the MEB projects should force on suicide, depression, prescription drug abuse, and substance	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
programs that are aligned with the community needs assessment finds and the MEB projects should force on suicide, depression, prescription drug abuse, and substance abuse.		abuse.						
Task Use public awareness, education and other projects to address and positively impact depression rates in the targeted population groups	In Progress	Use public awareness, education and other projects to address and positively impact depression rates in the targeted population groups	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task Use public awareness, education and other projects to address and positively impact the rate of suicide in the targeted population groups	In Progress	Use public awareness, education and other projects to address and positively impact the rate of suicide in the targeted population groups	01/01/2017	03/31/2020	01/01/2017	03/31/2020	03/31/2020	DY5 Q4
Task Use public awareness, education and other projects to address and positively impact the rate of substance use in the targeted population groups	In Progress	Use public awareness, education and other projects to address and positively impact the rate of substance use in the targeted population groups	07/01/2017	03/31/2020	07/01/2017	03/31/2020	03/31/2020	DY5 Q4
Task Use public awareness, education, and other projects to address prescription drug abuse levels in the targeted population groups	In Progress	Use public awareness, education, and other projects to address prescription drug abuse levels in the targeted population groups	10/01/2018	03/31/2020	10/01/2018	03/31/2020	03/31/2020	DY5 Q4
Milestone 3. Identify outcome metrics and report requirements for programs that will promote resiliency among participants	In Progress	3. Identify outcome metrics and report requirements for programs that will promote resiliency among participants	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Measure and make available local and State data on MEB well-being and MEB disorder prevention to increase transparency and quality on practice.	Completed	Measure and make available local and State data on MEB well-being and MEB disorder prevention to increase transparency and quality on practice.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Use community needs assessment and NYS DOH data to establish program/project benchmarks	Completed	Use community needs assessment and NYS DOH data to establish program/project benchmarks	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Set annual goals for program/project duration	Completed	Set annual goals for program/project duration	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Measure program/project impact at annual intervals	In Progress	Measure program/project impact at annual intervals	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task Make program/project adjustments as necessary	In Progress	Make program/project adjustments as necessary	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone 4. Identify how the DSRIP initiatives will increase	In Progress	4. Identify how the DSRIP initiatives will increase the number of people receiving services. Project the member of participants who will be	09/01/2015	03/31/2020	09/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
the number of people receiving services. Project the member of participants who will be impacted by this project.		impacted by this project.						
Task Projected numbers of participants who will be impacted by sub projects are estimated below: Skill building programs for elementary and middle school ECCPASA >= 4,600 youth Skill building programs for elementary and middle school WNY United >= 4,600 youth Teen Intervene for High School ECCPASA >= 100 youth Teen Intervene for High School Northpointe Council >= 100 youth Wellness in the workplace >= 1,500 Mental Health First Aid >= 575 CASA >= 420 Too Good for Violence = 5000 Legal Services and Advocacy >=250 WRAP >= 630 Compeer >= 350 Information and Referral >= 750,000 BEST/Ripple Effects >= 4,500 Community Media Campaign = approximately 1.3 million Coalition Support/Law Enforcement Compliance Checks/Community Education = approximately 300,000	In Progress	Projected numbers of participants who will be impacted by sub projects are estimated below: Skill building programs for elementary and middle school ECCPASA >= 4,600 youth Skill building programs for elementary and middle school WNY United >= 4,600 youth Teen Intervene for High School ECCPASA >= 100 youth Teen Intervene for High School Northpointe Council >= 100 youth Wellness in the workplace >= 1,500 Mental Health First Aid >= 575 CASA >= 420 Too Good for Violence = 5000 Legal Services and Advocacy >=250 WRAP >= 630 Compeer >= 350 Information and Referral >= 750,000 BEST/Ripple Effects >= 4,500 Community Media Campaign = approximately 1.3 million Coalition Support/Law Enforcement Compliance Checks/Community Education = approximately 300,000	09/01/2015	03/31/2020	09/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone 5. 31 organizations formally implement evidence-based practices identified by the project.	In Progress	5. 31 organizations formally implement evidence-based practices identified by the project.	09/01/2015	03/31/2020	09/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Provide administrative oversight to ensure implementation of evidence-based programs by community partners	In Progress	Provide administrative oversight to ensure implementation of evidence-based programs by community partners	09/01/2015	03/31/2020	09/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Mid Point Assessment	Completed	Attached is the mid-point assessment narrative for this project.	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

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PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1. Engage the community partners in a planning process to design and implement mental emotional and behavioral health programs to meet the needs of the population.	
2. Prioritize the delivery of programs based on needs, community impact and accessibility through identification of opportunities to integrate social determinants of health into existing and/or new projects.	
3. Identify outcome metrics and report requirements for programs that will promote resiliency among participants	
4. Identify how the DSRIP initiatives will increase the number of people receiving services. Project the member of participants who will be impacted by this project.	
5. 31 organizations formally implement evidence-based practices identified by the project.	
Mid Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	The IA recognizes the completion of milestone; Engage the community partners in a planning process to design and implement mental emotional and behavioral health programs to meet the needs of the population.

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IPQR Module 4.a.i.3 - IA Monitoring

Instructions :

New York State Department Of Health
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Project 4.b.i – Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

• Risk: Incompatibility of information technology systems. Provider EMRs may not be compatible with the NYS Smokers' Quitline database and patient tracking system, which could create a problem for creating a successful direct referral system. Providers may not have electronic access to patient smoking status after Quitline intervention. Mitigation: CPWNY will work with our information technology team to build or expand exchange capability between provider EMRs and the NYS Smokers' Quitline, and to build tobacco and referral status into existing EMRs. CPWNY will enlist HEALTHeLINK to help build a general exchange capability between providers and the Quitline regardless of EMR vendor. Providers without an EMR can provide referrals through Quitline's Fax-to-Quit program, and will receive follow up on patient progress.

• Risk: Ability to engage a critical mass of providers who will adopt automatic referral programs. Without provider engagement the Quitline will have limited access to patients in need of cessation services. Mitigation: CPWNY will distribute information to its providers on behalf of the NYS Smokers' Quitline detailing the benefits and potential impact of direct referral on high-risk patients. CPWNY will enlist current providers using these services to advocate for the benefits of these programs. Priority will be placed on engaging providers who touch the highest volumes of high risk and hard to reach patients, for example those with multiple cardiac conditions or patients with mental illness. CPWNY will also work with the information technology team and the NYS Smokers' Quitline to make the referral process easy and convenient for providers.

• Risk: Ability to engage high-risk groups, such as minorities, low income patients, or those with mental illness. These patient groups are traditionally more likely to use tobacco products and less successful in their quit attempts. Inability to engage these patients will limit the impact of this project in reaching the highest need members of the DSRIP population. Mitigation: CPWNY will work with the NYS Smokers' Quitline to expand current quit messaging and quit tips services to target specific high risk populations. CPWNY and the Quitline field team will work to engage community organizations and providers that work directly with the identified high risk populations, such as mental health and substance abuse counseling services, social service providers, faith based organizations, behavioral health providers, and safety net clinics to inform and refer patients to cessation programs. CPWNY will work with Medicaid Managed Care Organizations to ensure that cost of cessation medications and nicotine replacement therapies are covered and do not require a patient copay. The NYS Smokers' Quitline will work with CPWNY to establish policies regarding additional follow up texts, phone calls, counseling appointments, and provider consults for patients identified as high risk.

• Risk: Inability to track and follow up with engaged patients. Without tracking and follow up CPWNY will be unable to gage the success and effectiveness of the program. Mitigation: CPWNY will capitalize on the NYS Smokers' Quitline's existing data management resources, which include updates on patient progress and a history of participation. CPWNY will work to incorporate information on patient histories with nicotine replacement therapies, counseling services, and success of previous quit attempts into patient records electronically through EMR modifications or manually through additions to paper records. A two-way referral system will be developed between the Quitline and providers to follow up on patients who have unsuccessful quit attempts or repeat calls. CPWNY, in partnership with HEALTHeLINK and the NYS Smokers' Quitline, will develop secure data sharing capabilities between participants.

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IPQR Module 4.b.i.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 1. Announcement to community partners on intention to take action on this project and invitation for collaboration.	In Progress	1. Announcement to community partners on intention to take action on this project and invitation for collaboration.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify community partners with interest in promoting tobacco cessation	Completed	Identify community partners with interest in promoting tobacco cessation	07/21/2015	06/30/2016	07/21/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify lead contact in each partner organization	Completed	Identify lead contact in each partner organization	07/21/2015	06/30/2016	07/21/2015	06/30/2016	06/30/2016	DY2 Q1
Task Set up meeting with individual lead contacts to discuss possible collaboration	Completed	Set up meeting with individual lead contacts to discuss possible collaboration	10/07/2015	04/07/2016	10/07/2015	04/07/2016	06/30/2016	DY2 Q1
Task Meet with lead contact of each organization to discuss needs	Completed	Meet with lead contact of each organization to discuss needs	10/07/2015	09/30/2016	10/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task Examine individual partner organization's needs and develop plan to meet those needs	Completed	Examine individual partner organization's needs and develop plan to meet those needs	10/07/2015	09/30/2016	10/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task Meet with lead contact of each organization to discuss plan and implementation	Completed	Meet with lead contact of each organization to discuss plan and implementation	01/07/2016	09/30/2016	01/07/2016	09/30/2016	09/30/2016	DY2 Q2
Task Provide lead contact with necessary cessation-related materials	Completed	Provide lead contact with necessary cessation-related materials	04/07/2016	12/31/2016	04/07/2016	12/31/2016	12/31/2016	DY2 Q3
Task Set up meeting with lead contact to follow-up and review plan	In Progress	Set up meeting with lead contact to follow-up and review plan	10/07/2016	03/31/2017	10/07/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 2. Adopt tobacco-free outdoor policies.	Completed	2. Adopt tobacco-free outdoor policies.	07/21/2015	07/07/2016	07/21/2015	07/07/2016	09/30/2016	DY2 Q2
Task Work with Erie and Niagara Tobacco-Free Coalition to review and update a summary of current institutional policies regarding tobacco-free	Completed	Work with Erie and Niagara Tobacco-Free Coalition to review and update a summary of current institutional policies regarding tobacco-free environment and tobacco-free outdoor policies.	07/21/2015	06/30/2016	07/21/2015	06/30/2016	06/30/2016	DY2 Q1

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
environment and tobacco-free outdoor policies.								
Task Identify institutions of interest	Completed	Identify institutions of interest	07/21/2015	06/30/2016	07/21/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify resource (Web site, individual) to be contacted regarding institutional policies	Completed	Identify resource (Web site, individual) to be contacted regarding institutional policies	10/07/2015	06/30/2016	10/07/2015	06/30/2016	06/30/2016	DY2 Q1
Task Create a database to record tobacco-free environment policy information from each institution	Completed	Create a database to record tobacco-free environment policy information from each institution	01/07/2016	04/07/2016	01/07/2016	04/07/2016	06/30/2016	DY2 Q1
Task Obtain information from each identified institution regarding tobacco-related policies	Completed	Obtain information from each identified institution regarding tobacco-related policies	04/07/2016	07/07/2016	04/07/2016	07/07/2016	09/30/2016	DY2 Q2
Milestone 3. Incorporate tobacco use assessment and automatic referral into Opt-to-Quit program from provider Electronic Health Record systems for smoking cessation	In Progress	3. Incorporate tobacco use assessment and automatic referral into Opt-to-Quit program from provider Electronic Health Record systems for smoking cessation	07/21/2015	03/31/2020	07/21/2015	03/31/2020	03/31/2020	DY5 Q4
Task Identify partner providers within PPS	In Progress	Identify partner providers within PPS	07/21/2015	01/07/2019	07/21/2015	01/07/2019	03/31/2019	DY4 Q4
Task Identify lead contact in each partner provider of interest	In Progress	Identify lead contact in each partner provider of interest	10/07/2015	01/07/2019	10/07/2015	01/07/2019	03/31/2019	DY4 Q4
Task Set up meeting with individual lead contacts to discuss integration of tobacco use assessment at patient visit and automatic referral to Opt-to-Quit program through NYS Smokers' Quitline (NYSSQ). "Opt to Quit" program includes counseling and referring services to all smokers including smokers with disabilities and/or mental health conditions.	In Progress	Set up meeting with individual lead contacts to discuss integration of tobacco use assessment at patient visit and automatic referral to Opt-to-Quit program through NYS Smokers' Quitline (NYSSQ). "Opt to Quit" program includes counseling and referring services to all smokers including smokers with disabilities and/or mental health conditions.	10/07/2015	10/07/2019	10/07/2015	10/07/2019	12/31/2019	DY5 Q3
Task Work with office staff of interested providers to program tobacco use assessment and automatic referral to NYSSQ with current Electronic Health Record system	In Progress	Work with office staff of interested providesr to program tobacco use assessment and automatic referral to NYSSQ with current Electronic Health Record system	10/07/2015	10/07/2019	10/07/2015	10/07/2019	12/31/2019	DY5 Q3
Task Conduct trainings with medical staff regarding tobacco use assessment and referral to NYSSQ	In Progress	Conduct trainings with medical staff regarding tobacco use assessment and referral to NYSSQ	10/07/2015	10/07/2019	10/07/2015	10/07/2019	12/31/2019	DY5 Q3
Task	In Progress	Increase patient participation by 10% in the Opt-to-Quit program through	01/07/2016	01/07/2017	01/07/2016	01/07/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Increase patient participation by 10% in the Opt-to-Quit program through recruitment of 2 additional providers. Note: CPWNY orginally projected 25% increase in patient participation in DY1 via recruitment of 4 additional providers and 33% increase annually in the following years. The plan is adjusted due to the delays in DSRIP timelines and the shift in DSRIP years.		recruitment of 2 additional providers. Note: CPWNY orginally projected 25% increase in patient participation in DY1 via recruitment of 4 additional providers and 33% increase annually in the following years. The plan is adjusted due to the delays in DSRIP timelines and the shift in DSRIP years.						
Task Increase patient participation by 25% in the Opt-to-Quit program through recruitment of 4 additional providers	In Progress	Increase patient participation by 25% in the Opt-to-Quit program through recruitment of 4 additional providers	01/07/2017	01/07/2018	01/07/2017	01/07/2018	03/31/2018	DY3 Q4
Task Increase patient participation by 25% in the Opt-to-Quit program through recruitment of 4 additional providers	In Progress	Increase patient participation by 25% in the Opt-to-Quit program through recruitment of 4 additional providers	01/07/2018	01/07/2019	01/07/2018	01/07/2019	03/31/2019	DY4 Q4
Task Increase patient participation by 25% in the Opt-to-Quit program through recruitment of 4 additional providers	In Progress	Increase patient participation by 25% in the Opt-to-Quit program through recruitment of 4 additional providers	01/07/2019	01/07/2020	01/07/2019	01/07/2020	03/31/2020	DY5 Q4
Task Follow-up with providers regarding questions and concerns	In Progress	Follow-up with providers regarding questions and concerns	01/07/2020	03/31/2020	01/07/2020	03/31/2020	03/31/2020	DY5 Q4
Task To mitigate the risk of lack of adoption of Opt-to-Quit from providers or patients, CPWNY will also provide assistance on adopting other tobacco cessation resources such as US Public Health Services Guidelines.	In Progress	To mitigate the risk of lack of adoption of Opt-to-Quit from providers or patients, CPWNY will also provide assistance on adopting other tobacco cessation resources such as US Public Health Services Guidelines.	01/07/2016	03/31/2020	01/07/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone 4. Incorporate tobacco dependence assessment and treatment into Federally Qualified Health Centers and clinics primarily serving individuals with mental health co-morbidities (FQHCs).	In Progress	4. Incorporate tobacco dependence assessment and treatment into Federally Qualified Health Centers and clinics primarily serving individuals with mental health co-morbidities (FQHCs).	07/21/2015	03/31/2020	07/21/2015	03/31/2020	03/31/2020	DY5 Q4
Task Identify all FQHCs in PPS counties	In Progress	Identify all FQHCs in PPS counties	07/21/2015	01/07/2017	07/21/2015	01/07/2017	03/31/2017	DY2 Q4
Task Identify lead contact in each FQHC of interest	In Progress	Identify lead contact in each FQHC of interest	07/21/2015	01/07/2017	07/21/2015	01/07/2017	03/31/2017	DY2 Q4
Task Set up meeting with lead contact in each FQHC of	In Progress	Set up meeting with lead contact in each FQHC of interest to discuss current tobacco dependence assessment and treatment	07/21/2015	01/07/2017	07/21/2015	01/07/2017	03/31/2017	DY2 Q4

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
interest to discuss current tobacco dependence assessment and treatment								
Task Provide implementation plan, outlines, and materials to interested FQHC	In Progress	Provide implementation plan, outlines, and materials to interested FQHC	01/07/2016	01/07/2018	01/07/2016	01/07/2018	03/31/2018	DY3 Q4
Task Work with office staff of interested FQHC to program tobacco dependence assessment into Electronic Health Record (as appropriate)	In Progress	Work with office staff of interested FQHC to program tobacco dependence assessment into Electronic Health Record (as appropriate)	01/07/2016	01/07/2019	01/07/2016	01/07/2019	03/31/2019	DY4 Q4
Task Conduct trainings with office staff regarding tobacco dependence assessment and treatment options and plans	In Progress	Conduct trainings with office staff regarding tobacco dependence assessment and treatment options and plans	01/07/2016	01/07/2020	01/07/2016	01/07/2020	03/31/2020	DY5 Q4
Task Increase participation in Health Systems Change program with 2 additional FQHCs. Note: CPWNY originally projected 2 additional FQHCs in DY1. The plan is adjusted due to the delays in DSRIP timelines and the shift in DSRIP years. The following years will be on track regarding adopting at least 2 clinics per year.	In Progress	Increase participation in Health Systems Change program with 2 additional FQHCs. Note: CPWNY originally projected 2 additional FQHCs in DY1. The plan is adjusted due to the delays in DSRIP timelines and the shift in DSRIP years. The following years will be on track regarding adopting at least 2 clinics per year.	01/07/2016	01/07/2017	01/07/2016	01/07/2017	03/31/2017	DY2 Q4
Task Increase participation in Health Systems Change program with 2 additional FQHCs	In Progress	Increase participation in Health Systems Change program with 2 additional FQHCs	01/07/2017	01/07/2018	01/07/2017	01/07/2018	03/31/2018	DY3 Q4
Task Increase participation in Health Systems Change program with 2 additional FQHCs	In Progress	Increase participation in Health Systems Change program with 2 additional FQHCs	01/07/2018	01/07/2019	01/07/2018	01/07/2019	03/31/2019	DY4 Q4
Task Increase participation in Health Systems Change program with 2 additional FQHCs	In Progress	Increase participation in Health Systems Change program with 2 additional FQHCs	01/07/2019	01/07/2020	01/07/2019	01/07/2020	03/31/2020	DY5 Q4
Task Follow-up with FQHCs regarding issues, questions, or concerns	In Progress	Follow-up with FQHCs regarding issues, questions, or concerns	01/07/2016	03/31/2020	01/07/2016	03/31/2020	03/31/2020	DY5 Q4
Task Evaluate expansion of program with other FQHCs associated with nearby counties and other PPSs	In Progress	Evaluate expansion of program with other FQHCs associated with nearby counties and other PPSs	07/07/2017	03/31/2020	07/07/2017	03/31/2020	03/31/2020	DY5 Q4
Milestone 5. Outline a policy within this PPS to query and document tobacco use status and that support for treatment is embedded in each encounter.	In Progress	5. Outline a policy within this PPS to query and document tobacco use status and that support for treatment is embedded in each encounter.	10/07/2015	03/31/2017	10/07/2015	03/31/2017	03/31/2017	DY2 Q4

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DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Gather information and assess possibilities of assessing tobacco status in various projects within PPS	Completed	Gather information and assess possibilities of assessing tobacco status in various projects within PPS	10/07/2015	07/07/2016	10/07/2015	07/07/2016	09/30/2016	DY2 Q2
Task Identifly lead contact in each project that can incorporate tobacco status assessment	Completed	Identifly lead contact in each project that can incorporate tobacco status assessment	10/07/2015	07/07/2016	10/07/2015	07/07/2016	09/30/2016	DY2 Q2
Task Set up meeting with lead contact in each project of interest to discuss possible integration of tobacco dependence assessment within current project structure	Completed	Set up meeting with lead contact in each project of interest to discuss possible integration of tobacco dependence assessment within current project structure	01/07/2016	10/07/2016	01/07/2016	10/07/2016	12/31/2016	DY2 Q3
Task Provide necessary materials or resources for project lead to integrate tobacco dependence assessment	In Progress	Provide necessary materials or resources for project lead to integrate tobacco dependence assessment	04/07/2016	01/07/2017	04/07/2016	01/07/2017	03/31/2017	DY2 Q4
Task Follow-up with each interested project regarding issues or concerns	In Progress	Follow-up with each interested project regarding issues or concerns	07/07/2016	03/31/2017	07/07/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 6. Work with NYS DOH Bureau of Tobacco Control's 16 'Health Systems for a Tobacco-Free NY' contractors to receive technical assistance on system improvements related to tobacco use cessation.	In Progress	6. Work with NYS DOH Bureau of Tobacco Control's 16 'Health Systems for a Tobacco-Free NY' contractors to receive technical assistance on system improvements related to tobacco use cessation.	10/07/2015	01/07/2019	10/07/2015	01/07/2019	03/31/2019	DY4 Q4
Task Identify lead contact for all 16 'Healthy Systems for a Tobacco-Free NY' contractors (including one located within this PPS at Roswell Park Cancer Institute)	Completed	Identify lead contact for all 16 'Healthy Systems for a Tobacco-Free NY' contractors (including one located within this PPS at Roswell Park Cancer Institute)	10/07/2015	04/07/2016	10/07/2015	04/07/2016	06/30/2016	DY2 Q1
Task Contact each lead individual and discuss services available and issues that need support	In Progress	Contact each lead individual and discuss services available and issues that need support	01/07/2016	01/07/2017	01/07/2016	01/07/2017	03/31/2017	DY2 Q4
Task Outline communication plan with each contractor regarding technical assistance	Completed	Outline communication plan with each contractor regarding technical assistance	01/07/2016	10/07/2016	01/07/2016	10/07/2016	12/31/2016	DY2 Q3
Task Develop trainings for contractors regarding system improvements related to tobacco use cessation	In Progress	Develop trainings for contractors regarding system improvements related to tobacco use cessation	04/07/2016	01/07/2017	04/07/2016	01/07/2017	03/31/2017	DY2 Q4
Task	In Progress	Conduct trainings with contractors regarding system improvements related	01/07/2017	01/07/2018	01/07/2017	01/07/2018	03/31/2018	DY3 Q4

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DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Conduct trainings with contractors regarding system improvements related to tobacco use cessation		to tobacco use cessation						
Task Follow-up with contractors to develop maintainance plan for trainings and technical assistance	In Progress	Follow-up with contractors to develop maintainance plan for trainings and technical assistance	01/07/2018	01/07/2019	01/07/2018	01/07/2019	03/31/2019	DY4 Q4
Milestone 7. Development and dissemination of a communication strategy for patient and clinician education regarding availability of covered tobacco dependence treatment that encourages patients to use the services.	In Progress	7. Development and dissemination of a communication strategy for patient and clinician education regarding availability of covered tobacco dependence treatment that encourages patients to use the services.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop materials designed to educate providers and patients regarding Medicaid benefits for smoking cessation (i.e. medications, counseling)	Completed	Develop materials designed to educate providers and patients regarding Medicaid benefits for smoking cessation (i.e. medications, counseling)	07/21/2015	01/07/2016	07/21/2015	01/07/2016	03/31/2016	DY1 Q4
Task Disseminate materials to FQHCs, Home Health providers, PPS partner organizations and providers, and through New York State Smokers' Quitline	In Progress	Disseminate materials to FQHCs, Home Health providers, PPS partner organizations and providers, and through New York State Smokers' Quitline	01/07/2016	03/31/2017	01/07/2016	03/31/2017	03/31/2017	DY2 Q4
Task Train counselors at New York State Smokers' Quitline about Medicaid benefits for smoking cessation so they can effectively advise callers	In Progress	Train counselors at New York State Smokers' Quitline about Medicaid benefits for smoking cessation so they can effectively advise callers	01/07/2016	03/31/2017	01/07/2016	03/31/2017	03/31/2017	DY2 Q4
Task Train other PPS providers about Medicaid benefits for smoking cessation so they can effectively advise clients. Training will be delivered via meetings, webinar, newsletter, and informational materials upon request.	In Progress	Train other PPS providers about Medicaid benefits for smoking cessation so they can effectively advise clients. Training will be delivered via meetings, webinar, newsletter, and informational materials upon request.	01/07/2016	03/31/2017	01/07/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 8. Increase tobacco cessation rates among residents in shared multi-unit housing environments.	In Progress	8. Increase tobacco cessation rates among residents in shared multi-unit housing environments.	07/21/2015	03/31/2020	07/21/2015	03/31/2020	03/31/2020	DY5 Q4
Task Identify companies managing the largest number of multi-unit housing units and municipal housing authorities in low socio-economic status (SES)	Completed	Identify companies managing the largest number of multi-unit housing units and municipal housing authorities in low socio-economic status (SES) areas in PPS counties (Erie, Niagara, Chautauqua)	07/21/2015	06/30/2016	07/21/2015	06/30/2016	06/30/2016	DY2 Q1

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
areas in PPS counties (Erie, Niagara, Chautauqua)								
Task Set up meeting with lead contacts to discuss current tobacco use policies and interest in promoting tobacco cessation among residents	Completed	Set up meeting with lead contacts to discuss current tobacco use policies and interest in promoting tobacco cessation among residents	10/07/2015	09/30/2016	10/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task Follow-up discussion/meeting with provision of materials	Completed	Follow-up discussion/meeting with provision of materials	04/07/2016	09/30/2016	04/07/2016	09/30/2016	09/30/2016	DY2 Q2
Task Conduct smoking cessation clinics with residents interested in quitting	In Progress	Conduct smoking cessation clinics with residents interested in quitting	04/07/2016	03/31/2020	04/07/2016	03/31/2020	03/31/2020	DY5 Q4
Task Conduct a pre- and post-cessation clinic surveys regarding tobacco use status and quit attempts	In Progress	Conduct a pre- and post-cessation clinic surveys regarding tobacco use status and quit attempts	04/07/2016	03/31/2020	04/07/2016	03/31/2020	03/31/2020	DY5 Q4
Task Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation. Note: CPWNY orginally projected the establish of agreements will start in DY1. The plan is adjusted due to the delays in DSRIP timelines and the shift in DSRIP years. The following years will be on tracking regarding establishing additional agreements with property management firms.	In Progress	Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation. Note: CPWNY orginally projected the establish of agreements will start in DY1. The plan is adjusted due to the delays in DSRIP timelines and the shift in DSRIP years. The following years will be on tracking regarding establishing additional agreements with property management firms.	04/07/2016	04/07/2017	04/07/2016	04/07/2017	06/30/2017	DY3 Q1
Task Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation	In Progress	Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation	04/07/2017	04/07/2018	04/07/2017	04/07/2018	06/30/2018	DY4 Q1
Task Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation	In Progress	Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation	04/07/2018	04/07/2019	04/07/2018	04/07/2019	06/30/2019	DY5 Q1
Task Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation	In Progress	Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation	04/07/2019	03/31/2020	04/07/2019	03/31/2020	03/31/2020	DY5 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Follow-up discussion/meeting with lead contact to discuss next steps, policy changes	In Progress	Follow-up discussion/meeting with lead contact to discuss next steps, policy changes	04/07/2017	03/31/2020	04/07/2017	03/31/2020	03/31/2020	DY5 Q4
Milestone 9. Advocate for increased coverage and promote awareness of tobacco cessation benefits for Medicaid population	In Progress	9. Advocate for increased coverage and promote awareness of tobacco cessation benefits for Medicaid population	07/21/2015	03/31/2020	07/21/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1…The PPS project management office, Catholic Medical Partners, currently has Medicaid risk contracts (with Value Based Payment metrics) with 3 payers and is working to develop risk contracts with 2 additional health plans. This would include the majority of Medicaid population attributed to CPWNY. Please note that Catholic Medical Partners project management team has had Value Based contracts based on successful collaborative relationships in the last 10 years.	Completed	Step 1…The PPS project management office, Catholic Medical Partners, currently has Medicaid risk contracts (with Value Based Payment metrics) with 3 payers and is working to develop risk contracts with 2 additional health plans. This would include the majority of Medicaid population attributed to CPWNY. Please note that Catholic Medical Partners project management team has had Value Based contracts based on successful collaborative relationships in the last 10 years.	11/30/2015	08/15/2016	11/30/2015	08/15/2016	09/30/2016	DY2 Q2
Task Step 2…Compile list of contacts per MCO to understand current programs and initiatives to improve tobacco cessation; including tobacco use screening, referral for cessation support and coverage of cessation materials and prescriptions.	Completed	Step 2…Compile list of contacts per MCO to understand current programs and initiatives to improve tobacco cessation; including tobacco use screening, referral for cessation support and coverage of cessation materials and prescriptions.	11/30/2015	08/30/2016	11/30/2015	08/30/2016	09/30/2016	DY2 Q2
Task Step 3…The New York State Smokers' Quitline has the capability of identifying callers covered by Medicaid. CPWNY will work with the Quitline to identify clients in need of additional support and educational materials specifying coverage deliverables.	In Progress	Step 3…The New York State Smokers' Quitline has the capability of identifying callers covered by Medicaid. CPWNY will work with the Quitline to identify clients in need of additional support and educational materials specifying coverage deliverables.	11/30/2015	08/15/2017	11/30/2015	08/15/2017	09/30/2017	DY3 Q2
Milestone 10. Work with Roswell Park Cancer Institute to develop capability of using the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	In Progress	10. Work with Roswell Park Cancer Institute to develop capability of using the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1… Assess practice EMR documentation templates for inclusion of tobacco use screening	Completed	Step 1… Assess practice EMR documentation templates for inclusion of tobacco use screening and intervention	09/03/2015	06/30/2016	09/03/2015	06/30/2016	06/30/2016	DY2 Q1

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and intervention								
Task Step 2… The EMR systems being utilized by the majority of CPWNY's partners have tobacco prompt modules. The EMR prompts the treating provider to assess whether the patient is a current smoker or has been a smoker in the past. This allows the provider to assess the patient's current smoking status and risk of recidivism. Following the assessment provider will assist the patient through referral to the "Opt to Quit" program in use by Roswell Park Cancer Institute. CPWNY will address any gaps in tobacco prompt. "Opt to Quit" program includes counseling and referral services to all smokers including smokers with disabilities and/or mental health conditions.	Completed	Step 2… The EMR systems being utilized by the majority of CPWNY's partners have tobacco prompt modules. The EMR prompts the treating provider to assess whether the patient is a current smoker or has been a smoker in the past. This allows the provider to assess the patient's current smoking status and risk of recidivism. Following the assessment provider will assist the patient through referral to the "Opt to Quit" program in use by Roswell Park Cancer Institute. CPWNY will address any gaps in tobacco prompt. "Opt to Quit" program includes counseling and referral services to all smokers including smokers with disabilities and/or mental health conditions.	09/03/2015	09/30/2016	09/03/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3. Develop and deploy standard templates for providers identified by gap analysis to support evidence based guidelines and protocols, including referral to Opt to Quit program or 5 As for tobacco cessation among providers looking to incorporate more cessation support into their standard of care	In Progress	Step 3. Develop and deploy standard templates for providers identified by gap analysis to support evidence based guidelines and protocols, including referral to Opt to Quit program or 5 As for tobacco cessation among providers looking to incorporate more cessation support into their standard of care	09/01/2016	03/30/2017	09/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 4. Work with RPCI to develop training for CPWNY practitioners and staff on referring patients to Opt to Quit program and tobacco control 5 As	In Progress	Step 4. Work with RPCI to develop training for CPWNY practitioners and staff on referring patients to Opt to Quit program and tobacco control 5 As	10/01/2016	03/30/2018	10/01/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 5. CPWNY will assess referrals for smoking cessation on quarterly basis and compare to baseline data on smoking. Results will be communicated through quarterly reports and improvements will be made using Rapid Cycle improvement and Change Management strategy.	In Progress	Step 5. CPWNY will assess referrals for smoking cessation on quarterly basis and compare to baseline data on smoking. Results will be communicated through quarterly reports and improvements will be made using Rapid Cycle improvement and Change Management strategy.	10/01/2016	03/30/2018	10/01/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 6. CPWNY, in collaboration with Roswell Park Cancer Institute, will provide periodic training and educational materials on tobacco control to	In Progress	Step 6. CPWNY, in collaboration with Roswell Park Cancer Institute, will provide periodic training and educational materials on tobacco control to both patient and PPS partners. (This action will be ongoing)	10/01/2016	03/30/2018	10/01/2016	03/30/2018	03/31/2018	DY3 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
both patient and PPS partners. (This action will be ongoing)								
Milestone Mid Point Assessment	Completed	Attached is the mid-point assessment narrative for this project.	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
2. Adopt tobacco-free outdoor policies.	mdjohns	Other	46_DY2Q3_PROJ4bi_MDL4bi2_PPS1351_OTH_DY2Q3_ongoing_reporting_8297.pdf	Ongoing reporting for 4bi milestone 2	01/23/2017 08:53 AM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1. Announcement to community partners on intention to take action on this project and invitation for collaboration.	
2. Adopt tobacco-free outdoor policies.	
3. Incorporate tobacco use assessment and automatic referral into Opt-to-Quit program from provider Electronic Health Record systems for smoking cessation	
4. Incorporate tobacco dependence assessment and treatment into Federally Qualified Health Centers and clinics primarily serving individuals with mental health co-morbidities (FQHCs).	
5. Outline a policy within this PPS to query and document tobacco use status and that support for treatment is embedded in each encounter.	
6. Work with NYS DOH Bureau of Tobacco Control's 16 'Health Systems for a Tobacco-Free NY' contractors to receive technical assistance on system improvements related to tobacco use cessation.	
7. Development and dissemination of a communication strategy for patient and clinician education regarding availability of covered tobacco dependence treatment that encourages patients to use the services.	
8. Increase tobacco cessation rates among residents in shared multi-unit housing environments.	

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
9. Advocate for increased coverage and promote awareness of tobacco cessation benefits for Medicaid population	
10. Work with Roswell Park Cancer Institute to develop capability of using the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	
Mid Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 4.b.i.3 - IA Monitoring

Instructions :

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Attestation

The Lead Representative has been designated by the Primary Lead PPS Provider (PPS Lead Entity) as the signing officiate for the DSRIP Quarterly Report. The Lead Representative has the authority to complete this attestation on behalf of the PPS network. The Lead Representative and PPS Lead Entity are responsible for the authenticity and accuracy of the material submitted in this report.

The Lead Representative of the Performing Provider System (PPS) must complete this attestation form in order for the project application to be accepted by the NYS Department of Health. Once the attestation is complete, the Quarterly Report will be locked down from any further editing. Do not complete this section until the entire Quarterly Report is complete.

If the Quarterly Report becomes locked in error and additional changes are necessary, please use the contact information on the Home Page to request that the Quarterly Report be unlocked.

To electronically sign this Quarterly Report, please enter the required information and check the box below:

☐ **I here by attest, as the Lead Representative of the 'Sisters of Charity Hospital of Buffalo, New York ', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.**

Primary Lead PPS Provider:	SISTERS OF CHARITY HOSPITAL
Secondary Lead PPS Provider:	
Lead Representative:	Rachael Nees
Submission Date:	03/17/2017 01:43 PM

Comments:	

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY2, Q3	Adjudicated	Rachael Nees	sacolema	03/31/2017 12:39 PM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Adjudicated	The DY2, Q3 Quarterly Reports have been adjudicated.	sacolema	03/31/2017 12:39 PM
Submitted	This is attestation for remediation for 3/17/2017 for DY2Q3.	rnees	03/17/2017 01:43 PM
Returned	The DY2, Q3 Quarterly Report is returned for remediation. Please see the remediation checklist highlighting all items requiring your attention in the MAPP portal. PPS remediation responses are due by March 17, 2017.	sacolema	03/03/2017 04:40 PM

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Section	Module Name	Status
Section 01	IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Completed
	IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Completed
	IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Completed
	IPQR Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Completed
	IPQR Module 1.5 - Prescribed Milestones	Completed
	IPQR Module 1.6 - PPS Defined Milestones	Completed
	IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	Completed
	IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	Completed
	IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	Completed
	IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	Completed
	IPQR Module 1.11 - IA Monitoring	
Section 02	IPQR Module 2.1 - Prescribed Milestones	Completed
	IPQR Module 2.2 - PPS Defined Milestones	Completed
	IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 2.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 2.5 - Roles and Responsibilities	Completed
	IPQR Module 2.6 - Key Stakeholders	Completed
	IPQR Module 2.7 - IT Expectations	Completed
	IPQR Module 2.8 - Progress Reporting	Completed
	IPQR Module 2.9 - IA Monitoring	
Section 03	IPQR Module 3.1 - Prescribed Milestones	Completed
	IPQR Module 3.2 - PPS Defined Milestones	Completed
	IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 3.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 3.5 - Roles and Responsibilities	Completed
	IPQR Module 3.6 - Key Stakeholders	Completed
	IPQR Module 3.7 - IT Expectations	Completed

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Section	Module Name	Status
	IPQR Module 3.8 - Progress Reporting	Completed
	IPQR Module 3.9 - IA Monitoring	
Section 04	IPQR Module 4.1 - Prescribed Milestones	Completed
	IPQR Module 4.2 - PPS Defined Milestones	Completed
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 4.5 - Roles and Responsibilities	Completed
	IPQR Module 4.6 - Key Stakeholders	Completed
	IPQR Module 4.7 - IT Expectations	Completed
	IPQR Module 4.8 - Progress Reporting	Completed
	IPQR Module 4.9 - IA Monitoring	
Section 05	IPQR Module 5.1 - Prescribed Milestones	Completed
	IPQR Module 5.2 - PPS Defined Milestones	Completed
	IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 5.5 - Roles and Responsibilities	Completed
	IPQR Module 5.6 - Key Stakeholders	Completed
	IPQR Module 5.7 - Progress Reporting	Completed
	IPQR Module 5.8 - IA Monitoring	
Section 06	IPQR Module 6.1 - Prescribed Milestones	Completed
	IPQR Module 6.2 - PPS Defined Milestones	Completed
	IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 6.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 6.5 - Roles and Responsibilities	Completed
	IPQR Module 6.6 - Key Stakeholders	Completed
	IPQR Module 6.7 - IT Expectations	Completed
	IPQR Module 6.8 - Progress Reporting	Completed
	IPQR Module 6.9 - IA Monitoring	
Section 07	IPQR Module 7.1 - Prescribed Milestones	Completed

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Section	Module Name	Status
	IPQR Module 7.2 - PPS Defined Milestones	Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 7.5 - Roles and Responsibilities	Completed
	IPQR Module 7.6 - Key Stakeholders	Completed
	IPQR Module 7.7 - IT Expectations	Completed
	IPQR Module 7.8 - Progress Reporting	Completed
	IPQR Module 7.9 - IA Monitoring	
Section 08	IPQR Module 8.1 - Prescribed Milestones	Completed
	IPQR Module 8.2 - PPS Defined Milestones	Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 8.5 - Roles and Responsibilities	Completed
	IPQR Module 8.6 - Key Stakeholders	Completed
	IPQR Module 8.7 - IT Expectations	Completed
	IPQR Module 8.8 - Progress Reporting	Completed
	IPQR Module 8.9 - IA Monitoring	
Section 09	IPQR Module 9.1 - Prescribed Milestones	Completed
	IPQR Module 9.2 - PPS Defined Milestones	Completed
	IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 9.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 9.5 - Roles and Responsibilities	Completed
	IPQR Module 9.6 - Key Stakeholders	Completed
	IPQR Module 9.7 - IT Expectations	Completed
	IPQR Module 9.8 - Progress Reporting	Completed
	IPQR Module 9.9 - IA Monitoring	
Section 10	IPQR Module 10.1 - Overall approach to implementation	Completed
	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	Completed

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Section	Module Name	Status
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	Completed
	IPQR Module 10.5 - IT Requirements	Completed
	IPQR Module 10.6 - Performance Monitoring	Completed
	IPQR Module 10.7 - Community Engagement	Completed
	IPQR Module 10.8 - IA Monitoring	
Section 11	IPQR Module 11.1 - Workforce Strategy Spending (Baseline)	Completed
	IPQR Module 11.2 - Prescribed Milestones	Completed
	IPQR Module 11.3 - PPS Defined Milestones	Completed
	IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 11.5 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 11.6 - Roles and Responsibilities	Completed
	IPQR Module 11.7 - Key Stakeholders	Completed
	IPQR Module 11.8 - IT Expectations	Completed
	IPQR Module 11.9 - Progress Reporting	Completed
	IPQR Module 11.10 - Staff Impact	Completed
	IPQR Module 11.11 - Workforce Strategy Spending (Quarterly)	Completed
	IPQR Module 11.12 - IA Monitoring	

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Project ID	Module Name	Status
2.a.i	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.i.2 - Prescribed Milestones	Completed
	IPQR Module 2.a.i.3 - PPS Defined Milestones	Completed
	IPQR Module 2.a.i.4 - IA Monitoring	
2.b.iii	IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.iii.2 - Patient Engagement Speed	Completed
	IPQR Module 2.b.iii.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.iii.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.iii.5 - IA Monitoring	
2.b.iv	IPQR Module 2.b.iv.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.iv.2 - Patient Engagement Speed	Completed
	IPQR Module 2.b.iv.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.iv.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.iv.5 - IA Monitoring	
2.c.ii	IPQR Module 2.c.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.c.ii.2 - Patient Engagement Speed	Completed
	IPQR Module 2.c.ii.3 - Prescribed Milestones	Completed
	IPQR Module 2.c.ii.4 - PPS Defined Milestones	Completed
	IPQR Module 2.c.ii.5 - IA Monitoring	
3.a.i	IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.i.2 - Patient Engagement Speed	Completed
	IPQR Module 3.a.i.3 - Prescribed Milestones	Completed
	IPQR Module 3.a.i.4 - PPS Defined Milestones	Completed
	IPQR Module 3.a.i.5 - IA Monitoring	
3.b.i	IPQR Module 3.b.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.b.i.2 - Patient Engagement Speed	Completed
	IPQR Module 3.b.i.3 - Prescribed Milestones	Completed

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Project ID	Module Name	Status
	IPQR Module 3.b.i.4 - PPS Defined Milestones	Completed
	IPQR Module 3.b.i.5 - IA Monitoring	
3.f.i	IPQR Module 3.f.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.f.i.2 - Patient Engagement Speed	Completed
	IPQR Module 3.f.i.3 - Prescribed Milestones	Completed
	IPQR Module 3.f.i.4 - PPS Defined Milestones	Completed
	IPQR Module 3.f.i.5 - IA Monitoring	
3.g.i	IPQR Module 3.g.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.g.i.2 - Patient Engagement Speed	Completed
	IPQR Module 3.g.i.3 - Prescribed Milestones	Completed
	IPQR Module 3.g.i.4 - PPS Defined Milestones	Completed
	IPQR Module 3.g.i.5 - IA Monitoring	
4.a.i	IPQR Module 4.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 4.a.i.2 - PPS Defined Milestones	Completed
	IPQR Module 4.a.i.3 - IA Monitoring	
4.b.i	IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 4.b.i.2 - PPS Defined Milestones	Completed
	IPQR Module 4.b.i.3 - IA Monitoring	

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Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass (with Exception) & Complete	
	Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & Complete	
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Complete	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Complete	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Ongoing	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Complete	
Section 03	Module 3.1 - Prescribed Milestones		
	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Complete	

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Section	Module Name / Milestone #	Review Status	
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Pass & Ongoing	
	Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Pass & Ongoing	
	Milestone #6 Develop partner engagement schedule for partners for VBP education and training	Pass & Ongoing	
	Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
	Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Complete	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Complete	
	Milestone #2 Develop an IT Change Management Strategy.	Pass & Complete	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Ongoing	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Ongoing	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Ongoing	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Complete	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Complete	
Section 08	Module 8.1 - Prescribed Milestones		

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Section	Module Name / Milestone #	Review Status	
	Milestone #1 Develop population health management roadmap.	Pass & Complete	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Ongoing	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Complete	
Section 11	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass & Complete	
	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Complete	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Complete	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Complete	
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Complete	
	Milestone #5 Develop training strategy.	Pass & Complete	
	Module 11.10 - Staff Impact	Pass & Ongoing	
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
2.a.i	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Pass & Ongoing	
	Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Pass & Ongoing	
	Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Pass & Ongoing	
	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Pass & Ongoing	
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Pass & Ongoing	
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Ongoing	
	Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Ongoing	
2.b.iii	Module 2.b.iii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iii.3 - Prescribed Milestones		
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Ongoing	
	Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	Pass & Ongoing	

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	Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Pass & Ongoing	
	Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Pass & Ongoing	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.b.iv	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iv.3 - Prescribed Milestones		
	Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Pass & Ongoing	
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Pass & Ongoing	
	Milestone #3 Ensure required social services participate in the project.	Pass & Ongoing	
	Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Pass & Ongoing	
	Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Pass & Ongoing	
	Milestone #6 Ensure that a 30-day transition of care period is established.	Pass & Ongoing	
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.c.ii	Module 2.c.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.c.ii.3 - Prescribed Milestones		
	Milestone #1 Implement telemedicine services, aimed at reducing avoidable hospital use by increasing patient access to services not otherwise available and/or increasing specialty expertise of primary care providers and their staff in order to increase availability of scarce specialty services.	Pass & Ongoing	
	Milestone #2 Provide equipment specifications and rationale for equipment choice (including cost of acquisition, maintenance and sustainability of service).	Pass & Ongoing	
	Milestone #3 Define service area and participating providers, with clear delineation between telemedicine hub sites versus spoke sites.	Pass & Ongoing	
	Milestone #4 Procure service agreements for provision of telemedicine services such as specialty services, participating primary care and nurse triage monitoring.	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #5 Develop standard service protocols, as well as consent and confidentiality standards meeting all federal and state requirements.	Pass & Ongoing	
	Milestone #6 Coordinate with Medicaid Managed Care Organizations to develop and ensure service authorization and payment strategies are in place to support sustainability of patient care uses.	Pass & Ongoing	
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Ongoing	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Ongoing	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Ongoing	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing	
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing	
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.b.i	Module 3.b.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.b.i.3 - Prescribed Milestones		
	Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Pass & Ongoing	
	Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Pass & Ongoing	
	Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Pass & Ongoing	
	Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Pass & Ongoing	
	Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Pass & Ongoing	
	Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Pass & Ongoing	
	Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Pass & Ongoing	
	Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Pass & Ongoing	
	Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Pass & Ongoing	
	Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Pass & Ongoing	
	Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Pass & Ongoing	
	Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Pass & Ongoing	
	Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Pass & Ongoing	
	Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Pass & Ongoing	
	Milestone #18 Adopt strategies from the Million Hearts Campaign.	Pass & Ongoing	
	Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Pass & Ongoing	
	Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Pass & Ongoing	
3.f.i	Module 3.f.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.f.i.3 - Prescribed Milestones		

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	Milestone #1 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high-risk mothers including high-risk first time mothers.	Pass & Ongoing	
	Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk.	Pass & Ongoing	
	Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.	Pass & Ongoing	
	Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	Pass & Ongoing	
	Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.	Pass & Ongoing	
	Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers.	Pass & Ongoing	
	Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	Pass & Ongoing	
	Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Pass & Ongoing	
	Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #11 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	Pass & Ongoing	
	Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	Pass & Ongoing	
	Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	Pass & Ongoing	
	Milestone #15 Establish protocols for deployment of CHW.	Pass & Ongoing	
	Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population.	Pass & Ongoing	
	Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	
3.g.i	Module 3.g.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.g.i.3 - Prescribed Milestones		
	Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	Pass & Ongoing	
	Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	Pass & Ongoing	
	Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	Pass & Ongoing	
	Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	Pass & Ongoing	
	Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	
4.a.i	Module 4.a.i.2 - PPS Defined Milestones	Pass & Ongoing	IA
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing	

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DSRIP Implementation Plan Project

Sisters of Charity Hospital of Buffalo, New York (PPS ID:46)

Providers Participating in Projects

	Selected Projects										
	Project 2.a.i	**Project 2.b.iii**	**Project 2.b.iv**	**Project 2.c.ii**	**Project 3.a.i**	**Project 3.b.i**	**Project 3.f.i**	**Project 3.g.i**	**Project 4.a.i**	**Project 4.b.i**	**Project**
Provider Speed Commitments	DY4 Q2	DY3 Q4	DY3 Q4	DY3 Q4	DY3 Q4	DY3 Q4	DY3 Q4	DY3 Q4			

Provider Category		**Project 2.a.i**		**Project 2.b.iii**		**Project 2.b.iv**		**Project 2.c.ii**		**Project 3.a.i**		**Project 3.b.i**		**Project 3.f.i**		**Project 3.g.i**		**Project 4.a.i**		**Project 4.b.i**		**Project**	
		Selected / Committed		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**	
Practitioner - Primary Care Provider (PCP)	Total	341	351	36	-	172	351	0	-	148	351	257	351	1	-	249	351	0	-	0	-		
	Safety Net	40	41	13	41	19	41	0	41	28	41	29	41	0	41	26	41	0	-	0	-		
Practitioner - Non-Primary Care Provider (PCP)	Total	1,197	1,011	46	-	59	252	0	-	117	126	424	252	10	-	107	316	0	-	0	-		
	Safety Net	25	30	7	-	1	30	0	30	8	30	3	30	0	22	1	30	0	-	0	-		
Hospital	Total	8	9	5	-	6	9	1	-	1	-	2	-	2	-	0	-	0	-	1	-		
	Safety Net	4	4	3	4	3	4	1	4	1	-	1	-	2	2	0	-	0	-	1	-		
Clinic	Total	12	17	5	-	6	-	1	-	3	17	2	17	2	-	0	17	0	-	1	-		
	Safety Net	6	13	3	13	3	-	1	13	2	13	1	13	2	13	0	13	0	-	1	-		
Case Management / Health Home	Total	9	12	2	-	0	12	0	-	9	-	0	12	1	-	0	-	1	-	0	-		
	Safety Net	7	6	1	6	0	6	0	6	7	-	0	6	1	6	0	-	1	-	0	-		
Mental Health	Total	38	45	6	-	1	-	1	-	25	45	1	45	2	-	0	-	1	-	0	-		
	Safety Net	12	15	3	-	1	-	1	15	12	15	0	15	2	-	0	-	1	-	0	-		
Substance Abuse	Total	14	15	4	-	3	-	1	-	12	15	0	15	3	-	0	-	3	-	0	-		
	Safety Net	13	14	4	-	3	-	1	14	11	14	0	14	3	-	0	-	3	-	0	-		
Nursing Home	Total	6	29	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
	Safety Net	5	28	0	-	0	-	0	28	0	-	0	-	0	-	0	-	0	-	0	-		
Pharmacy	Total	6	4	2	-	2	-	0	-	0	-	1	4	1	-	0	-	0	-	1	-		
	Safety Net	2	1	1	-	1	-	0	1	0	-	1	1	1	-	0	-	0	-	1	-		
Hospice	Total	3	1	0	-	0	-	0	-	0	-	0	-	0	-	3	1	0	-	0	-		

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Provider Category		Project 2.a.i		Project 2.b.iii		Project 2.b.iv		Project 2.c.ii		Project 3.a.i		Project 3.b.i		Project 3.f.i		Project 3.g.i		Project 4.a.i		Project 4.b.i		Project	
		Selected / Committed																					
	Safety Net	0	0	0	-	0	-	0	-	0	-	0	-	0	0	0	0	0	-	0	-		
Community Based Organizations	Total	20	26	5	-	3	26	2	-	5	26	4	26	3	-	5	26	8	-	2	-		
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
All Other	Total	1,213	922	61	-	224	230	1	-	231	114	550	230	14	-	331	288	2	-	1	-		
	Safety Net	74	97	19	-	23	97	1	97	43	97	32	97	3	97	27	97	2	-	1	-		
Uncategorized	Total	61	-	10	-	0	-	1	-	40	-	12	-	1	-	0	-	0	-	0	-		
	Safety Net	4	-	0	-	0	-	0	-	3	-	0	-	1	-	0	-	0	-	0	-		
Additional Providers	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		

Additional Project Scale Commitments

Instructions:
Please indicate the scale of the categories below that meet all of the project requirements committed to in the Project Plan Application. Documentation must be submitted in Excel format in the quarter when the PPS provider speed commitments for a particular project are due. This documentation should include the target category(e.g. Medical Villages, Emergency Departments with Care Triage, Community-based navigators, etc.), the project ID(e.g. 2.a.iv,2.a.v,3.a.ii, etc.), and the name of the providers/entities/individuals associated with this project, if applicable.

Project Scale Category	Project	Selected	Committed
Emergency Departments with Care Triage	2.b.iii	0	11
Spoke Sites	2.c.ii	0	21
Hub Sites	2.c.ii	0	3
Number of programs	3.f.i	0	3

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Ali Irshad Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Gerbasi Thomas R Md Pc	Practitioner - Primary Care Provider (PCP)	✓										
Fu Cheng Shung Pc Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			

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* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.iv**	**2.c.ii**	**3.a.i**	**3.b.i**	**3.f.i**	**3.g.i**	**4.a.i**	**4.b.i**	
Canavan J William Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Dyster Melvin B Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Roche Bertrand P Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Bhattacharyya J K Md Pc	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Haq Syed Eajaz Ul Md Pc	Practitioner - Primary Care Provider (PCP)	✓										
Herle P Anandaram Md	Practitioner - Primary Care Provider (PCP)											
Sachar Rajinder Singh Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Pleskow Sanford Ronald Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Siepel Timothy V Md Pc	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Brautigam Donald F Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Bodkin John J Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Stehlik Edward A Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Menchini John P Md	Practitioner - Primary Care Provider (PCP)	✓										
Padmanabha Bhavansa Md	Practitioner - Primary Care Provider (PCP)	✓										
Rasalingam M Md	Practitioner - Primary Care Provider (PCP)											
Jeyapalan Soosaipillai G Mdpc	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Luthra Pramod K Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Michalski Stanley R	Practitioner - Primary Care Provider (PCP)											
Johnson David N Md	Practitioner - Primary Care Provider (PCP)											
Ogorman Kevin N Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Deahn Dale L Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Sinatra Lawrence Thomas Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Ferraro Frank A Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Lamancuso John Michael Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Eggleston Gary E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Collins Patrick S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Berke Robert Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Addesa Albert J Jr Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Siddiqui Mohamed Yusuf A Md	Practitioner - Primary Care Provider (PCP)											
Penepent Philip A Jr Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Gunther David E Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.iv**	**2.c.ii**	**3.a.i**	**3.b.i**	**3.f.i**	**3.g.i**	**4.a.i**	**4.b.i**	
Matthews James H Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Schreck Frank Thomas Md	Practitioner - Primary Care Provider (PCP)	✓										
Silverstein David Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Raiken Deborah Faye Md	Practitioner - Primary Care Provider (PCP)	✓										
Boepple Hartwig O Md	Practitioner - Primary Care Provider (PCP)	✓										
Zakrzewski Les A Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Andres Jerome Collins Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Mc Gravey Vincent Joseph Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Calabrese Michael D Md Pc	Practitioner - Primary Care Provider (PCP)											
Scrivani Stephen P Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Stone Steven Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Terranova Michael David Md	Practitioner - Primary Care Provider (PCP)	✓										
Welliver Josephine R	Practitioner - Primary Care Provider (PCP)	✓										
Becker Steven B Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Bezbatchenko Mark Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Ulatowski Jerome J Ii	Practitioner - Primary Care Provider (PCP)											
Artim Thomas S Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Kalmuk Eugene J Md Pc	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Norman Allyn Michael Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Sickels Eric Md	Practitioner - Primary Care Provider (PCP)	✓										
Mitchell Michael Dana Md	Practitioner - Primary Care Provider (PCP)											
Mazepa Erzsebet Aniko	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Bojedla Vijay K	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Jain Naresh K Md	Practitioner - Primary Care Provider (PCP)	✓										
Shehata Nady Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Kaul Tej N Md	Practitioner - Primary Care Provider (PCP)											
Lana Steven Joseph Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Bojedla Rama Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Cardone Linda Ann Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Koleini Jahangir Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Hansen Robbin H Md	Practitioner - Primary Care Provider (PCP)	✓		✓								

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.iv**	**2.c.ii**	**3.a.i**	**3.b.i**	**3.f.i**	**3.g.i**	**4.a.i**	**4.b.i**	
Komin Maria J	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Wild James E Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Ellis Nitza F Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Gorman Timothy Alan Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Krahn Wolf-Dieter Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Martinez Carlos L Md	Practitioner - Primary Care Provider (PCP)	✓										
Stephenson Grant W	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Connor Erika H	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Weiss Steven D Md	Practitioner - Primary Care Provider (PCP)	✓										
Stidham Lynda Margaret Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Kasnicki Laurie Md	Practitioner - Primary Care Provider (PCP)	✓										
Herman Steven Peter Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Sheth Ashwina Gaurang Md	Practitioner - Primary Care Provider (PCP)	✓										
Nelson Gary Robert Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Oneil David C Md Phd	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Wadhwa Arvind K Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Chau Teresa Md	Practitioner - Primary Care Provider (PCP)	✓										
Hatton Elizabeth R Md	Practitioner - Primary Care Provider (PCP)											
Fischbeck Susan Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Alvarez Carmen Adriana Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Pfalzer David Frank Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Barnes Steven Edmund	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Hartman David A Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Maclean Craig K Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Laurri Frank Robert Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Sirianni Samuel Rangatore Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Shafi Mohamad Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Snyder Brian D Md	Practitioner - Primary Care Provider (PCP)	✓										
Murak Daniel J Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Hamburg Pediatrics Pc	Practitioner - Primary Care Provider (PCP)	✓										
Whalen Guy M Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			

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* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.iv**	**2.c.ii**	**3.a.i**	**3.b.i**	**3.f.i**	**3.g.i**	**4.a.i**	**4.b.i**	
Guth Kenneth J Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Bastible Deirdre Mary Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Evans Stephen J Md	Practitioner - Primary Care Provider (PCP)											
Vetrano Anthony T Md	Practitioner - Primary Care Provider (PCP)	✓										
Lieber Kent Alex Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Mcdonell Mary Jo Md	Practitioner - Primary Care Provider (PCP)											
Stouter Barbara S	Practitioner - Primary Care Provider (PCP)	✓										
Johnson Andrea Marie Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Soh Andrew Young Hoon Md	Practitioner - Primary Care Provider (PCP)	✓										
Carlson Richard A Jr Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Bartholomew Anthony O Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Schueler William C Do	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Kuehnling William Robert Md	Practitioner - Primary Care Provider (PCP)											
Davis Elizabeth Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Toms Bill R Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Panzarella James John Do	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Steinwachs Theodore M Rpa	Practitioner - Primary Care Provider (PCP)											
Leone John A Do	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Oconnor Terence P Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Hanson Kristine G Np	Practitioner - Primary Care Provider (PCP)											
Bishop Gerald Jay Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Lawler Jack R Md	Practitioner - Primary Care Provider (PCP)	✓										
Gullickson Donald E Do	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Varavenkataraman Raghupathy M	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Mas Eddie Md	Practitioner - Primary Care Provider (PCP)	✓										
Lin Gracie Min Mei Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Deon Lisette Anne	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Haddad George Anis Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Southard Eric R Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Peters Nancy J Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Mueller Diane L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			

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* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.iv**	**2.c.ii**	**3.a.i**	**3.b.i**	**3.f.i**	**3.g.i**	**4.a.i**	**4.b.i**	
Mueller Rudolph J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓					
Casey Martin A Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Ward John P Do	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Chandan Komal Md	Practitioner - Primary Care Provider (PCP)											
Kitchen Timothy M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Hogan Harriette F	Practitioner - Primary Care Provider (PCP)	✓		✓								
Samra Avtar Singh	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Landis Andrew J Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Heidelberger Edwin Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Goodman Gail R Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓					
Naughton Bruce J Md	Practitioner - Primary Care Provider (PCP)	✓										
Arora Satish K Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Sutter Diane J Md	Practitioner - Primary Care Provider (PCP)	✓										
Oconnor Gale Lauren Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Hoffman Lisa B Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Stephan William H Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Northrup Carol Elizabeth	Practitioner - Primary Care Provider (PCP)											
Reubens Harold Vernon Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Abialmouna Jihad Hassan Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Martinke David John Do	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Raphael Sami Abdel Sayed Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Singh Sonjoy Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Rados Philip J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Botsoglou Nikolaos K Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Beach Amy Rebecca	Practitioner - Primary Care Provider (PCP)	✓				✓	✓					
Spinaris Toni M Do	Practitioner - Primary Care Provider (PCP)	✓										
Ram Raghu	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Roth Carl Do	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Sy Claude Go Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Clifford David S Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Kalra Tejinder Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			

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Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.iv**	**2.c.ii**	**3.a.i**	**3.b.i**	**3.f.i**	**3.g.i**	**4.a.i**	**4.b.i**	
Ahuja Sanjeev K Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Kansal Sarita Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Cavalieri Morris Maurizio Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Dzik John Alexander Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Corigliano Joseph Francis Md	Practitioner - Primary Care Provider (PCP)											
Cleary Kevin G Md	Practitioner - Primary Care Provider (PCP)											
Shafik Ihab Mahmoud Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Khan Tariq Mahmood	Practitioner - Primary Care Provider (PCP)	✓				✓	✓					
Lall Shashi Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Rodes Alfredo Maula Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Campion Virginia Bianka Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Mucciarella Rosalba Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Sauret John Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Pelechaty Michael John Jr Md	Practitioner - Primary Care Provider (PCP)	✓										
Hall John David Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Rabice Michael D Md	Practitioner - Primary Care Provider (PCP)	✓										
Sanfilippo Diane Marie Md	Practitioner - Primary Care Provider (PCP)	✓										
Davis Judine C	Practitioner - Primary Care Provider (PCP)	✓										
Overholt Jayne Claire	Practitioner - Primary Care Provider (PCP)	✓										
Gadawski Robert John Md	Practitioner - Primary Care Provider (PCP)											
Palma Alessandra Mulle Md	Practitioner - Primary Care Provider (PCP)	✓										
Sheriff Fuad Habib Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Gellman Wendy I	Practitioner - Primary Care Provider (PCP)	✓		✓								
Khalid Mahran	Practitioner - Primary Care Provider (PCP)	✓										
Cotton Shawn E Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Erickson Robert J Do	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Lawton David A Jr Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Degrave Thomas Do	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Pervez Yasmin Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Jacobi-Rodriguez Deborah Ann	Practitioner - Primary Care Provider (PCP)											
Mcmahon Kevin C Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			

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Persia Albert J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Sulaiman Adel S Md	Practitioner - Primary Care Provider (PCP)	✓										
Ferguson Shawn P Md	Practitioner - Primary Care Provider (PCP)	✓										
Luther Prama	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Dzik Darlene Ann Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Gabryel Timothy F	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Vastola Cary	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Krol Lawrence Charles Md	Practitioner - Primary Care Provider (PCP)											
Kelly Mary	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Erickson Jennifer	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Zittel Molly	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Ruh Richard	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Wang Gloria Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Palumbo Vito	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Deperio Jose	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Hendricks Orville Ingo Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Harbison Andrew	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Ehlenfield Daryl R Md	Practitioner - Primary Care Provider (PCP)	✓										
Matala-Sullivan Maria E Do	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Murawski Susan	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Caparaso Darren M Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Kowalski David	Practitioner - Primary Care Provider (PCP)											
Felstead R	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Warner Andrew W Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Updike Paul Frederick Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓			✓			
Witmer Elvin Md	Practitioner - Primary Care Provider (PCP)	✓										
Siaw Patrick A Md	Practitioner - Primary Care Provider (PCP)											
Kumar Yellamraju R Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Miller Linda Marie	Practitioner - Primary Care Provider (PCP)											
Andaya Maria R P Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Wegman Theresa M Md	Practitioner - Primary Care Provider (PCP)	✓										

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Brown Christina Marie Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Hughes Thomas Francis	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Piwko Frederick Joseph Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Selioutski Alexander	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Bromberg Margaret Ann	Practitioner - Primary Care Provider (PCP)											
Franze Donalyn	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Hatem Christine Diane	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Korach A Sinia	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Walker Elena Koutsoumpas	Practitioner - Primary Care Provider (PCP)											
Mccarthy Kathleen M	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Smith Mary M	Practitioner - Primary Care Provider (PCP)											
Tota-Thurn Catherine Do	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Rahman Qamrunnisa Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Prise Kimberly	Practitioner - Primary Care Provider (PCP)	✓		✓								
Yates Charles W Md	Practitioner - Primary Care Provider (PCP)											
Polataiko Nadezhda E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Gais Dawn Alexandra Md	Practitioner - Primary Care Provider (PCP)											
Rykert-Wolf Mary Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Vejendla Umamaheswara Rao	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Singh Ashok Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Tussing Gordon Paul Jr Md	Practitioner - Primary Care Provider (PCP)											
Jereva-Simeonova Maria S Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Vakante-Jankovic Diana Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Khalil Salma Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Kavcic John M Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Mendonza Lisa Marie Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Zorich Daniel Wayne Md	Practitioner - Primary Care Provider (PCP)											
Sauvageau Philip	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Pusatier Michael Frank Md	Practitioner - Primary Care Provider (PCP)											
Schenk Thomas Edgar Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Jain Rajiv K Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			

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Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.iv**	**2.c.ii**	**3.a.i**	**3.b.i**	**3.f.i**	**3.g.i**	**4.a.i**	**4.b.i**	
Przygodzki Jerzy Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Springer Christopher R Md	Practitioner - Primary Care Provider (PCP)	✓										
Dombrowski Jacqueline Md	Practitioner - Primary Care Provider (PCP)											
Trock Daniel Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Khawar Sarwat Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Urgo James Ronald	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Alam Hyder Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Reilly Eileen Bridget Md	Practitioner - Primary Care Provider (PCP)	✓										
Halsdorfer Andrew W Md	Practitioner - Primary Care Provider (PCP)											
Usen Joshua Michael Do	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Robillard Kristen Schenk Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Kane Michael Paul Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Karaszewski Brian	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Orszulak Todd Matthew Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Mamnoon Sameer Shamoon Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Wen Hongyu	Practitioner - Primary Care Provider (PCP)											
Dyson Kathleen Marie Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Bowman Lori Anne Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Fanos Kathleen H Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Dunham Lynn Marie Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Mulawka John	Practitioner - Primary Care Provider (PCP)											
Ippolito Calogero Mario Md	Practitioner - Primary Care Provider (PCP)	✓										
Pawlowski David Anthony Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Robinson Barbara J	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Iacovitti Patricia A	Practitioner - Primary Care Provider (PCP)	✓										
Whistler Mary P Np	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Zagrobelny Paula H	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Sauvageau Sandra Jane	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Finamore Deborah Pope	Practitioner - Primary Care Provider (PCP)											
C & S Medical Bldg Inc	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Cosico Felixberto Ison	Practitioner - Primary Care Provider (PCP)											

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Szymanski Chad E Do	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Oo Geemson	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Baker Karen Margaret Np	Practitioner - Primary Care Provider (PCP)	✓		✓			✓					
Burgio Sara M	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Ehlers Sharon M	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Schmand Elizabeth A	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Rowan Carrie Lynn Do	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Forehand Lisa	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Roche Robert R Do	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Lane Darla M	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Roller Jennifer Lynn Md	Practitioner - Primary Care Provider (PCP)	✓										
Stockmeyer Linda M	Practitioner - Primary Care Provider (PCP)	✓										
Pierce Katherine L	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Merrill Michael Dean Md	Practitioner - Primary Care Provider (PCP)	✓										
Chaudhuri Jayanta Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Ehrig Debra Lynn Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Reimer Tara Lin Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Sheikh Tariq Aziz Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Fincher-Mergi Melissa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Jupudy Venkata R	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Zohur Jamal B Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Lashbrook Lorie Ann Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Strittmatter Chad Aloysius Md	Practitioner - Primary Care Provider (PCP)	✓		✓								
Rajeswary Jyotsna	Practitioner - Primary Care Provider (PCP)											
Adamson Jennifer	Practitioner - Primary Care Provider (PCP)	✓		✓								
Medico Christina M	Practitioner - Primary Care Provider (PCP)											
Koch Eric Joseph Md	Practitioner - Primary Care Provider (PCP)	✓										
Powers Catherine Elaine	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Erickson Lisa Ann	Practitioner - Primary Care Provider (PCP)	✓				✓	✓					
Perez Brenda L Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Lindstrom Trisha M Np	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			

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Wisnoski Jennifer X	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Mincarelli Barbara Ann Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Burstein Gale R Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
Osswald Joan M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Carlson Cynthia A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Darling Scott Robert Md	Practitioner - Primary Care Provider (PCP)	✓										
Stephen James	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Leilabadi Shahriyar A Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Printup Elizabeth Np	Practitioner - Primary Care Provider (PCP)											
Conley Danielle	Practitioner - Primary Care Provider (PCP)	✓		✓								
O'Donnell Patricia Aine Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Fares Hassen Mohamed	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Cook Sarah A Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓					
Kita Joseph Thomas Md	Practitioner - Primary Care Provider (PCP)	✓										
Honeine Roland	Practitioner - Primary Care Provider (PCP)	✓										
Diaz Maria Isabel	Practitioner - Primary Care Provider (PCP)	✓				✓	✓					
Mackowiak Susan	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Ouellette Evelyn	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Deluca Nicole	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Melendez Ricardo	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Hailey Sean Patrick	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Wehr Matthew D Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Giuseppiha Jean Kenyon Savard	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Maddi Joseph L Md	Practitioner - Primary Care Provider (PCP)	✓										
Burke Amy J	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Gunasingham Vyanthanat	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Quebral Agnes	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Thomas Suzanne K	Practitioner - Primary Care Provider (PCP)	✓										
Bockhahn Jamie Lynne	Practitioner - Primary Care Provider (PCP)											
Weber Ryan	Practitioner - Primary Care Provider (PCP)	✓										
Henna M Sheikh	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			

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Leach-Minazzi Danielle Margaret	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Butt Ayesha Zaheer	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Kestler Peggy Sue	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Ji Young Lee	Practitioner - Primary Care Provider (PCP)	✓										
Pothini Gouri Bhawan	Practitioner - Primary Care Provider (PCP)											
Weingarten Elizabeth Ann	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Riedesel Jeremy Martin	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Spillman Sarah	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Ong Evadne	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Rutowski Jerome Michael	Practitioner - Primary Care Provider (PCP)											
Fininzio Cara	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Salis Robertus J	Practitioner - Primary Care Provider (PCP)											
Karam-Bayoumi Rania Ahmed	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Tyler Chad P Do	Practitioner - Primary Care Provider (PCP)	✓				✓						
Matier Jennifer Michalik	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Woloszyn Tomasz	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Bock Melissa	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Kalakada Nirisha	Practitioner - Primary Care Provider (PCP)											
Liberati Rachel	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Peerzada Maajid M Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Nehme Elie Antoine	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Merza Hussein	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Ogorchock Jessica E	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Riccione Joseph A	Practitioner - Primary Care Provider (PCP)											
Westgarth Maureen L	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Fu Philip David	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Thomas Julie A	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Noack Annaliese Erika	Practitioner - Primary Care Provider (PCP)											
Brown-Croyts Laurie	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Banday Shahid	Practitioner - Primary Care Provider (PCP)											
Speciale Leah D	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			

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Streicher Jamie Flavia	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Shea Meggan Kathleen	Practitioner - Primary Care Provider (PCP)	✓										
Khan Najmul Hasan	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Fakhraei Pirouz	Practitioner - Primary Care Provider (PCP)	✓										
Pequeen Theresa	Practitioner - Primary Care Provider (PCP)											
Raja Quratul Ain	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Wang Yubao	Practitioner - Primary Care Provider (PCP)	✓										
Fasanello Joseph Francis	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Przybelinski Krista	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Johnson Allison Leigh	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Kuwik Lauren Marie	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Salazar Moreno Wayra Ysi	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Lyon Cheryl	Practitioner - Primary Care Provider (PCP)	✓	✓									
Gleason Kirstin	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Murak Stephen Adam	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Hopkins Andrew Mr.	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Polla Andrew	Practitioner - Primary Care Provider (PCP)											
Akkinepally Sita Lakshmi	Practitioner - Primary Care Provider (PCP)											
Laskowski Stephen M Md	Practitioner - Primary Care Provider (PCP)											
Durante David Dr.	Practitioner - Primary Care Provider (PCP)	✓										
Gingell Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Bell Thomson John Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rycyna Stephen D Md Jr	Practitioner - Non-Primary Care Provider (PCP)	✓										
Roehmholdt Mary Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Atwal Amarjit Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Platt Bruce L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Scott Robert Willard Md	Practitioner - Non-Primary Care Provider (PCP)											
Carrel Jeffrey M Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Lee Jae S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Boersma Ronald Bartlett Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hughes Patrick Joseph Md Pc	Practitioner - Non-Primary Care Provider (PCP)											

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Dahlie James G Md	Practitioner - Non-Primary Care Provider (PCP)											
Ocampos Deolindo Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Robinson Peter S Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Dean David Campbell Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lopez Oscar S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Branigan Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Buck Steven H Md	Practitioner - Non-Primary Care Provider (PCP)											
Defrancis Roy Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Haar Jean George Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Block Brian Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hassenfratz Thomas A Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Patel Dilipkumar J Md	Practitioner - Non-Primary Care Provider (PCP)											
Buscaglia Anthony Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Grabiec Steven Vincent Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lillie David B Md	Practitioner - Non-Primary Care Provider (PCP)											
Szymula Norbert J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chary Kandala Krishna Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Green Andrew W Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lee Keun Yong Md	Practitioner - Non-Primary Care Provider (PCP)											
Chouchani Gabriel E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jaffri Syed S U Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kozower Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Roberts Douglas Lee Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lillie Madeline Ambrus Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Joven Pedro Galang Md	Practitioner - Non-Primary Care Provider (PCP)											
Todoro Carl A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Panchal Narhari M Md	Practitioner - Non-Primary Care Provider (PCP)											
Hellriegel John C Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Daniels Robert L	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				
Falsetti Domonic Frank Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Forgach Peter W Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Mongia Satish K Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Sirkin Sara Rachel G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rade Michael P Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Berardi Joseph Richard Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wild Daniel R Md	Practitioner - Non-Primary Care Provider (PCP)											
Bhagwandas L Sutaria	Practitioner - Non-Primary Care Provider (PCP)											
Ralabate Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Moore Michael C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shastri R H	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rice Charles D Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wiles John B Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tanhehco Meliton L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Singh Amarjit Md	Practitioner - Non-Primary Care Provider (PCP)											
Fugitt Robert G Md	Practitioner - Non-Primary Care Provider (PCP)											
Elman Richard S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Repicci John A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yu Young J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Moscato John A Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Fazili Mohamad Y Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rowland David M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Casey David M Dds	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Perillo Frank B Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hanzly Michael Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Buckley Richard J Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Llugany Oscar J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Keating Sean E Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dawli Naim A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Snyderman Michael C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schulman Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Conner George W Md	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				
Egnatchik James G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Anain Joseph Marcelo Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Masud A R Zaki Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Culliton Phillip Charles Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kaprove Robert E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Campione Peter A Md	Practitioner - Non-Primary Care Provider (PCP)											
Conti David R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tuoti Raymond Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Satchidanand Sateesh Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kulju Keith William Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Brass Corstiaan Md	Practitioner - Non-Primary Care Provider (PCP)											
Dalip K Khurana, Md., Pllc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Conley James George Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bates Vernice E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Grossman Zachary D Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Early Amy Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kawinski Bohdan Jerzy Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Curran Richard Russell	Practitioner - Non-Primary Care Provider (PCP)											
Raab Thomas Albert Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Luther Ramesh Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sutaria Pragna Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Cline William B Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kyger Elizabeth L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Aquino Michael D Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chouchani Adel E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cirbus James Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Kuritzky Alan S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gaines Katherine Caldwell Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Panahon Alvin M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bodani Shrikant C Md	Practitioner - Non-Primary Care Provider (PCP)											
St Marie Mark S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Leary Daniel A Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Tomljanovich Paul I Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Sullivan Philip R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rajendran Lakshmanan Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ruggiero Samuel F Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lee Jeon Hoo Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shanbhag Vilasini M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bartels Edward Kelly Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cumella James C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Baker Trudy R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Twist James F Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nasca Paul C Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bax Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Czyrny James J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Marchetti David L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gill Liveleen Marco Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pietrak Stanley James Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pietrusik Michael Joseph Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Yannios Thomas S Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Bevilacqua David S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Parikh Parmanand K Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lenahan Mary Louise Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Morris William Md	Practitioner - Non-Primary Care Provider (PCP)											
Sfeir Norman John Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Adornetto Gregory J Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Niemiec Edward Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rodgers Bruce D Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mc Cune Leroy Wilson Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Haque Shehla Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Klieger Peter S Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Marzinek Gil Zdzislaw Md	Practitioner - Non-Primary Care Provider (PCP)											
Nasca Joseph Michael Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Wopperer James Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wheeler Dale Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schaefer Daniel P Md	Practitioner - Non-Primary Care Provider (PCP)											
Rycyna James L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Santos Carlos Md	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				
Keating Daniel B	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kaushal Ashok Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Barlog Kevin J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Powalski Robert John Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Niles Charles Ross Md	Practitioner - Non-Primary Care Provider (PCP)											
Aliotta Philip Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alvarez Perez Julio A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sette Camara Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Koritz Sara Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shields Peter E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Butler Michael P Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Geraci Michael Charles Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fiorica Norman Onofrio Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rockoff Jeffrey B Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cohen Ian Laurence Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Conway James T Md	Practitioner - Non-Primary Care Provider (PCP)											
Glover Robert Franklin Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Martin Raquel Gertrud Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kansal Narendra Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sobie Stephen R Md	Practitioner - Non-Primary Care Provider (PCP)											
Hocko Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gianfagna Robert Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Buran Joseph Edward	Practitioner - Non-Primary Care Provider (PCP)	✓										
Polisoto Thomas Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Leberer Joseph P Md	Practitioner - Non-Primary Care Provider (PCP)											
Kashin Jeffrey D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						

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Murray Kenneth Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcadam Frederick B Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gelfer Alexander Boris Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mario Gentile	Practitioner - Non-Primary Care Provider (PCP)											
Rand Lawrence G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Neufeld Robert J Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Perfetto Carlo Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lippes Howard A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Luthra Ranjana Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brecher Martin Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Antalek Matthew Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcdonnell Margaret Philomena	Practitioner - Non-Primary Care Provider (PCP)	✓										
Iacona Marie A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gomez Suescun Jorge A Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kalonaros George Constantine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lewis Paul Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lele Shashikant B Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Lakomy Steve Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hong Frederick Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Simmons Edward Donald Md	Practitioner - Non-Primary Care Provider (PCP)											
Leddy John J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mechtler Laszlo L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sayegh Magdi E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sansano Michael Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chaskes Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Fitzgerald Barry J Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Ruotsi Lee Charles Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Haar Michael Samuel Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Mylotte Joseph M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alvarez Perez Amy I Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Grisanti Michael W Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Gelormini Joseph L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wopperer Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Diaz Ordaz Albert Jose Luis	Practitioner - Non-Primary Care Provider (PCP)	✓										
Abdel-Nabi Hani H Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kaplan Richard D Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gugino Lawrence J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hurley John P Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nava Hector R Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Levine Ellis G Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Lema Mark J Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Przybyla Kevin P Do	Practitioner - Non-Primary Care Provider (PCP)											
Hakim Shabbir Z Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rehman Fazalur C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Loree Thom Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Rasmusson Timothy R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Semashko Denise Carol Md	Practitioner - Non-Primary Care Provider (PCP)											
Todoro Carmen M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rueda Benjamin G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Moy Owen James Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rothman Ilene L Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Vasiliadis George C Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fosket Claudia Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Joyce Gerald Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Burruano James C Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wolf David Mark Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khalil Moneer Md	Practitioner - Non-Primary Care Provider (PCP)											
Plunkett Robert J Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Merletti Michael J Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zielinski Robert M Md	Practitioner - Non-Primary Care Provider (PCP)											
Ferin Peter Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dyster Timothy G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Wacker Timothy R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Merletti Theodore F Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Podlas Mark Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Neu Jeffrey R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lampasso James G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wood Michael W Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Garson David S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Holmlund Tomas Henry Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kaye Robert David Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Smolinski Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Muntz Jon Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Rusnak Joseph G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hajduczok Zina D Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Anain Joseph Marcel Jr Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Golden Grant S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Flynn William J Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Schratz Jeffrey John Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vijaykumar Rekha Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Cromwell Brian Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rew James Paul	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ostrum Arthur George Jr Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Danziger Iris R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Coggiola Peter A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Westner Thomas G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hunt Roderic Tracy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Schiele Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Mcgoldrick Dennis M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Fitzgerald James B Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Slough James Alan Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Belles William John Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Grisanti Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Roman Antonio Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Shah Siddhartha S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Albert Michael S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weissman Mark A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Meholick Alan W Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tuccio Mark J Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Frost Jeffrey B Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Penn Howard Aron Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zeid Mohamed Y Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Picone Anthony L Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Anillo Sergio J Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Fitzpatrick James M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Asirwatham John Edwin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Turkiewicz Mary Louise Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Farrell Megan O Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Naples Nicholas Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kopp Christopher F Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Baumann Louis R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Anain Shirley A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shin Kyu H Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Brian Gary Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mostert Marcelle A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Lauria Philip G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Spangenthal Edward J Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Czajka Gregory Allan	Practitioner - Non-Primary Care Provider (PCP)	✓										
O'Donnell John L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Greco Joseph M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bhayana Ranjan Md	Practitioner - Non-Primary Care Provider (PCP)											
Ventresca Edward Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jennings Lu Jean	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stern Gary R Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					

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Freundel Anthony D Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cappuccino Helen Hess Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
O'Leary Kathleen A Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Hicks Wesley L Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Czuczman Myron S Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Gregoritch Steven J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Herman Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
De Leon Casasola Oscar A Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Perez Brache Jose G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kelly James Joseph Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcgrath Brian E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cannone Dominick Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Hodge Robert Wayne Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Blasius Jonathan Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Hong Michael Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓										
Calandra Salvatore Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Suddaby Loubert S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yarussi Anthony T Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Manzoor Shaikh A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Clutterbuck Elaine L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chase Wendy K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Moreland Douglas B Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Worrell Sarah G K	Practitioner - Non-Primary Care Provider (PCP)	✓										
Arnal Frank Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Pivarunas Anthony R Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Summers Thomas A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jane D Kraft Md Pllc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Thomas P Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rabadi Nashat H Md	Practitioner - Non-Primary Care Provider (PCP)											
Paplham Pamela D	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Smith Linda A Np	Practitioner - Non-Primary Care Provider (PCP)											

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Pinski John Valentine Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chevli K Kent Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bauer Ronald L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dougherty David R Do	Practitioner - Non-Primary Care Provider (PCP)											
Gilbert Richard N Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wetzler Meir Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Walter Peter J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zuccala Scott Jeffrey Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Conti Robert Ross Md	Practitioner - Non-Primary Care Provider (PCP)											
Licata Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hage Douglas David Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Talhouk Akram S Md	Practitioner - Non-Primary Care Provider (PCP)											
Seebald Cathleen A	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Phadke Kishor V Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fenstermaker Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Siedlecki Andrew Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Joy-Pardi Judyann V Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Steinig Jeffrey Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vasquez Michael A Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Skomra Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Patel Malti Jairam Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bambach Barbara J Md	Practitioner - Non-Primary Care Provider (PCP)											
Samadi Dilara E Md	Practitioner - Non-Primary Care Provider (PCP)											
Meagher Brian D Md	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Sanjay Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mogensen Kathleen A	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Trubish Dorothy Lukawski	Practitioner - Non-Primary Care Provider (PCP)											
Bruno Jr August Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Loud Peter Alden Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ferguson Richard Eamon Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Novotny Margaret Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Kim Chee Hoon Md	Practitioner - Non-Primary Care Provider (PCP)											
Lamonica Dominick	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Tallett John R Md	Practitioner - Non-Primary Care Provider (PCP)											
Chan-Lam Patrick D Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Deperio Jeffrey Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Marino Michael B Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Helm Thomas N Md	Practitioner - Non-Primary Care Provider (PCP)											
Cheney Richard T Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Gebhard Roberta E Do	Practitioner - Non-Primary Care Provider (PCP)											
Krutchick Karen Lyn Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fayyaz Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)											
Domondon Fernando B Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dara Tanvir Muhammad Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Zulkharnain	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brown Lloyd W Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shah Dhiren K Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Landi Michael K Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓					
Piscatelli James J Md	Practitioner - Non-Primary Care Provider (PCP)											
Corcoran Amy L	Practitioner - Non-Primary Care Provider (PCP)											
Albrecht Friedrich Joachim Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Addagatla Sujatha Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Newman Jay L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Frost Marc Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khurana Pamela Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Watt Courtenay C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Adrian Peter G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Guterman Lee Rand Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pell Michael Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mccarthy Philip Louis Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Nichols David P Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Piotrowski Edward Stanley Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					

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Bartolone Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Campion James Patterson Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Gritters Lyndon Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Constantine Jeffrey C Obgyn P	Practitioner - Non-Primary Care Provider (PCP)	✓										
Crosby Mabel Theresa	Practitioner - Non-Primary Care Provider (PCP)											
Carlson David E	Practitioner - Non-Primary Care Provider (PCP)											
Ferguson Michael Scott	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mitchell Michael Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Flaherty Leayn Terese	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kerney Angel L	Practitioner - Non-Primary Care Provider (PCP)											
Stube Keith Charles Md	Practitioner - Non-Primary Care Provider (PCP)											
Wittliff Jill Suzanne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Miner Loretta Butterfield	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Miqdadi Jehad Ahmad Md	Practitioner - Non-Primary Care Provider (PCP)											
Grace Timothy J	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Herbst Laurie Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Gorski-Suhr Cheri A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lee-Kwen Peterkin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lapoint Paul Justin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
O'Mara Thomas Ervin Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Capote Horacio A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rockwell Bruce H Md	Practitioner - Non-Primary Care Provider (PCP)											
Ricottone Anthony R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ross Maureen Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Graziano Matthew J Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Avino David Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wesolowski Judy A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chazen Mark David Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Winnicki Michael S Md	Practitioner - Non-Primary Care Provider (PCP)											
Romanowski Cindy R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Allen Nancy Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				

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Hourihane John Maurice Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cosgrove Edward Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Love Elizabeth M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Roger M Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Cromwell Nicholas L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wells Gastroenterology Llp	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chugh Dennis Brian	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pechenik Boris Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Delcastillo Maria C V Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alberico Ronald A Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Husain Syed Sajid Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Poynton Frederick G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mohr Alice Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Klementowski Marc Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Campbell Heidi Ann	Practitioner - Non-Primary Care Provider (PCP)											
Islam Abul Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ostrowski Philip Martin	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Haq Nadeem Ul Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Francis Lynda	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			
Gass Frederick C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lohr James Wesley Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Hickox Douglas James	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kessler Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mahoney Martin Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Bonaccio Ermelinda	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ibabao Jairus T Md	Practitioner - Non-Primary Care Provider (PCP)											
Shaikh Arooj	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chopra Usha	Practitioner - Non-Primary Care Provider (PCP)	✓										
Scamurra David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Meade Paul	Practitioner - Non-Primary Care Provider (PCP)	✓										
Marinides George N Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Vivona Joan A Md	Practitioner - Non-Primary Care Provider (PCP)											
Ryan James E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Roehmholdt John	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sloan Rita	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mazariegos Juan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Errick Janice	Practitioner - Non-Primary Care Provider (PCP)	✓										
Callahan John	Practitioner - Non-Primary Care Provider (PCP)	✓										
Raghu Bellamkond Sundara V Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schlehr Frank	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ogra Sanjay Ray	Practitioner - Non-Primary Care Provider (PCP)											
Gurevich Leonard Md	Practitioner - Non-Primary Care Provider (PCP)											
Cywinski Matthew J Md	Practitioner - Non-Primary Care Provider (PCP)											
Capaccio David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Polcaro Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Williams Robert W Md	Practitioner - Non-Primary Care Provider (PCP)											
Donahue Eileen F	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rahman Muhammad S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rosati Andrea M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Littler Susan J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pesono Sharon Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Fadel Mary Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sorrentino Stephen P Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
O'Neil Mary Margaret Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dibella Michael David P Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Romanowski Marcus Richard Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Phillips Emilia	Practitioner - Non-Primary Care Provider (PCP)											
Soniwala Saifuddin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chrzanowski Stephen Gerard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gupta Alok Deep Md	Practitioner - Non-Primary Care Provider (PCP)											
Vogt Donna Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gasiewicz Steve C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Winterburn Karen Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				
Tonger Connie Jo	Practitioner - Non-Primary Care Provider (PCP)											
Venkatedwara Rao Kolli	Practitioner - Non-Primary Care Provider (PCP)											
Schumer Mary Louise	Practitioner - Non-Primary Care Provider (PCP)	✓										
Blaird-Wagner Donna	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Tiffany Linda Leigh	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kelly Brooke K Do	Practitioner - Non-Primary Care Provider (PCP)											
Castiglia Gregory J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Santiano Jesus A T Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Andrzejewski Heather Lynn Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kowalski Joseph Martin	Practitioner - Non-Primary Care Provider (PCP)	✓										
O'Donnell Katherine Anne Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Segal Brahm	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Fineberg Marc Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Casassa David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Covel Todd M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Szulewski Celestine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gurtoo Lalit Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Brach John Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pazik Elaine Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brown Timothy Chauncey Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Thomas Rexford Lee Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Maheshwari Yogesh Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Anain Paul Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kahn Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kuettel Michael	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Nwogu Chukwumere	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mclaughlin Kathleen B Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Chadha Sunita Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vargo Edward Richard Jr Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Becker Joanne Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					

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Hanavan John D	Practitioner - Non-Primary Care Provider (PCP)	✓										
Paterson Paul D Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Slate Donald Michael Ii Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stefanick Barbara	Practitioner - Non-Primary Care Provider (PCP)	✓										
Litwin Alan Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Doyle Lynn Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
George Patrick Leo Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cholewinski Scott Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Larkin Karen P	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Oberkircher Adam Pa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Popat Saurin Rajnikant Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Williams Joanne E Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sikorski Marcus	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Meyer Jennifer Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Telaak June Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Doucette Patricia M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Frisicaro Gerald	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Daye Lisa Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lee Frank M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Namassivaya Nalini J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Genewick Tiffany B Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khanam Rashida Md	Practitioner - Non-Primary Care Provider (PCP)											
Namassivaya Arundathi Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wise Evelyn P Np	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ranjan Rajiv Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Meyer Michael A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pagliuca Theresa Md	Practitioner - Non-Primary Care Provider (PCP)											
Medina Rafael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Boneberg Anna Maria	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wang Gary Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Burns Charles Walter	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			

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Krabak Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Parentis Michael A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lovrincevic Mirjana Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Romano Karen Suzanne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Harm Linda Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Bellavia Tanya Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Pollina John Md	Practitioner - Non-Primary Care Provider (PCP)											
Rauh Michael Alfred Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Herle Aravind Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Odunsi Adekunle Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Pierce Natalie Nicole Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Chang Matthew S Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Blessios George Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jung Ichabod S F	Practitioner - Non-Primary Care Provider (PCP)	✓										
Green Dawn J Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Wittman-Klein Sharon Ruth Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Klein Kimberly A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Bukhari Syed Majid Ali S.Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Turaif Najat Abdulaziz	Practitioner - Non-Primary Care Provider (PCP)	✓										
Abbasi Israr A Md	Practitioner - Non-Primary Care Provider (PCP)											
Cifranick Stacie Ann Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tick Robert Carl Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Pantano Joanne Elyse	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smaldino James	Practitioner - Non-Primary Care Provider (PCP)											
Szarzanowicz Thaddeus E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Carlson Russell E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pendyala Prashant Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcclintick Elizabeth A Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Sam Randall B Np	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Ahmad Shkeel Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Trump Donald Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					

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Fetterman Charles Jason Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pieczonka Sheila M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kaplan Leonard Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ferrucci Kim M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Snell-Garus Karen Angela Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zhou Young	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khan Mohammad Asghar Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Koenig Jeannie Kao Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brown Jennifer Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Janes Peter T Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kuvshinoff Boris W Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Posluszny Marylou Christine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcentee James J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tomasini Judy Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Montesanti David Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dudziak Daniel G Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Buczkowski Glenn Robert Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dexter Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Nylander Emmekunla Karen Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Serra David Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Carter John M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cardiovascular & Thoracic Surg Wny	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ludwig Michael F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Wnek Amy Lynn Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Starostik Petr Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ostempowski Michael James Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Oconnor Tracey	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Block Sandra A Md	Practitioner - Non-Primary Care Provider (PCP)											
Ghosh Subrato Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Irani Cyrus Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Syta Margaret Mary	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					

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Mcdougald Lori Jean Np	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Hassenfratz Jay Thomas Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Kane John Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mireles Beth Helene	Practitioner - Non-Primary Care Provider (PCP)	✓										
Furlani Karen	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Stansberry Andrew J	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Knight Timothy C	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Chitester Chad T	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Peterson Jacquelyn R Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Parsons David W	Practitioner - Non-Primary Care Provider (PCP)	✓										
Warner Michelle G	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Baetzhold Karen G	Practitioner - Non-Primary Care Provider (PCP)	✓										
Levandusky Emily A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schinzel Laura A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alt Ilene H	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sullivan Brian P Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Smith Jennifer A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Knight Karen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lichtenthal Michelle D	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Stonemetz Diane	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kris Ziegler	Practitioner - Non-Primary Care Provider (PCP)	✓										
Champlin Patricia Joan	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Laplante Brian Patrick Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Abdelhalim Ahmed N	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Carbone Theresa Jean	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Hodkin Steven H	Practitioner - Non-Primary Care Provider (PCP)	✓										
Park Jeffrey M	Practitioner - Non-Primary Care Provider (PCP)											
Sheppard Mary T	Practitioner - Non-Primary Care Provider (PCP)	✓										
Osgood Nancy I	Practitioner - Non-Primary Care Provider (PCP)	✓										
Roland Todd A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Maciolek Deborah A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Wierzbowski Corry L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Kurtz Kathy Anne	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Elizabeth D Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dechert-Boss Betsey	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Demmy Todd L Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Hamlin Deborah J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Verrastro Andrea Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Zhao Jia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gutierrez Karen L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Phillips Jennifer D Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wysocki Gary C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Betz Mary K Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rusinek Laura Jean	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
So Blesilda Sarminento Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
So George Lam Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Hobbs Randy L Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Siskin Sharon H Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mack Catherine S	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Eddib Abeer Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gruttaria Tonya Lea	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Matthew E Md	Practitioner - Non-Primary Care Provider (PCP)											
Li Li Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Wind William Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Myers Bennett Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Reinhart Stephen G Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Fraas Jamie M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mohler James Lloyd Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mehboob Shahid Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hernandez Ilizaliturri F Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Palmieri Teresa Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Baggett Michael Allen Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.iv**	**2.c.ii**	**3.a.i**	**3.b.i**	**3.f.i**	**3.g.i**	**4.a.i**	**4.b.i**	
Filadora Victor Anthony Ii Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Levea Charles Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Cloud Marsilia Seiwell	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jajkowski Mark R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Matteson Kristin Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dofitas Steve Banaria Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Erick Lynda M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Mason Paul J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Delong Susan A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Domagala Lisa M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fisher David M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Geary William Alfred Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Groth Gregory D	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hanna Timothy E	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Lauricella Karen S	Practitioner - Non-Primary Care Provider (PCP)											
Stilb Valerie A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Loehfelm Robyn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rondeau Cherie R	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Schreier Tabrina S	Practitioner - Non-Primary Care Provider (PCP)											
Southard Amy L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wollaber Jennifer M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Wang Eunice Sue Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Wheat Heather Miller Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kuriakose Moni	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Sherris David Allen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Henry Ashraf Fekry Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sheron Molly	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chatrath Alka Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Aronica Lynn-Marie Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lucas Stefan Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Lillis Ann F	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Ciechoski Mary J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tkacik James E Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Senf Susan B	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Geist Tanya S	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			
Lindfield Vivian Leslie Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tomczak Louise Dolores	Practitioner - Non-Primary Care Provider (PCP)											
Hotz Johnna B	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Chmura Joanne Q	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			
Blair Debra J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Digiulio Laura N	Practitioner - Non-Primary Care Provider (PCP)	✓										
Parysek Patricia M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Milliron Heather H	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			
Zhang Lixin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wetzel Beverly A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ryan Michael D Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Horn Steven Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wilcox Kimberlee A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Daniels Debra B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Bauer Andrea M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Koedel Christie L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ghomi Ali Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cheruvu Raja S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tomaszewski Garin Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kang Minsoo Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Krawczyk Christian M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Soukiazian Sevak Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Patterson Daniel John Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hare Gregory Berton Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Crotzer Brian C Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Swenson Shirley J	Practitioner - Non-Primary Care Provider (PCP)											
Roche Charles Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					

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Pietrantoni Celestino Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Thayer Tammy M	Practitioner - Non-Primary Care Provider (PCP)											
Arora Pradeep	Practitioner - Non-Primary Care Provider (PCP)											
Nisbet Patricia A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Ritter Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stoeckl Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brien Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Dipizio Anne M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Iyer Renuka Vijay Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Almyroudis Nikolaos Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Rainville Michelle E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lohman Robert F Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
White Ryan G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Visco Jeffrey John Md	Practitioner - Non-Primary Care Provider (PCP)											
Berenji Farid Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bloomberg Richard D Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khozina Malvina Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Salerno Kilian E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Samuel Sam J Md	Practitioner - Non-Primary Care Provider (PCP)											
Gould Margaret A	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Oldenburg Molli M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Spadinger Margaret Mary	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mazurczak Matthew J Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Luisi Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Falkner Catherine Marie Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Biersbach Nicole M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Joyce Kelly T Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Rassman Jeffrey S Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Prem Kathryn M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vigna Franco E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pfalzer Aaron M Md	Practitioner - Non-Primary Care Provider (PCP)											

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Brewer Thomas J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wier Stacie L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pfentner Karen L	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Zulawski Christopher A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Diaz-Reyes Gustavo Adolfo Md	Practitioner - Non-Primary Care Provider (PCP)											
Dziedzic Kelly Anne	Practitioner - Non-Primary Care Provider (PCP)	✓										
Robillard Kevin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bogner Paul Nikolai Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Iafallo Deborah L	Practitioner - Non-Primary Care Provider (PCP)											
Pizzella Paul Fredric Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fitzgerald John Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kastner Kelly A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Lauffer Angelina Maria	Practitioner - Non-Primary Care Provider (PCP)	✓										
Passmore Natalie Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pastwick Kimberly L	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Pohlman Amy R Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Redlecki Stephanie Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Kwoka Julie A	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Schrecengost John Edwin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Edelson Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Prasad Dheerendra Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Lajeunesse Suzette Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Neiswonger Raymond Arthur	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Cumbo Thomas Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Deeb George Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Seib Beverly A	Practitioner - Non-Primary Care Provider (PCP)											
Lacivita Michael D	Practitioner - Non-Primary Care Provider (PCP)											
Barone William David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcgrath Timothy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Eckhert Kenneth Harry Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Steinacher Richard S Do	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Kam Jennifer Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Guru Khurshid A Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Merzianu Mihai	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Meltser Henry Mark Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bloom Peter Donal Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fisher Andrea L Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Dolan Dawn M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Yap Johnny Chun-Ya Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Egloff Lori A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Nwachukwu Juliette Joy Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Muscarella Jennifer M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Stevens Kristel A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Gannon Mary F Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Campanella Constance M Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ionita Catalina Codruta Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cai John Jun Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kumar Prasanna Rg Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Schapiro Ann E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bunch Shannon M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Violante Jude S Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Larson Douglas	Practitioner - Non-Primary Care Provider (PCP)											
Wheeler Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)											
Sabatino Kristine	Practitioner - Non-Primary Care Provider (PCP)											
Jaffri Naureen R Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Iancu Dan Mhai Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
May Janet M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Rokitka Denise A Md	Practitioner - Non-Primary Care Provider (PCP)											
Skitzki Joseph J Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Osman Magda Gamal Md	Practitioner - Non-Primary Care Provider (PCP)											
Huebschmann John Charles Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Banas Michael Donald Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Williams Emily Fleming Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jandzinski Dana I Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Konikoff Karen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Duff Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ruggiero Kathleen A Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yi Won S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Murphy Helen C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sumbrum Amy Lynn Sp	Practitioner - Non-Primary Care Provider (PCP)											
Stoffman Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓					
Ahmad Anees Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rovner Alexander V Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khoury Thaer Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ramsdell Robert James Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Apolito Kevin	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Biddle Paul	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yosuico Victor Ernesto David Md	Practitioner - Non-Primary Care Provider (PCP)											
Khan Irfan Ali Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khushalani Nikhil I Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Bagnarello Carola E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ross Julie Ann Np	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Gandy Pamela M Np	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Pasek Lana Marie Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓				✓		✓			
Adham Hanaw Assad Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Klitzke Alan Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Dvoretsky Philip	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hartnett Christopher Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Scarozza Jennifer R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Stoklosa Suzanne E	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rimawi Abdallah O Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Purcell Eileen Barbara	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Stancombe Mark D Rpa	Practitioner - Non-Primary Care Provider (PCP)											

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Cheng Yijun Md	Practitioner - Non-Primary Care Provider (PCP)											
Wegrzyn Susan D Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pereira Lorianne Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bokhari Mamoon Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Lee Kelvin Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mahoney Elizabeth Laetitia Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Morrison Carl D Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Johnson Rurik Carnahan Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jacob Sandra Marcey	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Silva Gerard Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Carl Gary Hudson Md	Practitioner - Non-Primary Care Provider (PCP)											
Kreppel Susan M Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Eileen Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Bhatia Ashish Md	Practitioner - Non-Primary Care Provider (PCP)											
Swiencicki Jr James Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lana Rosann L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tarnowski Melissa A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Singh Anurag Kishor Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Virtuoso Cristina Ellia	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Sainsbury Dawn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Gavin Julie Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yendamuri Saikrishna Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Pomakov Ognian Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bernas Geoffrey Allen Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gelman-Koessler Lisa Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Blazier Linda M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Rasnick Joseph Michael Np	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Adams Timothy Martin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fahrbach John Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bertulfo Romel Adupe Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Falvo Mark Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Christiano Lori Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			
Adjei Alex Asiedu Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Alhattab Eyad S Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mian Naima	Practitioner - Non-Primary Care Provider (PCP)	✓										
Choubmesser Mikhail	Practitioner - Non-Primary Care Provider (PCP)	✓										
Betsy Joelle Bodie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Thomas Todd A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Habir Ameneh	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dy Grace	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Bela Ajtai	Practitioner - Non-Primary Care Provider (PCP)	✓										
Qasaymeh Mohammad Mustafa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Arnold Karen	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ma Wen Wee Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Goldfinch Jacqueline Anne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Rudnicki Amy Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcgovern Marion Carol	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Berry Mary Deveau	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Zafar Jill Ellyn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Lundin Lindsay Ann Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Cook Sarah Michelle Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Ahmed Mohamed	Practitioner - Non-Primary Care Provider (PCP)	✓										
Seereiter Phillip James Jr	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wantuck Christine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Singhal Pankaj Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jarnot Angela Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓					
Montalvo Beverly	Practitioner - Non-Primary Care Provider (PCP)	✓										
Burnhard Valerie Lynn Md	Practitioner - Non-Primary Care Provider (PCP)											
Mirshak Monique	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sara Nash	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			
Algera Kariann	Practitioner - Non-Primary Care Provider (PCP)											
Gunderia Dhruvkumar	Practitioner - Non-Primary Care Provider (PCP)											

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Kaufman Corine Sebast	Practitioner - Non-Primary Care Provider (PCP)	✓										
Manteghi Tara Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Matuszak Jason	Practitioner - Non-Primary Care Provider (PCP)	✓										
Halliwell Kenneth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dhillon Samjot Singh Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Benedicto Alberto C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mangovski Christina Mary Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Barone Steven Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mathur Nitul Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gagliardo Anthony John	Practitioner - Non-Primary Care Provider (PCP)	✓										
Underwood Iii Willie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Fitzpatrick Edward	Practitioner - Non-Primary Care Provider (PCP)											
Bailey Heather L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			
Thompson James Edwin Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mattson David Michael Kawananakoa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Lister Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Benamati Karly Ann Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vona Karen Lynne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Joseph Susan M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Taylor Karen Anne Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tiutiunnyk Kathryn Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sabia Michelle Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Raymond Lisa A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Depriest Caitlin Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Michael Wellington Faulk	Practitioner - Non-Primary Care Provider (PCP)											
Rana Muzamil	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wachowiak Lindsay	Practitioner - Non-Primary Care Provider (PCP)											
Pham Dang Tuan Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cance William George Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Cornell Waseya Alicia Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Barwell Jennifer J	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			

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Bitikofer Kristin Marie Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Proy Janice Maureen	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Patronik Susan Marie Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Lissa Frances Capuson	Practitioner - Non-Primary Care Provider (PCP)	✓										
John R Raabe	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Fetes Jaime Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Li Xiuli	Practitioner - Non-Primary Care Provider (PCP)	✓										
Breitwieser Eric John	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Liu Hong Md	Practitioner - Non-Primary Care Provider (PCP)											
Pili Roberto Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Anandacoomaraswamy Dharshan	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Cotter Daniel Maurice Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Grijalva Galo Alexander Md	Practitioner - Non-Primary Care Provider (PCP)											
Pennington Janice Mortimer Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hill Brian Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓										
Williams Philip	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Faller Julia Barber Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Laudico Thomas Joseph Do	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Jeffrey Wade Martinez	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bell Katie M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Jaffri Qasim Syed	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cicchetti Michael Scott	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dann Sara Kate	Practitioner - Non-Primary Care Provider (PCP)	✓										
Clancy Kristin Ann Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Walczak Amanda Lee	Practitioner - Non-Primary Care Provider (PCP)											
Siddiqui Jafar	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kobel Amber M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Rizvi Sarah	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Kelley Briana Rose Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kotarski Amy F Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Frachetti Katherine J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			

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Chen Hongbin	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Peterson Andrew Craig	Practitioner - Non-Primary Care Provider (PCP)	✓										
Saikali Nicolas P	Practitioner - Non-Primary Care Provider (PCP)	✓										
Arica Herring Morrill	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tighe Sheila Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Gothgen Nicole Marie Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Schulte Mark	Practitioner - Non-Primary Care Provider (PCP)	✓										
Attuwaybi Bashir	Practitioner - Non-Primary Care Provider (PCP)											
Kasznica John M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Walcott Roger	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chubineh Saman B	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rachel George Weselak	Practitioner - Non-Primary Care Provider (PCP)	✓										
Glass Kathleen Zillner	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Schwaab Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Dryja Eric David	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Merlino Talia Grace Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shahid Naveed	Practitioner - Non-Primary Care Provider (PCP)	✓										
Singh Baljinder	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vanstee Breanna	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Griffiths Elizabeth Alice	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Damian Daniel Zakroczemski	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Whitmore Metivia-Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Michael Daniel Hess	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Gough Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Burns Linda	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pyne Clifford Charles	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schweickhard Jillian Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Mason Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pomakova Diana K	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tutwiler Tara Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Heyden Amy L	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Gagliardi Martin Philip Md	Practitioner - Non-Primary Care Provider (PCP)											
Wall Robbie Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓										
Parker Jeffrey Michael Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Clark Lindsey Dolan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rizzo Maria T	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cacho Cele Sarai	Practitioner - Non-Primary Care Provider (PCP)											
Arndt Debra L	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				
Niedzwiedz Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jeffrey James Brewer	Practitioner - Non-Primary Care Provider (PCP)											
David A Kavjian Md	Practitioner - Non-Primary Care Provider (PCP)											
Taylor Ryann Illig	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Jennings Richard Allan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gissou Azabdaftari	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Amborski Erin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hennon Mark William	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Qiu Jingxin	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Burke Mark Steven	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Tiffany Ann Jones	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ohigbai Ailende Egwaikwide	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Mccrea Harry Eugene Iii	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fabiano Andrew Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Sdoia Samuel William	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Glenn James Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Saby George	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Frederick Peter Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ylagan Lourdes Rosal	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Faisal Shah	Practitioner - Non-Primary Care Provider (PCP)	✓										
Madhusudanan Mohan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nurkin Steven Jeremy	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Santillo John Richard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mancl Tara Beth	Practitioner - Non-Primary Care Provider (PCP)											

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Rachala Sridhar Reddy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Breeann N Lee	Practitioner - Non-Primary Care Provider (PCP)	✓										
Handyside Ruth Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Chen George Liwei	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mapes Renee M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mccormack Katelyn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Doerr Mark	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shiley Kevin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Miller Justin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Murphy Timothy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brewer Tara J	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Shicha Kumar	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Vishala Tamirisa Neppalli	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Billings Nathaniel Proch	Practitioner - Non-Primary Care Provider (PCP)	✓										
Afshan Samad	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lauren Marie Jendraszek	Practitioner - Non-Primary Care Provider (PCP)	✓										
Teeter Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcvige Jennifer Williams	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lex Jacqueline A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Majewski Sara Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Farrugia David Joseph Jr	Practitioner - Non-Primary Care Provider (PCP)	✓										
Norbert Sule	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
William D Fritz Md	Practitioner - Non-Primary Care Provider (PCP)											
Francescutti Valerie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kazunori Kanehira	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ian Thomas Lund	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Burbulea Ghinita	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mastroianni Travis A Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Carr Heidi Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dunn Cassandra H	Practitioner - Non-Primary Care Provider (PCP)											
Burgess Michele Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					

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Koulisis Christo William Md	Practitioner - Non-Primary Care Provider (PCP)											
Haspett Lori Anne	Practitioner - Non-Primary Care Provider (PCP)											
Lagaly William J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Beaupin Lynda Myong	Practitioner - Non-Primary Care Provider (PCP)											
Hendler Craig Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Elizabeth A Hanretty	Practitioner - Non-Primary Care Provider (PCP)											
Webb Keith John	Practitioner - Non-Primary Care Provider (PCP)											
Kirstein Ruta Marie	Practitioner - Non-Primary Care Provider (PCP)											
Card Tiffany Elizabeth Rpa-C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Meesala Mrinalini	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rambarran Brian David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Robinson Martha Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Bain Andrew Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Amber Michelle Nocek	Practitioner - Non-Primary Care Provider (PCP)											
Powell Aaron Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lee Russell D	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Atwal Ephraim S	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alosi Julie Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Milligan Janine Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Xu Bo	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Nikolaychook Lyudmila Yuryevna	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jennifer Kathleen Guarino	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Cohan David M Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Dunleavy Jason Dana	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smyers Kristen L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Plouffe Giovanna	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Rojek Jennifer L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gurske-Desperio Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓										
Baysal Bora	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Schaus Benjamin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weingarten Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Silva Meliton	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sherban Ross	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pfalzer David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Khalid Balil Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ince-Mercer Leia K Md	Practitioner - Non-Primary Care Provider (PCP)											
Jones Joshua Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Syed Arif	Practitioner - Non-Primary Care Provider (PCP)	✓										
Coolidge Jonathan N	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bhat Seema Ali Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Butler Rachael A	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Bona Diane	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ward Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)											
Munella Brenda May	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Malhotra Usha	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Al-Humadi Mohaned	Practitioner - Non-Primary Care Provider (PCP)											
Zhao Yujie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ratliff David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Arshad Hassan	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Majid Tawsufe	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				
Brown Michelle D	Practitioner - Non-Primary Care Provider (PCP)											
Nelson Kathryn Anne	Practitioner - Non-Primary Care Provider (PCP)											
Young Jessica Suk-Wah	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mandrino Lindsay Marie	Practitioner - Non-Primary Care Provider (PCP)											
Kaplan Keith	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rojas Luisa F Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hitt James	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Pleskow Heather	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bevilacqua Jilliann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Touchan Faraj	Practitioner - Non-Primary Care Provider (PCP)	✓										
Noon Melanie Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ferri Sarah Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			

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Kelly Lynn Manganello	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gleason Bonnie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kotowski Adam Scott	Practitioner - Non-Primary Care Provider (PCP)	✓										
Holland Darren M	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Susan Gayle Mclanahan	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Singh Tajinder Pal	Practitioner - Non-Primary Care Provider (PCP)	✓										
Thota Sharmilee	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sarah A Gamel Rpa-C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Keefe James Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Voian Nicoleta Cristina	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Gannon Donna M	Practitioner - Non-Primary Care Provider (PCP)											
Jessica Drexinger	Practitioner - Non-Primary Care Provider (PCP)	✓										
Graton Michelle A	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Pettit Casey Lin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gillet Bethany Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Hochwald Steven N	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Rutkowski John M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Angel M Macko	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			
Mcclure Matthew Gilmour	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tober Sheila Novelli	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Pamela Anne Hennesen	Practitioner - Non-Primary Care Provider (PCP)											
Meghan Joan Kurtz	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Pathak Yashash	Practitioner - Non-Primary Care Provider (PCP)	✓										
Murphy Melissa Kay	Practitioner - Non-Primary Care Provider (PCP)											
Gray Chelsey Michele	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Wydysh Carrie Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ertel Bradley R	Practitioner - Non-Primary Care Provider (PCP)	✓										
Abebe Mekdess	Practitioner - Non-Primary Care Provider (PCP)	✓										
Papenfuss Wesley	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Habib Fadi	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kukar Moshim	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					

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Jeyapalan Gerald Rajish	Practitioner - Non-Primary Care Provider (PCP)											
Peyser Michael Bardo	Practitioner - Non-Primary Care Provider (PCP)	✓										
Asbach Michael Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Akers Stacey Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ding Yongzeng	Practitioner - Non-Primary Care Provider (PCP)	✓										
Missert Matthew John	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rebecca Sewastynowicz	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Schrimmel Lindsey Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sneed Michele N	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zinno Matthew Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓										
Guzzetta Lindsay Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chouchani Christian P	Practitioner - Non-Primary Care Provider (PCP)	✓										
Everett Melissa Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Laura Ford-Mukkamala	Practitioner - Non-Primary Care Provider (PCP)											
Noel Marie-Eve Christine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wittenbrook Kelly Ann	Practitioner - Non-Primary Care Provider (PCP)											
Grimmer Jennifer Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ortolano Leanne Elise	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Huang Miriam	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Andrea Sturniolo Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kreymer Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Martin William Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Tauriello Carin Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Violante Nicholas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cuthbert David	Practitioner - Non-Primary Care Provider (PCP)	✓										
King Laquita	Practitioner - Non-Primary Care Provider (PCP)	✓										
Siddiqui Budder	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Weitzenkorn Dan Edward	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bertolo Justine Elyse	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kauffman Eric Curtis	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Menon Zubin	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			

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Carlson Lyndsey M	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Vanecek Allyson Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Raczyk Cheryl	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Brady Mary Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Matier Brian	Practitioner - Non-Primary Care Provider (PCP)											
Byers Rositsa Ivanova	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fiorica Elizabeth Grace	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Melanson Julia Diane	Practitioner - Non-Primary Care Provider (PCP)											
Powell John William	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Nixon Jessica Megan	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Owczarzak Katherine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Moon Wong Kyun	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Aikin Christopher Mathew	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Latona Marlene K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Chella Karee A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Karkut Christopher John	Practitioner - Non-Primary Care Provider (PCP)	✓										
King Indea Besheka	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bradigan Shana Katherine	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mehta Vinay	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tibor Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)											
O'Mara Sarah Anne	Practitioner - Non-Primary Care Provider (PCP)											
Ozair Sadat	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Barrett Lisa Ann	Practitioner - Non-Primary Care Provider (PCP)											
Soehnlein Stephanie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Harris Kassem Nemer	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Tuttle Rebecca Mae	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Hernandez Evette M	Practitioner - Non-Primary Care Provider (PCP)											
Singla Smit	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Petroziello Michael	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Singh Amanpal	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Fink Teresa Carol	Practitioner - Non-Primary Care Provider (PCP)											

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Yacob Gabriel E	Practitioner - Non-Primary Care Provider (PCP)											
Sroka Raymond David	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Huffman	Practitioner - Non-Primary Care Provider (PCP)	✓										
Oyasiji Tolutope Olusiji	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Qureshi Zeeshan M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Young Paul Raymond	Practitioner - Non-Primary Care Provider (PCP)	✓										
Spittal-Ashby Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Wadhawan Sachin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lorenc Todd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tammaro Alicia Joy	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Goodman-Williams Christie Rae	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Bax Chelsie Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Han Song Yi	Practitioner - Non-Primary Care Provider (PCP)	✓										
Balderman Sophia Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Aungst Molly B	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Pokharel Saraswati	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
O'Hara Corrie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Eckler Justin	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Stevenson Karen Anne	Practitioner - Non-Primary Care Provider (PCP)	✓										
Thirunavukarasu Pragathees	Practitioner - Non-Primary Care Provider (PCP)											
Juncewicz Edmund Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hanzly Michael Ignatius	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Zerfas Dorene Kay	Practitioner - Non-Primary Care Provider (PCP)	✓										
Scarbinsky Aislinn Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Grisante Emily A	Practitioner - Non-Primary Care Provider (PCP)											
Kozlowski Sarah Josephine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Gazdak Gina Marie	Practitioner - Non-Primary Care Provider (PCP)											
Murphy Nancy Anne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Phichith Caterina Mimi	Practitioner - Non-Primary Care Provider (PCP)											
Ahmad Imran	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kassavin Daniel S	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Burke Megan Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Obst Jaime Rehmann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Diringer Erik J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lema Bethany	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Taylor Martina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rashed Abdulgwai Nasser	Practitioner - Non-Primary Care Provider (PCP)	✓										
Moore Danielle Ashley	Practitioner - Non-Primary Care Provider (PCP)	✓										
Phipps Andrea Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Galley Jill Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bentley Susan Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Pratt Portia P	Practitioner - Non-Primary Care Provider (PCP)											
Nicosia Bethann R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Roggow Susanne K E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Reed Daniel P	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sohal Kunwardeep	Practitioner - Non-Primary Care Provider (PCP)	✓										
Opyrchal Mateusz	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Boland Patrick Mckay	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Wood Catherine L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Wagner Patricia A	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Ajay Narhari Panchal	Practitioner - Non-Primary Care Provider (PCP)	✓										
Godzala Michael Edward	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Holstein Sarah Abigail	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Wilkins Ryan David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vong Shirley	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Schlemm Laura M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Ingerson Katie Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓			
Kindzia Amanda Jean	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Schwarz Colleen Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Wlodarek Beth R	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Trisket Kathy Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Panza Danielle N	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Rudloff Mary Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Molloy Daniel Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kass-Hout Omar	Practitioner - Non-Primary Care Provider (PCP)	✓										
Karpie John	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rueda Jacqueline	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Jafari Katherine Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Snyder Kristen	Practitioner - Non-Primary Care Provider (PCP)											
Sibiga Lauralee	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓					
Kirsch Stephanie Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓					
Hannon Maureen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Dibben Eric	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			
Mulligan Kristin Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Ontiveros Evelena	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Besseghini Lara	Practitioner - Non-Primary Care Provider (PCP)											
Degrasse Dawn Holly	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Tabbi Danielle	Practitioner - Non-Primary Care Provider (PCP)											
Truskinovsky Alexander Moses	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Corbett Adele M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Croucher Thomas Walter	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mcdonald Valerie Ann	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Nazareth Helen Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Bommireddipalli Srinivas S	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Ireland Katie Roselyn	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				
Gupta Vishal	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Ozturk Cemile Nurdan	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Walters Julie A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Redmond John F	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Klopp Laura Eve	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Harding Desiree J	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Berman Kevin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Downie Arthur	Practitioner - Non-Primary Care Provider (PCP)											

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Christopher Andrea	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Rogers Roger	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mustafa Bilal	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Baer James Robert	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Drakopoulos Marinos	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Jain Charu	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				
Perry Nicholas Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Dunn Erin L	Practitioner - Non-Primary Care Provider (PCP)											
Zsiros Emese	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Paragh Gyorgy	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Newman Patricia C	Practitioner - Non-Primary Care Provider (PCP)											
Schneider Jaclyn M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Swartz Aimee Jean	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alraiyes Abdul Hamid	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Maloney Collin	Practitioner - Non-Primary Care Provider (PCP)											
Kuechle Megan C	Practitioner - Non-Primary Care Provider (PCP)											
Shrestha Pujan	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				
Brady Maureen Rose	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Murphy Kathryn Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Grabau Sydney	Practitioner - Non-Primary Care Provider (PCP)											
Sleeper Deborah Ann	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Asbach Natalie Louise	Practitioner - Non-Primary Care Provider (PCP)											
Glose Heather Julia	Practitioner - Non-Primary Care Provider (PCP)											
Mcnichol Meghan	Practitioner - Non-Primary Care Provider (PCP)											
Vaughan Maureen E	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Storer Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Bougard Katherine Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			
Huang, Joyce Jiaying	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Toni Marie Ventrilla Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Miller Brad J	Practitioner - Non-Primary Care Provider (PCP)											
Heather Larson Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Breanne Finucane Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lent, Lynn, R.N.	Practitioner - Non-Primary Care Provider (PCP)											
Norris, Katrina	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Williams Christine M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Bush Deborah L	Practitioner - Non-Primary Care Provider (PCP)											
Alica Stuart Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Daniel Nichols Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Crossett, Sheri	Practitioner - Non-Primary Care Provider (PCP)											
Jimenez, Ricardo	Practitioner - Non-Primary Care Provider (PCP)											
Stanko Wesley Carol	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Patricia Hoffarth Np	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Gallagher Sarah Quinlivan	Practitioner - Non-Primary Care Provider (PCP)											
Gutowski, Julia	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Jason Hooper Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nicole Maul Pa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Blujus, Renee	Practitioner - Non-Primary Care Provider (PCP)											
Volanis, Georgina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Hefner, Judith, Lcsw-R	Practitioner - Non-Primary Care Provider (PCP)											
Frankiewicz Jeffrey	Practitioner - Non-Primary Care Provider (PCP)											
Antonelli, Maryann, Lcsw-R	Practitioner - Non-Primary Care Provider (PCP)											
Betzold, Samantha	Practitioner - Non-Primary Care Provider (PCP)											
Gill, Donna	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Chudy, Ashley	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Malay Jacqueline Alyse	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Aloian Colleen	Practitioner - Non-Primary Care Provider (PCP)											
Klopfer, Linda, R.N.	Practitioner - Non-Primary Care Provider (PCP)											
Davis, Tammy	Practitioner - Non-Primary Care Provider (PCP)											
Grobe Gillian P	Practitioner - Non-Primary Care Provider (PCP)											
Abby Mccarville Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Giancarlo Adam	Practitioner - Non-Primary Care Provider (PCP)											
Antkowiak Kaitlyn N	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					

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Kabatt, Anne, Lcsw-R	Practitioner - Non-Primary Care Provider (PCP)											
Jennifer Renzetti Crna	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Izzio Debra A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Mrgich, Glenn	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Patel Priyankkumar P	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Hopkins, Maureen, Lcsw-R	Practitioner - Non-Primary Care Provider (PCP)											
Cleveland Sarah Sheehan	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Farrell, Melissa	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Faraco Maraiel J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Allison Nixon Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jenna Biddlecom Pa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Melissa Aduddle Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Glover Amy Lyn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓		✓			
Holly Luderman Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tebo, Leslie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Ashton, Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Cushman, Sharon, Lcsw-R	Practitioner - Non-Primary Care Provider (PCP)											
Rummell, Joan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Tara Haynes Pa	Practitioner - Non-Primary Care Provider (PCP)											
Jennifer Earsing Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Heim Brenda F	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Delbello, Julie	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Cammarata, Michael	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Osigweh Juanne Marlyn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Beckman, Kevin	Practitioner - Non-Primary Care Provider (PCP)											
Polino, Amanda	Practitioner - Non-Primary Care Provider (PCP)											
Koch, Shannon	Practitioner - Non-Primary Care Provider (PCP)											
Wabick Jarod	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Richir, Theresa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓						
Acquilano, Kristen	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Holler-Kennedy, Gail	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						

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Cieri Sarina Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Tricia Difranco Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cole Robert Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Ranney, Michael	Practitioner - Non-Primary Care Provider (PCP)											
Joanne Campbell Pa	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
James O'May Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Elise Cruce Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chmielowiec, Kaitlyn	Practitioner - Non-Primary Care Provider (PCP)											
Broderick, Keenan	Practitioner - Non-Primary Care Provider (PCP)											
Hayek Christina	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓			
Nathan Rush Pa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Mount St Mary Hsp Hlth Ctr	Hospital	✓	✓	✓								
Brooks Memorial Hospital	Hospital											
Womans Christian Association	Hospital	✓	✓	✓	✓	✓		✓				
Westfield Memorial Hospital	Hospital	✓										
Sisters Of Charity Hosp	Hospital	✓	✓	✓				✓				
Mercy Hospital Of Buffalo	Hospital	✓	✓	✓								
Kenmore Mercy Hospital	Hospital	✓	✓	✓								
Bertrand Chaffee Hospital	Hospital	✓		✓			✓					
Medina Memorial Hospital	Hospital											
Roswell Park Cancer Inst	Hospital	✓					✓				✓	
Horizon Health Services Mh	Clinic	✓				✓						
Baker Victory Healthcare Ctr	Clinic											
Mount St Mary Hsp Hlth Ctr	Clinic	✓	✓	✓								
Mcauley-Seton Home Care Corp.	Clinic	✓										
Ucp Nys Reg 1 #05 Medina St	Clinic											
Aspire Of Western New York In	Clinic											
Buffalo Hearing & Speech Ctr	Clinic	✓										
Brooks Memorial Hospital	Clinic											
Womans Christian Association	Clinic	✓	✓	✓	✓	✓		✓				
Westfield Memorial Hospital	Clinic	✓										

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Sisters Of Charity Hosp	Clinic	✓	✓	✓				✓				
Mercy Hospital Of Buffalo	Clinic	✓	✓	✓								
Kenmore Mercy Hospital	Clinic	✓	✓	✓								
Bertrand Chaffee Hospital	Clinic	✓		✓			✓					
Medina Memorial Hospital	Clinic											
Summit Educational Resources	Clinic											
Cantalician Center For Learning Inc	Clinic											
Baker Hall Inc Dba Baker Victory Se	Clinic	✓				✓						
Roswell Park Cancer Inst	Clinic	✓					✓				✓	
People Inc Cssz38	Clinic											
Cattaraugus Rehabilitation Center I	Clinic											
Directions In Independent Liv Mh	Case Management / Health Home											
Horizon Health Services Mh	Case Management / Health Home	✓				✓						
Depaul Comm Ser Mh	Case Management / Health Home											
Catholic Charities Of Wny Mh	Case Management / Health Home	✓	✓			✓		✓				
Living Opp Of Depaul Mh	Case Management / Health Home											
Transitional Services Inc Mh	Case Management / Health Home											
Mid Erie Mental Health Svc	Case Management / Health Home	✓				✓				✓		
Omrdd/Suburban Adult Svcs-Wny	Case Management / Health Home											
Omrdd/Suburban Adult Svcs-Fl	Case Management / Health Home											
Omrdd/Native American Comm Sv	Case Management / Health Home											
Omrdd/Learning Disablits Wn	Case Management / Health Home											
Omrdd/Erie Co Arc/Heritage Ct	Case Management / Health Home											
Omrdd/Chautauqua Office/Aging	Case Management / Health Home											
Omrdd/Catt Rehab Ctr Inc	Case Management / Health Home											
Mh Svc Erie Northwest Cor-Scm	Case Management / Health Home											
Fam & Child Svcs Niagara Mh	Case Management / Health Home	✓				✓						
Spectrum Human Services Mh	Case Management / Health Home	✓				✓						
Office Mental Health Mh	Case Management / Health Home											
Rtf Crestwood Childrens Ctr	Case Management / Health Home											
Lake Shore Behavioral Hlth In	Case Management / Health Home	✓				✓						

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Gateway Longview	Case Management / Health Home											
Baker Hall Inc Dba Baker Victory Se	Case Management / Health Home	✓				✓						
Health Home Partners Of Wny Llc	Case Management / Health Home	✓	✓			✓						
Chautauqua County Department Of Mh	Case Management / Health Home	✓				✓						
Cattaraugus Rehabilitation Center I	Case Management / Health Home											
Buffalo Psychiatric Center Act Team	Mental Health											
Buffalo Pc Act Team Risp Cnsta	Mental Health											
Hillside Childrens Ctr	Mental Health											
Algera Kariann	Mental Health											
Sainsbury Dawn	Mental Health	✓	✓			✓						
Jaffri Naureen R Do	Mental Health	✓										
Groth Gregory D	Mental Health	✓										
Mental Health Serv Se Corp V	Mental Health	✓				✓						
Syta Margaret Mary	Mental Health	✓					✓					
Horizon Health Services Mh	Mental Health	✓				✓						
Abbasi Israr A Md	Mental Health											
Catholic Charities Of Wny Mh	Mental Health	✓	✓			✓		✓				
Living Opp Of Depaul Mh	Mental Health											
Transitional Services Inc Mh	Mental Health											
Mid Erie Mental Health Svc	Mental Health	✓				✓				✓		
Khanam Rashida Md	Mental Health											
Casassa David	Mental Health	✓	✓			✓						
Rahman Muhammad S Md	Mental Health	✓										
Raghu Bellamkond Sundara V Md	Mental Health	✓										
Capote Horacio A Md	Mental Health	✓										
Khurana Pamela Md	Mental Health	✓										
Gupta Sanjay Md	Mental Health	✓										
Mh Svc Erie Northwest Cor-Scm	Mental Health											
Winship Community Resid Inc	Mental Health											
Depaul Mental Hlth Svcs B	Mental Health											
Baker Hall,Inc	Mental Health	✓				✓						

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Kashin Jeffrey D Md	Mental Health	✓	✓			✓						
Rtf Baker Hall	Mental Health	✓				✓						
Rtf Crestwood Childrens Ctr	Mental Health											
Western Ny Childrens Pc	Mental Health											
Jewish Family Svc Psy Clinic	Mental Health	✓				✓						
Community Concern Of Wny	Mental Health	✓				✓						
Lake Shore Behavioral Hlth In	Mental Health	✓				✓						
Mh Svc Erie Southeast Corp V	Mental Health	✓				✓						
Niagara Cnty Mntl Hlth Lckprt	Mental Health	✓				✓						
Niagara Cnty Mntl Hlth N Fall	Mental Health	✓				✓						
Jaffri Syed S U Pc Md	Mental Health	✓										
Lopez Oscar S Md	Mental Health	✓										
Western Ny Childrens Pc	Mental Health											
Buffalo Pc	Mental Health	✓				✓						
Child And Adolescent Psy Cl	Mental Health	✓				✓						
De Paul Community Svcs Inc	Mental Health											
Gateway Longview	Mental Health											
Womans Christian Association	Mental Health	✓	✓	✓	✓	✓		✓				
Medina Memorial Hospital	Mental Health											
Jaffri Qasim Syed	Mental Health	✓										
Dryja Eric David	Mental Health	✓				✓						
Bry-Lin Hospital	Mental Health	✓				✓						
Asbach Michael Thomas	Mental Health	✓										
Mental Health Services-Erie County	Mental Health	✓				✓						
Vanecek Allyson Lynn	Mental Health	✓										
Chautauqua County Department Of Mh	Mental Health	✓				✓						
Cattaraugus Rehabilitation Center I	Mental Health											
Schlemm Laura M	Mental Health	✓	✓			✓						
Mulligan Kristin Michelle	Mental Health											
Bry-Lin Hospital Inc	Mental Health	✓				✓						
Bry-Lin Hospitals Inc	Mental Health	✓				✓						

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Miller Brad J	Mental Health											
Hillside Childrens Ctr	Substance Abuse											
Horizon Village Inc	Substance Abuse	✓				✓						
Horizon Health Services Mh	Substance Abuse	✓				✓						
Catholic Charities Of Wny Mh	Substance Abuse	✓	✓			✓		✓				
Mid Erie Mental Health Svc	Substance Abuse	✓				✓				✓		
Mount St Mary Hsp Hlth Ctr	Substance Abuse	✓	✓	✓								
Margaret A Stutzman A T C	Substance Abuse											
Buffalo Beacon Corp	Substance Abuse	✓				✓						
Northpointe Council, Inc	Substance Abuse	✓				✓				✓		
Lake Shore Behavioral Hlth In	Substance Abuse	✓				✓						
Mh Svc Erie Southeast Corp V	Substance Abuse	✓				✓						
Community Action Org Erie Cty	Substance Abuse											
Womans Christian Association	Substance Abuse	✓	✓	✓	✓	✓		✓				
Sisters Of Charity Hosp	Substance Abuse	✓	✓	✓				✓				
Northpointe Council Inc	Substance Abuse	✓				✓				✓		
Bry-Lin Hospital	Substance Abuse	✓				✓						
Chautauqua County Department Of Mh	Substance Abuse	✓				✓						
Absolut Ctr Nr Reh Allegany	Nursing Home											
Our Lady Of Peace Nrs Cr Res	Nursing Home											
Absolut Ctr /Nrs Reh At Salamanca	Nursing Home											
Absolut Ctr Nur/Rehab At Houghton	Nursing Home											
Heritage Pk Hcc Snf	Nursing Home											
Heritage Green Hcc Snf	Nursing Home											
Father Baker Manor	Nursing Home	✓										
Harris Hill Nursing Facility	Nursing Home											
Absolut Ctr Nrs & Reh At Eden	Nursing Home											
Sheridan Manor	Nursing Home											
Absolut Ctr Nrs Reh At Westfield	Nursing Home	✓										
Ridge View Manor	Nursing Home											
Autumn View Health Cr Facilit	Nursing Home											

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Absolut Ct Nrs & Reh At Orchard Par	Nursing Home											
North Gate Health Care Facili	Nursing Home											
Williamsville Suburban	Nursing Home											
St Francis Hm Williamsville	Nursing Home											
Seneca Health Care Center	Nursing Home											
Mercy Hosp Snf	Nursing Home	✓										
Mcauley Residence Snf	Nursing Home	✓										
Garden Gate Hlth Cr Facility	Nursing Home											
Odd Fellow & Rebekah Rhcc	Nursing Home											
Heritage Village Reh & Skilled Nrs	Nursing Home											
St Catherine Laboure Hcc Snf	Nursing Home	✓										
Luthern Retirement Home	Nursing Home	✓										
Medina Memorial Hospital Snf	Nursing Home											
Absolut Ctr Nrs & Reh At Dunkirk	Nursing Home											
Waterfront Operations Assoc Llc	Nursing Home											
1818 Como Park Blvd Operating	Nursing Home											
4459 Bailey Ave Operating Co Llc	Nursing Home											
225 Bennett Road Operating Co Llc	Nursing Home											
200 Bassett Road Operating Company	Nursing Home											
5775 Maelou Drive Operating Company	Nursing Home											
2850 Grand Island Blvd Operating Co	Nursing Home											
2600 Niagara Falls Blvd Operating C	Nursing Home											
Dunkirk Operating Llc	Nursing Home											
Parkview Health Services Of New Yor	Pharmacy											
Mcentee James J	Pharmacy	✓										
Upstate Pharmacy Ltd	Pharmacy											
Black Rock Pharmacy Inc	Pharmacy											
Sisters Of Charity Hosp	Pharmacy	✓	✓	✓				✓				
Mercy Hospital Of Buffalo	Pharmacy	✓	✓	✓								
St Catherine Laboure Hcc Snf	Pharmacy	✓										
Chestnut Ridge Medical Supplies Inc	Pharmacy	✓										

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Vascuscript Inc	Pharmacy											
Heritage Village Reh & Skld Nrs Inc	Pharmacy											
Roswell Park Cancer Inst	Pharmacy	✓					✓				✓	
Hospice Chautauqua County Inc	Hospice	✓							✓			
Hcr	Hospice											
Niagara Hospice Inc	Hospice	✓							✓			
Hospice Buffalo Inc	Hospice	✓							✓			
Absolut Care Of Allegany	Community Based Organizations											
Absolut Care Of Orchard Brooke	Community Based Organizations											
Allegany Council For Alcoholism And Substance Abuse	Community Based Organizations											
American Diabetes Association	Community Based Organizations											
Buffalo Prenatal Perinatal Network	Community Based Organizations	✓						✓				
Buffalo Urban League	Community Based Organizations	✓	✓									
Casa Chautauqua	Community Based Organizations											
Casa Genesee	Community Based Organizations											
Catholic Health System, Inc.	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Catholic Medical Partners	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cattaraugus County Health Department	Community Based Organizations											
Cattaraugus Rehabilitation Center, Inc.	Community Based Organizations											
Chao-Yu Hsu	Community Based Organizations	✓				✓	✓					
Chautauqua Alcohol And Substance Abuse Council	Community Based Organizations	✓								✓		
Chautauqua County Health Network	Community Based Organizations											
Chautauqua Health Network	Community Based Organizations	✓		✓					✓			
Chautauqua Region Associated Medical Partners	Community Based Organizations											
Chautauqua Region Associated Medical Partners (Amp)	Community Based Organizations											
Chautuaqua County Health Network	Community Based Organizations											
Child & Family Services	Community Based Organizations	✓				✓						
Christina Parkot Np	Community Based Organizations	✓					✓					
Community Health Worker Network Of Buffalo	Community Based Organizations	✓	✓									
Compeer Inc.	Community Based Organizations	✓								✓		
Council On Addiction Recovery Services, Inc. (Cares)	Community Based Organizations											

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D'Youville College	Community Based Organizations											
Erie County Council For Prevention Of Alcohol & Substance Abuse	Community Based Organizations	✓								✓		
Erie County Senior Services	Community Based Organizations											
Erie Niagara Community-Based Integrated Care Network	Community Based Organizations											
Family Help Center	Community Based Organizations											
Family Life Center	Community Based Organizations											
Genesee Orleans Council On Alcohol And Substance Abuse	Community Based Organizations											
Healthy Community Alliance	Community Based Organizations											
Horizon Management Group	Community Based Organizations	✓				✓						
Independent Living	Community Based Organizations											
Innovative Health Svcs Of America, Dba Mash Care Network	Community Based Organizations											
Kalos Health (Mltc)	Community Based Organizations	✓							✓			
Learning Disabilities Association Of Wny	Community Based Organizations											
Liberty Home Care	Community Based Organizations											
Mental Health Association In Cattaraugus County	Community Based Organizations											
Mental Health Association Of Erie County	Community Based Organizations	✓								✓		
Najmi Kahn Md	Community Based Organizations											
National Kidney Foundation	Community Based Organizations											
Native American Community Services Of Erie & Niagara Counties, Inc.	Community Based Organizations											
Niagara University	Community Based Organizations											
Northwest Community Health Center	Community Based Organizations											
Nysarc Inc., Cattaraugus County Chapter	Community Based Organizations											
P2 Collaborative Of Western New York	Community Based Organizations	✓	✓						✓	✓		
Prevention Focus	Community Based Organizations											
Restoration Society, Inc.	Community Based Organizations											
Southern Tier Healthcare System, Inc	Community Based Organizations											
St. Elizabeth'S Home	Community Based Organizations	✓										
St. Vincent'S Home	Community Based Organizations	✓										
The Mental Health Association In Niagara County, Inc.	Community Based Organizations											
Univera Health Care	Community Based Organizations											

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Western New York Clinical Information Exchange, Inc D/B/A Healthelink	Community Based Organizations	✓										
Western New York Independent Living, Inc.	Community Based Organizations											
Wny United Against Drug & Alcohol Abuse, Inc.	Community Based Organizations	✓								✓		
Wyoming County Mental Health	Community Based Organizations											
Mian Naima	All Other	✓										
Choubmesser Mikhail	All Other	✓										
Betsy Joelle Bodie	All Other	✓					✓					
Diaz Maria Isabel	All Other	✓				✓	✓					
Thomas Todd A Rpa	All Other	✓					✓					
Bela Ajtai	All Other	✓										
Habir Ameneh	All Other	✓										
Dy Grace	All Other	✓					✓					
Mackowiak Susan	All Other	✓	✓	✓		✓	✓		✓			
Qasaymeh Mohammad Mustafa	All Other	✓										
Ouellette Evelyn	All Other	✓				✓	✓		✓			
Ma Wen Wee Md	All Other	✓					✓					
Rudnicki Amy Marie	All Other	✓										
Zafar Jill Ellyn	All Other	✓					✓					
Lundin Lindsay Ann Rpa	All Other											
Cook Sarah Michelle Rpa	All Other	✓	✓	✓		✓	✓		✓			
Deluca Nicole	All Other	✓	✓	✓		✓	✓		✓			
Ahmed Mohamed	All Other	✓										
Melendez Ricardo	All Other	✓		✓		✓	✓		✓			
Hillside Childrens Ctr	All Other											
Seereiter Phillip James Jr	All Other	✓										
Hailey Sean Patrick	All Other	✓		✓			✓		✓			
Wehr Matthew D Md	All Other	✓	✓	✓		✓	✓		✓			
Singhal Pankaj Kumar Md	All Other	✓										
Jarnot Angela Marie	All Other	✓		✓			✓					
Burnhard Valerie Lynn Md	All Other											
Mirshak Monique	All Other	✓										

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Sara Nash	All Other	✓		✓			✓		✓			
Giuseppiha Jean Kenyon Savard	All Other	✓		✓			✓		✓			
Kaufman Corine Sebast	All Other	✓										
Burke Amy J	All Other	✓					✓		✓			
Alhattab Eyad S Md	All Other	✓					✓					
Adjei Alex Asiedu Md	All Other	✓					✓					
Christiano Lori Ann	All Other	✓		✓			✓		✓			
Falvo Mark Anthony Md	All Other	✓										
Fahrbach John Md	All Other	✓										
Adams Timothy Martin Md	All Other	✓										
Gelman-Koessler Lisa Md	All Other	✓										
Bernas Geoffrey Allen Md	All Other	✓										
Kita Joseph Thomas Md	All Other	✓										
Pomakov Ognian Md	All Other	✓										
Yendamuri Saikrishna Md	All Other	✓					✓					
Gavin Julie Md	All Other	✓										
Virtuoso Cristina Ellia	All Other	✓		✓		✓	✓		✓			
Singh Anurag Kishor Md	All Other	✓					✓					
Lana Rosann L Md	All Other	✓										
Bhatia Ashish Md	All Other											
Smith Eileen Rpa	All Other	✓					✓		✓			
Kreppel Susan M Np	All Other	✓										
Cook Sarah A Md	All Other	✓		✓		✓	✓					
Fares Hassen Mohamed	All Other	✓		✓			✓		✓			
Carl Gary Hudson Md	All Other											
Sisters Of Charity Hsp Of Buffalo	All Other	✓										
Silva Gerard Md	All Other	✓					✓					
Johnson Rurik Carnahan Md	All Other	✓										
O'Donnell Patricia Aine Md	All Other	✓					✓		✓			
Morrison Carl D Md	All Other	✓					✓					
Mahoney Elizabeth Laetitia Md	All Other	✓					✓					

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Niagara Homemaker Services Inc	All Other	✓										
Cheng Yijun Md	All Other											
Dvoretsky Philip	All Other	✓										
Klitzke Alan Kenneth Md	All Other	✓					✓					
Pasek Lana Marie Np	All Other	✓	✓				✓		✓			
Gandy Pamela M Np	All Other	✓					✓					
Ross Julie Ann Np	All Other	✓					✓					
Conley Danielle	All Other	✓		✓								
Bagnarello Carola E Md	All Other	✓										
Khushalani Nikhil I Md	All Other	✓					✓					
Khan Irfan Ali Md	All Other	✓										
Printup Elizabeth Np	All Other											
Yosuico Victor Ernesto David Md	All Other											
Biddle Paul	All Other	✓										
Leilabadi Shahriyar A Md	All Other	✓					✓		✓			
Ramsdell Robert James Md	All Other	✓					✓					
Khoury Thaer Md	All Other	✓					✓					
Rovner Alexander V Md	All Other	✓										
Stephen James	All Other	✓		✓		✓	✓		✓			
Stoffman Michael Md	All Other	✓		✓			✓					
Darling Scott Robert Md	All Other	✓										
Murphy Helen C	All Other	✓										
Yi Won S Md	All Other	✓										
Duff Michael Md	All Other	✓										
Carlson Cynthia A	All Other	✓	✓	✓		✓	✓		✓			
Osswald Joan M	All Other	✓	✓	✓		✓	✓		✓			
Jandzinski Dana I Md	All Other	✓										
Williams Emily Fleming Md	All Other	✓										
Burstein Gale R Md	All Other	✓						✓				
Banas Michael Donald Md	All Other	✓										
Huebschmann John Charles Md	All Other	✓										

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Osman Magda Gamal Md	All Other											
Skitzki Joseph J Md	All Other	✓					✓					
May Janet M Rpa	All Other	✓		✓		✓	✓		✓			
Iancu Dan Mhai Md	All Other	✓					✓					
Sabatino Kristine	All Other											
Violante Jude S Dpm	All Other	✓										
Bunch Shannon M Rpa	All Other	✓										
Schapiro Ann E Md	All Other	✓										
Kumar Prasanna Rg Md	All Other	✓					✓					
Cai John Jun Md	All Other	✓										
Ionita Catalina Codruta Md	All Other	✓										
Stevens Kristel A Rpa	All Other											
Muscarella Jennifer M Rpa	All Other											
Nwachukwu Juliette Joy Md	All Other	✓										
Mincarelli Barbara Ann Md	All Other	✓				✓	✓		✓			
Yap Johnny Chun-Ya Md	All Other	✓										
Chautauqua Adc Inc Day	All Other	✓										
Agape Parent Fellowship Day	All Other											
Dolan Dawn M Rpa	All Other	✓					✓		✓			
Fisher Andrea L Rpa	All Other	✓		✓		✓	✓		✓			
Wisnoski Jennifer X	All Other	✓		✓		✓	✓		✓			
Bloom Peter Donal Md	All Other	✓										
Lindstrom Trisha M Np	All Other	✓				✓	✓		✓			
Meltser Henry Mark Md	All Other	✓										
Merzianu Mihai	All Other	✓					✓					
Guru Khurshid A Md	All Other	✓					✓					
Kam Jennifer Md	All Other	✓										
Eckhert Kenneth Harry Iii Md	All Other	✓										
Mcgrath Timothy	All Other	✓										
Barone William David	All Other	✓										
Lacivita Michael D	All Other											

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Perez Brenda L Md	All Other	✓		✓			✓		✓			
Deeb George Md	All Other	✓					✓					
Lajeunesse Suzette Marie Md	All Other											
Prasad Dheerendra Md	All Other	✓					✓					
Edelson Jonathan Md	All Other	✓										
Schrecengost John Edwin Md	All Other	✓										
Erickson Lisa Ann	All Other	✓				✓	✓					
Redlecki Stephanie Lynn	All Other	✓	✓	✓		✓	✓		✓			
Pohlman Amy R Rpa	All Other	✓				✓	✓		✓			
Lauffer Angelina Maria	All Other	✓										
Kastner Kelly A Rpa	All Other	✓		✓		✓	✓		✓			
Fitzgerald John Michael	All Other	✓										
Pizzella Paul Fredric Md	All Other	✓										
Bogner Paul Nikolai Md	All Other	✓					✓					
Robillard Kevin Md	All Other	✓										
Powers Catherine Elaine	All Other	✓	✓	✓		✓	✓		✓			
Diaz-Reyes Gustavo Adolfo Md	All Other											
Koch Eric Joseph Md	All Other	✓										
Wier Stacie L	All Other	✓										
Medico Christina M	All Other											
Brewer Thomas J Md	All Other	✓										
Pfalzer Aaron M Md	All Other											
Vigna Franco E Md	All Other	✓										
Prem Kathryn M	All Other	✓										
Rassman Jeffrey S Rpa	All Other	✓										
Joyce Kelly T Rpa	All Other	✓					✓					
Biersbach Nicole M Rpa	All Other	✓					✓		✓			
Falkner Catherine Marie Md	All Other	✓										
Luisi Andrew Md	All Other											
Mazurczak Matthew J Rpa	All Other	✓										
Rajeswary Jyotsna	All Other											

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Strittmatter Chad Aloysius Md	All Other	✓		✓								
Spadinger Margaret Mary	All Other	✓					✓					
Salerno Kilian E Md	All Other	✓										
Berenji Farid Md	All Other	✓										
Visco Jeffrey John Md	All Other											
Lashbrook Lorie Ann Md	All Other	✓	✓	✓		✓	✓		✓			
White Ryan G Md	All Other	✓										
Zohur Jamal B Md	All Other	✓					✓		✓			
Rainville Michelle E Md	All Other	✓										
Jupudy Venkata R	All Other	✓		✓		✓	✓		✓			
Fincher-Mergi Melissa	All Other	✓				✓	✓		✓			
Sheikh Tariq Aziz Md	All Other	✓		✓			✓		✓			
Almyroudis Nikolaos Md	All Other	✓					✓					
Iyer Renuka Vijay Md	All Other	✓					✓					
Dipizio Anne M	All Other	✓										
Stoeckl Andrew	All Other	✓										
Ritter Christopher Md	All Other	✓										
Reimer Tara Lin Md	All Other	✓		✓								
Thayer Tammy M	All Other											
Pietrantoni Celestino Md	All Other	✓										
Ehrig Debra Lynn Md	All Other	✓		✓								
Roche Charles Lawrence Md	All Other	✓					✓					
Swenson Shirley J	All Other											
Crotzer Brian C Rpa	All Other	✓										
Hare Gregory Berton Md	All Other	✓					✓					
Patterson Daniel John Do	All Other	✓										
Soukiazian Sevak Md	All Other	✓										
Krawczyk Christian M Md	All Other	✓										
Kang Minsoo Md	All Other	✓										
Tomaszewski Garin Michael Md	All Other	✓					✓					
Cheruvu Raja S Md	All Other	✓										

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Ghomi Ali Md	All Other	✓										
Koedel Christie L	All Other	✓										
Chaudhuri Jayanta Md	All Other	✓					✓		✓			
Daniels Debra B	All Other	✓	✓	✓		✓	✓		✓			
Horn Steven Joseph Md	All Other	✓										
Merrill Michael Dean Md	All Other	✓										
Ryan Michael D Rpa	All Other	✓					✓					
Pierce Katherine L	All Other	✓		✓			✓		✓			
Zhang Lixin Md	All Other	✓										
Milliron Heather H	All Other	✓		✓			✓		✓			
Stockmeyer Linda M	All Other	✓										
Roller Jennifer Lynn Md	All Other	✓										
Lane Darla M	All Other	✓		✓		✓	✓		✓			
Hotz Johnna B	All Other	✓				✓	✓		✓			
Tomczak Louise Dolores	All Other											
Lindfield Vivian Leslie Md	All Other	✓										
Geist Tanya S	All Other	✓		✓			✓		✓			
Senf Susan B	All Other	✓		✓		✓	✓		✓			
Tkacik James E Rpa	All Other											
Ciechoski Mary J	All Other	✓										
Lillis Ann F	All Other	✓										
Lucas Stefan Md	All Other	✓					✓					
Aronica Lynn-Marie Md	All Other	✓										
Chatrath Alka Md	All Other	✓										
Sheron Molly	All Other	✓										
Henry Ashraf Fekry Md	All Other	✓										
Roche Robert R Do	All Other	✓		✓		✓	✓		✓			
Forehand Lisa	All Other	✓		✓		✓	✓		✓			
Rowan Carrie Lynn Do	All Other	✓				✓	✓		✓			
Wang Eunice Sue Md	All Other	✓					✓					
Southard Amy L	All Other	✓										

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Schmand Elizabeth A	All Other	✓					✓		✓			
Loehfelm Robyn	All Other	✓										
Stilb Valerie A Rpa	All Other	✓					✓					
Lauricella Karen S	All Other											
Hanna Timothy E	All Other	✓					✓					
Geary William Alfred Md	All Other	✓										
Fisher David M	All Other	✓										
Ehlers Sharon M	All Other	✓				✓	✓		✓			
Domagala Lisa M Rpa	All Other	✓										
Burgio Sara M	All Other	✓		✓		✓	✓		✓			
Baker Karen Margaret Np	All Other	✓		✓			✓					
Mason Paul J	All Other	✓										
Erick Lynda M	All Other	✓					✓		✓			
Our Lady Of Peace Nrs Cr Res	All Other											
Jajkowski Mark R Md	All Other	✓										
Cloud Marsilia Seiwell	All Other	✓										
Levea Charles Michael Md	All Other	✓					✓					
Oo Geemson	All Other	✓					✓		✓			
Baggett Michael Allen Md	All Other	✓										
Palmieri Teresa Marie	All Other	✓					✓					
Hernandez Ilizaliturri F Md	All Other	✓					✓					
Mehboob Shahid Md	All Other	✓										
Szymanski Chad E Do	All Other	✓				✓	✓		✓			
Mohler James Lloyd Md	All Other	✓					✓					
Fraas Jamie M Rpa	All Other	✓					✓					
Wind William Michael Md	All Other	✓										
Li Li Md	All Other	✓					✓					
Gruttaria Tonya Lea	All Other	✓										
Eddib Abeer Md	All Other	✓										
Cosico Felixberto Ison	All Other											
Siskin Sharon H Cnm	All Other	✓										

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Mental Health Serv Se Corp V	All Other	✓				✓						
Amherst Medical Assoc Llp	All Other											
C & S Medical Bldg Inc	All Other	✓					✓		✓			
Southern Tier Peds Prac Pc	All Other											
Finamore Deborah Pope	All Other											
So George Lam Md	All Other	✓				✓	✓					
So Blesilda Sarminento Md	All Other	✓				✓	✓					
Rusinek Laura Jean	All Other	✓					✓					
Wysocki Gary C	All Other	✓	✓	✓		✓	✓		✓			
Phillips Jennifer D Rpa	All Other	✓										
Sauvageau Sandra Jane	All Other	✓					✓		✓			
Gutierrez Karen L	All Other	✓										
Zhao Jia	All Other	✓										
Verrastro Andrea Elizabeth	All Other											
Hamlin Deborah J	All Other	✓										
Demmy Todd L Md	All Other	✓					✓					
Zagrobelny Paula H	All Other	✓		✓		✓	✓		✓			
Dechert-Boss Betsey	All Other	✓		✓		✓	✓		✓			
Smith Elizabeth D Np	All Other	✓										
Kurtz Kathy Anne	All Other	✓										
Wierzbowski Corry L	All Other	✓		✓		✓	✓		✓			
Maciolek Deborah A Rpa	All Other	✓										
Whistler Mary P Np	All Other	✓				✓	✓		✓			
Roland Todd A Rpa	All Other											
Osgood Nancy I	All Other	✓										
Sheppard Mary T	All Other	✓										
Park Jeffrey M	All Other											
Hodkin Steven H	All Other	✓										
Carbone Theresa Jean	All Other	✓					✓					
Abdelhalim Ahmed N	All Other	✓					✓					
Laplante Brian Patrick Rpa	All Other	✓										

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Champlin Patricia Joan	All Other	✓					✓		✓			
Kris Ziegler	All Other	✓										
Stonemetz Diane	All Other	✓										
Lichtenthal Michelle D	All Other	✓					✓					
Smith Jennifer A	All Other	✓										
Sullivan Brian P Rpa	All Other	✓					✓					
Alt Ilene H	All Other	✓										
Levandusky Emily A	All Other	✓										
Baetzhold Karen G	All Other	✓										
Warner Michelle G	All Other	✓		✓		✓	✓		✓			
Iacovitti Patricia A	All Other	✓										
Parsons David W	All Other	✓										
Peterson Jacquelyn R Rpa	All Other	✓	✓	✓		✓	✓		✓			
Chitester Chad T	All Other	✓	✓	✓		✓	✓		✓			
Robinson Barbara J	All Other	✓				✓	✓		✓			
Knight Timothy C	All Other	✓					✓					
Stansberry Andrew J	All Other	✓					✓					
Furlani Karen	All Other	✓					✓					
Pawlowski David Anthony Md	All Other	✓					✓		✓			
Mireles Beth Helene	All Other	✓										
Kane John Md	All Other	✓					✓					
Hassenfratz Jay Thomas Dpm	All Other	✓		✓		✓	✓		✓			
Block Sandra A Md	All Other											
Oconnor Tracey	All Other	✓					✓		✓			
Ostempowski Michael James Md	All Other	✓										
Starostik Petr Md	All Other	✓					✓					
Wnek Amy Lynn Md	All Other	✓		✓		✓	✓					
Ludwig Michael F	All Other	✓	✓	✓		✓	✓		✓			
Carter John M Md	All Other	✓										
Serra David Joseph Md	All Other	✓										
Nylander Emmekunla Karen Md	All Other	✓										

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Dexter Elizabeth Md	All Other	✓					✓					
Dudziak Daniel G Rpa	All Other	✓										
Montesanti David Paul Md	All Other	✓										
Mulawka John	All Other											
Dunham Lynn Marie Md	All Other	✓				✓	✓		✓			
Posluszny Marylou Christine	All Other	✓										
Kuvshinoff Boris W Md	All Other	✓					✓					
Janes Peter T Md	All Other	✓										
Fanos Kathleen H Md	All Other	✓				✓	✓		✓			
Brown Jennifer Md	All Other	✓										
Khan Mohammad Asghar Md	All Other	✓										
Bowman Lori Anne Md	All Other	✓		✓								
Dyson Kathleen Marie Md	All Other	✓		✓								
Zhou Young	All Other	✓										
Snell-Garus Karen Angela Md	All Other	✓										
Wen Hongyu	All Other											
Mamnoon Sameer Shamoon Md	All Other	✓		✓			✓		✓			
Orszulak Todd Matthew Md	All Other	✓		✓		✓	✓		✓			
Karaszewski Brian	All Other	✓		✓			✓		✓			
Kane Michael Paul Md	All Other	✓		✓		✓	✓		✓			
Robillard Kristen Schenk Md	All Other	✓		✓		✓	✓		✓			
Ferrucci Kim M	All Other	✓					✓					
Kaplan Leonard Do	All Other	✓										
Pieczonka Sheila M Md	All Other	✓										
Usen Joshua Michael Do	All Other	✓					✓		✓			
Fetterman Charles Jason Md	All Other	✓										
Halsdorfer Andrew W Md	All Other											
Sam Randall B Np	All Other	✓				✓	✓					
Mcclintick Elizabeth A Md	All Other	✓					✓					
Alam Hyder Md	All Other	✓				✓	✓		✓			
Carlson Russell E Md	All Other	✓										

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Szarzanowicz Thaddeus E Md	All Other	✓										
Smaldino James	All Other											
Horizon Health Services Mh	All Other	✓				✓						
Urgo James Ronald	All Other	✓		✓			✓		✓			
Tick Robert Carl Md	All Other	✓					✓					
Abbasi Israr A Md	All Other											
Turaif Najat Abdulaziz	All Other	✓										
Khawar Sarwat Md	All Other	✓		✓		✓	✓		✓			
Trock Daniel Md	All Other	✓					✓		✓			
Dombrowski Jacqueline Md	All Other											
Bukhari Syed Majid Ali S.Md	All Other	✓										
Lda Of Wny Smp	All Other											
Wittman-Klein Sharon Ruth Rpa	All Other	✓										
Springer Christopher R Md	All Other	✓										
Przygodzki Jerzy Md	All Other	✓				✓	✓		✓			
Jain Rajiv K Md	All Other	✓				✓	✓		✓			
Green Dawn J Rpa	All Other	✓					✓					
Jung Ichabod S F	All Other	✓										
Blessios George Md	All Other	✓										
Schenk Thomas Edgar Md	All Other	✓		✓								
Chang Matthew S Md	All Other	✓				✓	✓					
Pierce Natalie Nicole Pa	All Other	✓	✓	✓		✓	✓		✓			
Catholic Charities Of Wny Mh	All Other	✓	✓			✓		✓				
Pusatier Michael Frank Md	All Other											
Odunsi Adekunle Md	All Other	✓					✓					
Sauvageau Philip	All Other	✓		✓			✓		✓			
Zorich Daniel Wayne Md	All Other											
Herle Aravind Md	All Other	✓										
Rauh Michael Alfred Md	All Other	✓										
Pollina John Md	All Other											
Romano Karen Suzanne	All Other	✓					✓					

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Mid Erie Mental Health Svc	All Other	✓				✓				✓		
Lovrincevic Mirjana Md	All Other	✓					✓					
Parentis Michael A Md	All Other	✓										
Krabak Michael J Md	All Other	✓										
Burns Charles Walter	All Other	✓		✓			✓		✓			
Wang Gary Md	All Other	✓										
Boneberg Anna Maria	All Other	✓										
Medina Rafael Md	All Other	✓										
Mendonza Lisa Marie Md	All Other	✓		✓			✓		✓			
Pagliuca Theresa Md	All Other											
Meyer Michael A Md	All Other	✓										
Kavcic John M Md	All Other	✓		✓		✓	✓		✓			
Genewick Tiffany B Md	All Other	✓										
Lee Frank M Md	All Other	✓										
Daye Lisa Ann Md	All Other	✓										
Vakante-Jankovic Diana Md	All Other	✓		✓		✓	✓		✓			
Jereva-Simeonova Maria S Md	All Other	✓					✓		✓			
Meyer Jennifer Rpa	All Other	✓					✓					
Sikorski Marcus	All Other	✓					✓					
Williams Joanne E Rpa	All Other	✓										
Singh Ashok Md	All Other	✓					✓		✓			
Popat Saurin Rajnikant Md	All Other	✓							✓			
Oberkircher Adam Pa	All Other	✓					✓					
Larkin Karen P	All Other	✓					✓					
Cholewinski Scott Md	All Other	✓										
Doyle Lynn Marie	All Other	✓					✓					
Litwin Alan Md	All Other	✓					✓					
Vejendla Umamaheswara Rao	All Other	✓					✓		✓			
Stefanick Barbara	All Other	✓										
Slate Donald Michael Ii Md	All Other	✓										
Rykert-Wolf Mary Md	All Other	✓		✓			✓		✓			

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Paterson Paul D Md	All Other	✓										
Hanavan John D	All Other	✓										
Gais Dawn Alexandra Md	All Other											
Becker Joanne Md	All Other	✓					✓					
Polataiko Nadezhda E Md	All Other	✓	✓	✓		✓	✓		✓			
Cah Aspire Of Wny Inc	All Other											
Vargo Edward Richard Jr Rpa	All Other	✓										
Chadha Sunita Md	All Other	✓										
Mclaughlin Kathleen B Rpa	All Other	✓					✓					
Nwogu Chukwumere	All Other	✓					✓					
Kuettel Michael	All Other	✓					✓					
Prise Kimberly	All Other	✓		✓								
Rahman Qamrunnisa Md	All Other	✓	✓	✓		✓	✓		✓			
Tota-Thurn Catherine Do	All Other	✓		✓		✓	✓		✓			
Anain Paul Michael Md	All Other	✓										
Maheshwari Yogesh Md	All Other	✓										
Brown Timothy Chauncey Md	All Other	✓				✓	✓					
Pazik Elaine Marie	All Other	✓										
Gurtoo Lalit Md	All Other	✓					✓					
Szulewski Celestine	All Other	✓										
Smith Mary M	All Other											
Mccarthy Kathleen M	All Other	✓		✓		✓	✓		✓			
Walker Elena Koutsoumpas	All Other											
Korach A Sinia	All Other	✓		✓		✓	✓		✓			
Hatem Christine Diane	All Other	✓		✓		✓	✓		✓			
Franze Donalyn	All Other	✓				✓	✓		✓			
Bromberg Margaret Ann	All Other											
Fineberg Marc Steven Md	All Other	✓										
Cah Heritage Christian Servic	All Other											
Selioutski Alexander	All Other	✓	✓	✓		✓	✓		✓			
Segal Brahm	All Other	✓					✓					

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Piwko Frederick Joseph Md	All Other	✓					✓		✓			
O'Donnell Katherine Anne Md	All Other	✓										
Kowalski Joseph Martin	All Other	✓										
Hughes Thomas Francis	All Other	✓					✓		✓			
Brown Christina Marie Md	All Other	✓				✓	✓		✓			
Santiano Jesus A T Md	All Other	✓										
Castiglia Gregory J Md	All Other	✓										
Schumer Mary Louise	All Other	✓										
Venkatedwara Rao Kolli	All Other											
Wegman Theresa M Md	All Other	✓										
Andaya Maria R P Md	All Other	✓					✓		✓			
Tonger Connie Jo	All Other											
Miller Linda Marie	All Other											
Winterburn Karen Elizabeth	All Other	✓						✓				
Gasiewicz Steve C Md	All Other	✓										
Vogt Donna Marie	All Other	✓										
Kumar Yellamraju R Md	All Other	✓		✓		✓	✓		✓			
Gupta Alok Deep Md	All Other											
Soniwala Saifuddin Md	All Other	✓										
Siaw Patrick A Md	All Other											
Updike Paul Frederick Md	All Other	✓		✓		✓			✓			
Warner Andrew W Md	All Other	✓		✓		✓	✓		✓			
Phillips Emilia	All Other											
Felstead R	All Other	✓		✓		✓	✓		✓			
Romanowski Marcus Richard Md	All Other	✓										
Kowalski David	All Other											
Caparaso Darren M Md	All Other	✓		✓		✓	✓		✓			
Dibella Michael David P Md	All Other	✓					✓		✓			
O'Neil Mary Margaret Md	All Other	✓										
Fadel Mary Ellen	All Other	✓										
Pesono Sharon Lynn	All Other											

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Murawski Susan	All Other	✓	✓	✓		✓	✓		✓			
Matala-Sullivan Maria E Do	All Other	✓		✓		✓	✓		✓			
Littler Susan J Md	All Other	✓										
Rosati Andrea M	All Other	✓										
Ehlenfield Daryl R Md	All Other	✓										
Williams Robert W Md	All Other											
Polcaro Joseph Md	All Other	✓										
Capaccio David	All Other	✓										
Harbison Andrew	All Other	✓		✓		✓	✓		✓			
Gurevich Leonard Md	All Other											
Hendricks Orville Ingo Md	All Other	✓		✓		✓	✓		✓			
Deperio Jose	All Other	✓					✓		✓			
Schlehr Frank	All Other	✓										
Callahan John	All Other	✓										
Errick Janice	All Other	✓										
Palumbo Vito	All Other	✓		✓		✓	✓		✓			
Wang Gloria Md	All Other	✓	✓	✓		✓	✓		✓			
Ruh Richard	All Other	✓				✓	✓		✓			
Zittel Molly	All Other	✓					✓		✓			
Mazariegos Juan	All Other	✓										
Erickson Jennifer	All Other	✓		✓		✓	✓		✓			
Roehmholdt John	All Other	✓										
Kelly Mary	All Other	✓		✓			✓		✓			
Krol Lawrence Charles Md	All Other											
Meade Paul	All Other	✓										
Scamurra David	All Other	✓										
Vastola Cary	All Other	✓		✓		✓	✓		✓			
Chopra Usha	All Other	✓										
Gabryel Timothy F	All Other	✓		✓			✓		✓			
Shaikh Arooj	All Other	✓										
Dzik Darlene Ann Md	All Other	✓		✓								

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Ibabao Jairus T Md	All Other											
Luther Prama	All Other	✓					✓		✓			
Bonaccio Ermelinda	All Other	✓					✓					
Mahoney Martin Christopher Md	All Other	✓					✓					
Ferguson Shawn P Md	All Other	✓										
Kessler Richard A Md	All Other	✓										
Persia Albert J Md	All Other	✓	✓	✓		✓	✓		✓			
Mcmahon Kevin C Md	All Other	✓		✓		✓	✓		✓			
Hickox Douglas James	All Other	✓										
Francis Lynda	All Other	✓		✓			✓		✓			
Haq Nadeem Ul Md	All Other	✓										
Jacobi-Rodriguez Deborah Ann	All Other											
Ostrowski Philip Martin	All Other	✓		✓		✓	✓		✓			
Campbell Heidi Ann	All Other											
Pervez Yasmin Md	All Other	✓					✓		✓			
Klementowski Marc Kenneth Md	All Other	✓										
Mohr Alice Marie	All Other	✓					✓					
Poynton Frederick G Md	All Other	✓										
Degrave Thomas Do	All Other	✓		✓		✓	✓		✓			
Husain Syed Sajid Md	All Other	✓										
Lawton David A Jr Md	All Other	✓		✓		✓	✓		✓			
Erickson Robert J Do	All Other	✓		✓		✓	✓		✓			
Cotton Shawn E Md	All Other	✓		✓		✓	✓		✓			
Alberico Ronald A Md	All Other	✓					✓					
Pechenik Boris Md	All Other	✓					✓					
Chugh Dennis Brian	All Other	✓										
Gellman Wendy I	All Other	✓		✓								
Wells Gastroenterology Llp	All Other	✓										
Sheriff Fuad Habib Md	All Other	✓		✓			✓		✓			
Palma Alessandra Mulle Md	All Other	✓										
Cromwell Nicholas L Md	All Other	✓										

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Gadawski Robert John Md	All Other											
Smith Roger M Md	All Other	✓					✓					
Cosgrove Edward Joseph Md	All Other	✓										
Hourihane John Maurice Md	All Other	✓										
Overholt Jayne Claire	All Other	✓										
Davis Judine C	All Other	✓										
Allen Nancy Ann Md	All Other	✓						✓				
Mount St Mary Hsp Hlth Ctr	All Other	✓	✓	✓								
Sanfilippo Diane Marie Md	All Other	✓										
Romanowski Cindy R Md	All Other	✓										
Winnicki Michael S Md	All Other											
Chazen Mark David Md	All Other	✓										
Wesolowski Judy A Md	All Other	✓										
Avino David Md	All Other	✓										
Ricottone Anthony R Md	All Other	✓										
Rockwell Bruce H Md	All Other											
Capote Horacio A Md	All Other	✓										
O'Mara Thomas Ervin Md	All Other	✓					✓					
Lapoint Paul Justin Md	All Other	✓										
Lee-Kwen Peterkin Md	All Other	✓										
Rabice Michael D Md	All Other	✓										
Grace Timothy J	All Other	✓					✓		✓			
Miqdadi Jehad Ahmad Md	All Other											
Miner Loretta Butterfield	All Other	✓					✓					
Hall John David Md	All Other	✓					✓		✓			
Stube Keith Charles Md	All Other											
Sauret John Md	All Other	✓		✓			✓		✓			
Kerney Angel L	All Other											
Mucciarella Rosalba Md	All Other	✓					✓		✓			
Flaherty Leayn Terese	All Other	✓					✓					
Campion Virginia Bianka Md	All Other	✓				✓	✓		✓			

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Rodes Alfredo Maula Md	All Other	✓		✓		✓	✓		✓			
Mitchell Michael Joseph Md	All Other	✓										
Lall Shashi Md	All Other	✓					✓		✓			
Khan Tariq Mahmood	All Other	✓				✓	✓					
Ferguson Michael Scott	All Other	✓										
Carlson David E	All Other											
Constantine Jeffrey C Obgyn P	All Other	✓										
Gritters Lyndon Scott Md	All Other											
Campion James Patterson Md	All Other	✓				✓	✓					
Bartolone Christopher J Md	All Other	✓										
Shafik Ihab Mahmoud Md	All Other	✓					✓		✓			
Piotrowski Edward Stanley Md	All Other	✓					✓					
Cleary Kevin G Md	All Other											
Corigliano Joseph Francis Md	All Other											
Nichols David P Md Pc	All Other	✓										
Mccarthy Philip Louis Jr Md	All Other	✓					✓					
Pell Michael Anthony Md	All Other	✓										
Guterman Lee Rand Md	All Other	✓										
Adrian Peter G Md	All Other	✓										
Watt Courtenay C Md	All Other	✓										
Dzik John Alexander Md	All Other	✓		✓								
Frost Marc Steven Md	All Other	✓										
Newman Jay L Md	All Other	✓										
Cavalieri Morris Maurizio Md	All Other	✓		✓			✓		✓			
Addagatla Sujatha Md	All Other	✓										
Albrecht Friedrich Joachim Md	All Other	✓										
Piscatelli James J Md	All Other											
Landi Michael K Md	All Other	✓		✓			✓					
Shah Dhiren K Md	All Other	✓										
Kansal Sarita Md	All Other	✓		✓		✓	✓		✓			
Ahuja Sanjeev K Md	All Other	✓		✓		✓	✓		✓			

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Brown Lloyd W Md	All Other	✓										
Dara Tanvir Muhammad Md	All Other	✓					✓		✓			
Domondon Fernando B Jr Md	All Other	✓										
Fayyaz Mohammad Md	All Other											
Krutchick Karen Lyn Md	All Other	✓										
Cheney Richard T Md	All Other	✓					✓					
Kalra Tejinder Md	All Other	✓					✓		✓			
Helm Thomas N Md	All Other											
Marino Michael B Md	All Other	✓					✓					
Chan-Lam Patrick D Md	All Other	✓										
Tallett John R Md	All Other											
Clifford David S Md	All Other	✓		✓		✓	✓		✓			
Lamonica Dominick	All Other	✓					✓					
Kim Chee Hoon Md	All Other											
Sy Claude Go Md	All Other	✓		✓		✓	✓		✓			
Novotny Margaret Md	All Other	✓										
Roth Carl Do	All Other	✓				✓	✓		✓			
Ram Raghu	All Other	✓		✓		✓	✓		✓			
Spinaris Toni M Do	All Other	✓										
Loud Peter Alden Md	All Other	✓					✓					
Bruno Jr August Andrew Md	All Other											
Trubish Dorothy Lukawski	All Other											
Beach Amy Rebecca	All Other	✓				✓	✓					
Meagher Brian D Md	All Other											
Samadi Dilara E Md	All Other											
Patel Malti Jairam Md	All Other	✓										
Skomra Christopher J Md	All Other	✓										
Steinig Jeffrey Paul Md	All Other	✓										
Joy-Pardi Judyann V Md	All Other	✓										
Siedlecki Andrew Joseph Md	All Other	✓										
Mh Svc Erie Northwest Cor-Scm	All Other											

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Fenstermaker Robert Md	All Other	✓					✓					
Botsoglou Nikolaos K Md	All Other	✓		✓			✓		✓			
Rados Philip J Md	All Other	✓	✓	✓		✓	✓		✓			
Singh Sonjoy Md	All Other	✓					✓		✓			
Raphael Sami Abdel Sayed Md	All Other	✓		✓			✓		✓			
Martinke David John Do	All Other	✓		✓		✓	✓		✓			
Abialmouna Jihad Hassan Md	All Other	✓		✓		✓	✓		✓			
Talhouk Akram S Md	All Other											
Hage Douglas David Md	All Other	✓										
Reubens Harold Vernon Md	All Other	✓					✓		✓			
Northrup Carol Elizabeth	All Other											
Licata Michael Md	All Other	✓										
Stephan William H Md	All Other	✓		✓			✓		✓			
Conti Robert Ross Md	All Other											
Heritage Pk Hcc Snf	All Other											
Heritage Green Hcc Snf	All Other											
Zuccala Scott Jeffrey Do	All Other	✓										
Walter Peter J Md	All Other	✓										
Wetzler Meir Md	All Other	✓					✓					
Hoffman Lisa B Md	All Other	✓		✓		✓	✓		✓			
Oconnor Gale Lauren Md	All Other	✓					✓		✓			
Gilbert Richard N Jr Md	All Other	✓										
Dougherty David R Do	All Other											
Sutter Diane J Md	All Other	✓										
Bauer Ronald L Md	All Other	✓										
Arora Satish K Md	All Other	✓		✓			✓		✓			
Father Baker Manor	All Other	✓										
Chevli K Kent Md	All Other	✓										
Pinski John Valentine Md	All Other	✓										
Rabadi Nashat H Md	All Other											
Smith Thomas P Jr Md	All Other	✓										

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Jane D Kraft Md Pllc	All Other	✓										
Summers Thomas A Md	All Other	✓										
Goodman Gail R Md	All Other	✓		✓		✓	✓					
Pivarunas Anthony R Do	All Other	✓										
Arnal Frank Md	All Other	✓				✓	✓					
Worrell Sarah G K	All Other	✓										
Moreland Douglas B Md Pc	All Other	✓										
Chase Wendy K	All Other	✓	✓	✓		✓	✓		✓			
Clutterbuck Elaine L	All Other	✓										
Manzoor Shaikh A Md	All Other	✓										
Yarussi Anthony T Md	All Other	✓					✓					
Suddaby Loubert S Md	All Other	✓										
Heidelberger Edwin Md	All Other	✓					✓		✓			
Hong Michael Joseph	All Other	✓										
Laskowski Stephen M Md	All Other											
Hodge Robert Wayne Md	All Other	✓										
Cannone Dominick Md	All Other	✓				✓	✓					
Mcgrath Brian E Md	All Other	✓										
Kelly James Joseph Do	All Other	✓										
Perez Brache Jose G Md	All Other	✓										
De Leon Casasola Oscar A Md	All Other	✓					✓					
Herman Steven Md	All Other											
Gregoritch Steven J Md	All Other	✓										
Czuczman Myron S Md	All Other	✓					✓					
Hicks Wesley L Jr Md	All Other	✓					✓					
O'Leary Kathleen A Md	All Other	✓					✓					
Cappuccino Helen Hess Md	All Other	✓					✓					
Margaret A Stutzman A T C	All Other											
Freundel Anthony D Md	All Other	✓										
Stern Gary R Md	All Other	✓					✓					
Bhayana Ranjan Md	All Other											

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Greco Joseph M Md	All Other	✓										
O'Donnell John L Md	All Other	✓										
Landis Andrew J Md	All Other	✓				✓	✓		✓			
Spangenthal Edward J Md	All Other	✓					✓					
Lauria Philip G Md	All Other	✓										
Samra Avtar Singh	All Other	✓	✓	✓		✓	✓		✓			
Hogan Harriette F	All Other	✓		✓								
Smith Brian Gary Md	All Other	✓										
Shin Kyu H Md	All Other	✓										
Kitchen Timothy M Md	All Other	✓	✓	✓		✓	✓		✓			
Baumann Louis R Md	All Other	✓										
Kopp Christopher F Md	All Other	✓										
Naples Nicholas Do	All Other	✓										
Turkiewicz Mary Louise Md	All Other	✓										
Chandan Komal Md	All Other											
Asirwatham John Edwin Md	All Other	✓										
Ward John P Do	All Other	✓		✓		✓	✓		✓			
Anillo Sergio J Md	All Other	✓					✓					
Casey Martin A Md	All Other	✓		✓		✓	✓		✓			
Mueller Rudolph J Md	All Other	✓	✓	✓		✓	✓					
Mueller Diane L Md	All Other	✓	✓	✓		✓	✓		✓			
Peters Nancy J Md	All Other	✓		✓		✓	✓		✓			
Southard Eric R Md	All Other	✓		✓			✓		✓			
Zeid Mohamed Y Md	All Other	✓										
Penn Howard Aron Dpm	All Other	✓										
Haddad George Anis Md	All Other	✓		✓			✓		✓			
Deon Lisette Anne	All Other	✓		✓			✓		✓			
Tuccio Mark J Dpm	All Other											
Lin Gracie Min Mei Md	All Other	✓					✓		✓			
Weissman Mark A Md	All Other	✓										
Albert Michael S Md	All Other	✓										

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Shah Siddhartha S Md	All Other	✓										
Mas Eddie Md	All Other	✓										
Harris Hill Nursing Facility	All Other											
Roman Antonio Md	All Other	✓				✓	✓					
Grisanti Joseph Md	All Other	✓										
Varavenkataraman Raghupathy M	All Other	✓		✓		✓	✓		✓			
Gullickson Donald E Do	All Other	✓		✓		✓	✓		✓			
Lawler Jack R Md	All Other	✓										
Slough James Alan Md	All Other	✓										
Bishop Gerald Jay Md	All Other	✓				✓	✓		✓			
Hanson Kristine G Np	All Other											
Oconnor Terence P Md	All Other	✓		✓			✓		✓			
Fitzgerald James B Md	All Other	✓										
Mcgoldrick Dennis M	All Other	✓		✓		✓	✓		✓			
Leone John A Do	All Other	✓		✓		✓	✓		✓			
Schiele Kathleen	All Other	✓		✓		✓	✓		✓			
Hunt Roderic Tracy	All Other	✓	✓	✓		✓	✓		✓			
Westner Thomas G Md	All Other	✓										
Coggiola Peter A	All Other	✓										
Ostrum Arthur George Jr Do	All Other	✓										
Steinwachs Theodore M Rpa	All Other											
Rew James Paul	All Other	✓										
Cromwell Brian Md	All Other	✓										
Panzarella James John Do	All Other	✓					✓		✓			
Vijaykumar Rekha Md	All Other	✓					✓					
Schratz Jeffrey John Md	All Other	✓										
Flynn William J Jr Md	All Other											
Golden Grant S Md	All Other	✓										
Toms Bill R Md	All Other	✓				✓	✓		✓			
Anain Joseph Marcel Jr Dpm	All Other	✓										
Davis Elizabeth Md	All Other	✓		✓								

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Hajduczok Zina D Md Pc	All Other	✓										
Rusnak Joseph G Md	All Other	✓										
Kuehnling William Robert Md	All Other											
Schueler William C Do	All Other	✓		✓		✓	✓		✓			
Muntz Jon Alan Md	All Other											
Smolinski Robert J Md	All Other	✓										
Kaye Robert David Md	All Other	✓					✓					
Garson David S Md	All Other	✓										
Wood Michael W Md	All Other	✓										
Lampasso James G Md	All Other	✓										
Neu Jeffrey R Md	All Other	✓										
Bartholomew Anthony O Md	All Other	✓				✓	✓		✓			
Carlson Richard A Jr Md	All Other	✓				✓	✓		✓			
Podlas Mark Robert Md	All Other	✓										
Merletti Theodore F Dpm	All Other											
Wacker Timothy R Md	All Other	✓										
Soh Andrew Young Hoon Md	All Other	✓										
Johnson Andrea Marie Md	All Other	✓	✓	✓		✓	✓		✓			
Dyster Timothy G Md	All Other	✓										
Ferin Peter Md	All Other	✓										
Zielinski Robert M Md	All Other											
Plunkett Robert J Jr Md	All Other											
Khalil Moneer Md	All Other											
Stouter Barbara S	All Other	✓										
Mcdonell Mary Jo Md	All Other											
Wolf David Mark Md	All Other	✓										
Burruano James C Dpm	All Other	✓										
Joyce Gerald Md	All Other	✓										
Fosket Claudia Md	All Other	✓										
Vasiliadis George C Dpm	All Other	✓										
Rothman Ilene L Md	All Other	✓					✓					

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Moy Owen James Md	All Other	✓										
Lieber Kent Alex Md	All Other	✓	✓	✓		✓	✓		✓			
Vetrano Anthony T Md	All Other	✓										
Rueda Benjamin G Md	All Other	✓										
Todoro Carmen M Md	All Other	✓										
Semashko Denise Carol Md	All Other											
Rasmusson Timothy R Md	All Other	✓										
Rehman Fazalur C Md	All Other	✓										
Hakim Shabbir Z Md	All Other	✓										
Przybyla Kevin P Do	All Other											
Lema Mark J Md	All Other	✓					✓					
Levine Ellis G Md	All Other	✓					✓					
Nava Hector R Md	All Other	✓					✓					
Hurley John P Dpm	All Other	✓										
Buffalo Beacon Corp	All Other	✓				✓						
Gugino Lawrence J Md	All Other	✓										
Kaplan Richard D Md	All Other	✓										
Abdel-Nabi Hani H Md	All Other	✓										
Diaz Ordaz Albert Jose Luis	All Other	✓										
Wopperer Paul Md	All Other	✓										
Gelormini Joseph L Md	All Other	✓										
Grisanti Michael W Md Pc	All Other	✓										
Bastible Deirdre Mary Md	All Other	✓		✓		✓	✓		✓			
Mylotte Joseph M Md	All Other	✓										
Haar Michael Samuel Md	All Other	✓							✓			
Ruotsi Lee Charles Md	All Other	✓										
Chaskes Michael J Md	All Other	✓					✓					
Guth Kenneth J Md	All Other	✓		✓			✓		✓			
Whalen Guy M Md	All Other	✓		✓		✓	✓		✓			
Sansano Michael Jr Md	All Other	✓										
Sayegh Magdi E Md	All Other	✓										

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Hamburg Pediatrics Pc	All Other	✓										
Mechtler Laszlo L Md	All Other	✓										
Murak Daniel J Md	All Other	✓		✓		✓	✓		✓			
Leddy John J Md	All Other	✓										
Baker Victory Services Icf	All Other	✓				✓						
Baker Victory Services Icf	All Other	✓				✓						
Simmons Edward Donald Md	All Other											
Hong Frederick Md	All Other	✓										
Lakomy Steve Md	All Other	✓										
Lele Shashikant B Md	All Other	✓					✓					
Lewis Paul Jeffrey Md	All Other	✓										
Shafi Mohamad Md	All Other	✓					✓		✓			
Sirianni Samuel Rangatore Md	All Other	✓					✓		✓			
Laurri Frank Robert Md	All Other	✓					✓		✓			
Gomez Suescun Jorge A Md	All Other	✓					✓					
Hcr	All Other											
Baker Hall,Inc	All Other	✓				✓						
Mcdonnell Margaret Philomena	All Other	✓										
Maclean Craig K Md	All Other	✓		✓			✓		✓			
Antalek Matthew Md	All Other	✓										
Hartman David A Md	All Other	✓		✓			✓		✓			
Brecher Martin Md	All Other	✓					✓					
Lippes Howard A Md	All Other	✓										
Barnes Steven Edmund	All Other	✓				✓	✓		✓			
Perfetto Carlo Michael Md	All Other	✓										
Neufeld Robert J Md Pc	All Other	✓										
Pfalzer David Frank Md	All Other	✓		✓			✓		✓			
Alvarez Carmen Adriana Md	All Other	✓					✓		✓			
Rand Lawrence G Md	All Other	✓										
Fischbeck Susan Md	All Other	✓		✓								
Gelfer Alexander Boris Md	All Other	✓										

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Mcauley-Seton Home Care Corp.	All Other	✓										
Mcadam Frederick B Md	All Other	✓										
Murray Kenneth Robert Md	All Other	✓										
Hatton Elizabeth R Md	All Other											
Leberer Joseph P Md	All Other											
Wadhwa Arvind K Md	All Other	✓		✓			✓		✓			
Oneil David C Md Phd	All Other	✓					✓		✓			
Nelson Gary Robert Md	All Other	✓					✓		✓			
Gianfagna Robert Anthony Md	All Other	✓										
Hocko Michael Md	All Other	✓										
Sheth Ashwina Gaurang Md	All Other	✓										
Sobie Stephen R Md	All Other											
Kansal Narendra Md	All Other	✓										
Martin Raquel Gertrud Md	All Other	✓										
Glover Robert Franklin Jr Md	All Other	✓					✓					
Herman Steven Peter Md	All Other	✓		✓		✓	✓		✓			
Kasnicki Laurie Md	All Other	✓										
Stidham Lynda Margaret Md	All Other	✓		✓								
Conway James T Md	All Other											
Cohen Ian Laurence Md	All Other	✓					✓					
Rosa Coplon Jewish H&I Lthhcp	All Other											
Weiss Steven D Md	All Other	✓										
Connor Erika H	All Other	✓					✓		✓			
Stephenson Grant W	All Other	✓					✓		✓			
Geraci Michael Charles Jr Md	All Other	✓										
Martinez Carlos L Md	All Other	✓										
Butler Michael P Dpm	All Other	✓										
Shields Peter E Md	All Other	✓										
Krahn Wolf-Dieter Md	All Other	✓	✓	✓		✓	✓		✓			
Sheridan Manor	All Other											
Gorman Timothy Alan Md	All Other	✓	✓	✓		✓	✓		✓			

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Koritz Sara Md	All Other	✓										
Alvarez Perez Julio A Md	All Other	✓										
Aliotta Philip Joseph Md	All Other	✓										
Ellis Nitza F Md	All Other	✓		✓								
Wild James E Md	All Other	✓					✓		✓			
Maddi Joseph L Md	All Other	✓										
Komin Maria J	All Other	✓					✓		✓			
Niles Charles Ross Md	All Other											
Powalski Robert John Jr Md	All Other	✓										
Hansen Robbin H Md	All Other	✓		✓								
Barlog Kevin J Md	All Other	✓										
Koleini Jahangir Md	All Other	✓		✓			✓		✓			
Kaushal Ashok Md	All Other	✓										
Keating Daniel B	All Other	✓										
Santos Carlos Md	All Other	✓						✓				
Rycyna James L Md	All Other	✓										
Schaefer Daniel P Md	All Other											
Cardone Linda Ann Md	All Other	✓		✓								
Bojedla Rama Md	All Other	✓					✓		✓			
Wheeler Dale Robert Md	All Other	✓										
Lana Steven Joseph Md	All Other	✓		✓								
Kaul Tej N Md	All Other											
Shehata Nady Md	All Other	✓		✓		✓	✓		✓			
Jain Naresh K Md	All Other	✓										
Hospice Buffalo Inc	All Other	✓							✓			
Wopperer James Michael Md	All Other	✓										
Nasca Joseph Michael Dpm	All Other	✓										
Northpointe Council, Inc	All Other	✓				✓				✓		
Bojedla Vijay K	All Other	✓					✓		✓			
Mazepa Erzsebet Aniko	All Other	✓		✓			✓		✓			
Marzinek Gil Zdzislaw Md	All Other											

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Klieger Peter S Md	All Other	✓					✓					
Haque Shehla Md	All Other	✓										
Rodgers Bruce D Md	All Other	✓										
Sickels Eric Md	All Other	✓										
Adornetto Gregory J Dpm	All Other	✓										
Sfeir Norman John Md	All Other	✓										
Morris William Md	All Other											
Kalmuk Eugene J Md Pc	All Other	✓					✓		✓			
Ulatowski Jerome J Ii	All Other											
Bezbatchenko Mark Md	All Other	✓		✓								
Becker Steven B Md	All Other	✓		✓		✓	✓		✓			
Welliver Josephine R	All Other	✓										
Terranova Michael David Md	All Other	✓										
Stone Steven Md	All Other	✓		✓			✓		✓			
Parikh Parmanand K Md	All Other	✓										
Bevilacqua David S Md	All Other	✓										
Yannios Thomas S Md	All Other	✓					✓		✓			
Pietrusik Michael Joseph Dpm	All Other											
Pietrak Stanley James Md	All Other	✓										
Marchetti David L Md	All Other	✓										
Czyrny James J Md	All Other	✓										
Bax Joseph A Md	All Other	✓										
Scrivani Stephen P Md	All Other	✓					✓		✓			
Calabrese Michael D Md Pc	All Other											
Nasca Paul C Dpm	All Other	✓										
Twist James F Md Pc	All Other	✓										
Baker Trudy R Md	All Other	✓										
Bartels Edward Kelly Md	All Other	✓										
Mc Gravey Vincent Joseph Md	All Other	✓		✓								
Andres Jerome Collins Md	All Other	✓					✓		✓			
Shanbhag Vilasini M Md	All Other	✓										

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Lee Jeon Hoo Md	All Other	✓										
Ruggiero Samuel F Dpm	All Other	✓										
Sullivan Philip R Md	All Other	✓										
Zakrzewski Les A Md	All Other	✓					✓		✓			
Ridge View Manor	All Other											
Tomljanovich Paul I Md	All Other	✓					✓					
Leary Daniel A Md Pc	All Other	✓										
Boepple Hartwig O Md	All Other	✓										
Rtf Crestwood Childrens Ctr	All Other											
St Marie Mark S Md	All Other	✓										
Panahon Alvin M Md	All Other	✓										
Cirbus James Joseph Md	All Other	✓				✓	✓					
Ucp Nys Reg 1 #05 Medina St	All Other											
Western Ny Childrens Pc	All Other											
Chouchani Adel E Md	All Other	✓										
Raiken Deborah Faye Md	All Other	✓										
Aquino Michael D Dpm	All Other	✓										
Silverstein David Md	All Other	✓					✓		✓			
Schreck Frank Thomas Md	All Other	✓										
Matthews James H Md	All Other	✓	✓	✓		✓	✓		✓			
Gunther David E Md	All Other	✓		✓		✓	✓		✓			
Penepent Philip A Jr Md	All Other	✓					✓		✓			
Siddiqui Mohamed Yusuf A Md	All Other											
Luther Ramesh Md	All Other	✓										
Raab Thomas Albert Md	All Other	✓										
Addesa Albert J Jr Md	All Other	✓		✓		✓	✓		✓			
Curran Richard Russell	All Other											
Berke Robert Md	All Other	✓	✓	✓		✓	✓		✓			
Kawinski Bohdan Jerzy Md	All Other	✓										
Collins Patrick S Md	All Other	✓	✓	✓		✓	✓		✓			
Eggleston Gary E Md	All Other	✓	✓	✓		✓	✓		✓			

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Lamancuso John Michael Md	All Other	✓				✓	✓		✓			
Ferraro Frank A Md	All Other	✓					✓		✓			
Early Amy Md	All Other	✓					✓					
Sinatra Lawrence Thomas Md	All Other	✓					✓		✓			
Grossman Zachary D Md	All Other	✓					✓					
Bates Vernice E Md	All Other	✓										
Conley James George Md	All Other	✓										
Dalip K Khurana, Md., Pllc	All Other	✓										
Deahn Dale L Md	All Other	✓		✓			✓		✓			
Brass Corstiaan Md	All Other											
Kulju Keith William Md	All Other	✓				✓	✓					
Satchidanand Sateesh Md	All Other	✓										
Tuoti Raymond Joseph Md	All Other	✓										
Conti David R Md	All Other	✓										
Ogorman Kevin N Md	All Other	✓					✓		✓			
Campione Peter A Md	All Other											
Johnson David N Md	All Other											
Michalski Stanley R	All Other											
Luthra Pramod K Md	All Other	✓					✓		✓			
Kaprove Robert E Md	All Other	✓										
Culliton Phillip Charles Dpm	All Other	✓										
Masud A R Zaki Md	All Other	✓										
Anain Joseph Marcelo Md	All Other	✓										
Egnatchik James G Md	All Other	✓										
Conner George W Md	All Other	✓						✓				
Schulman Robert J Md	All Other	✓										
Dawli Naim A Md	All Other	✓										
Rasalingam M Md	All Other											
Keating Sean E Dpm	All Other	✓										
Llugany Oscar J Md	All Other	✓										
Community Concern Of Wny	All Other	✓				✓						

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Lake Shore Behavioral Hlth In	All Other	✓				✓						
Hanzly Michael Dpm	All Other	✓										
Perillo Frank B Dpm	All Other	✓										
Casey David M Dds	All Other	✓					✓					
Rowland David M Md	All Other	✓										
Williamsville Suburban	All Other											
Mh Svc Erie Southeast Corp V	All Other	✓				✓						
Fazili Mohamad Y Pc Md	All Other	✓										
Moscato John A Pc Md	All Other											
Yu Young J Md	All Other	✓										
Repicci John A Md	All Other	✓										
Elman Richard S Md	All Other	✓										
Fugitt Robert G Md	All Other											
Menchini John P Md	All Other	✓										
Singh Amarjit Md	All Other											
Tanhehco Meliton L Md	All Other	✓	✓			✓						
Stehlik Edward A Md	All Other	✓		✓		✓	✓		✓			
Shastri R H	All Other	✓										
Moore Michael C Md	All Other	✓										
Ralabate Joseph A Md	All Other	✓										
Bhagwandas L Sutaria	All Other											
Wild Daniel R Md	All Other											
Bodkin John J Md	All Other	✓					✓		✓			
Berardi Joseph Richard Md	All Other	✓										
Rade Michael P Md	All Other	✓										
Brautigam Donald F Md	All Other	✓	✓	✓		✓	✓		✓			
Sirkin Sara Rachel G Md	All Other	✓										
Forgach Peter W Pc Md	All Other	✓										
Siepel Timothy V Md Pc	All Other	✓		✓			✓		✓			
Pleskow Sanford Ronald Md	All Other	✓					✓		✓			
Daniels Robert L	All Other	✓						✓				

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Hellriegel John C Jr Md	All Other	✓										
Sachar Rajinder Singh Md	All Other	✓					✓		✓			
Niagara Cnty Mntl Hlth N Fall	All Other	✓				✓						
Panchal Narhari M Md	All Other											
Todoro Carl A Md	All Other	✓										
Roberts Douglas Lee Md	All Other	✓										
Kozower Michael Md	All Other	✓										
Chouchani Gabriel E Md	All Other	✓										
Lee Keun Yong Md	All Other											
Green Andrew W Md	All Other	✓										
Chary Kandala Krishna Md	All Other	✓					✓		✓			
Szymula Norbert J Md	All Other	✓										
Herle P Anandaram Md	All Other											
Lillie David B Md	All Other											
Haq Syed Eajaz Ul Md Pc	All Other	✓										
Bhattacharyya J K Md Pc	All Other	✓					✓		✓			
Roche Bertrand P Md	All Other	✓		✓		✓	✓		✓			
Buscaglia Anthony Joseph Md	All Other	✓										
Patel Dilipkumar J Md	All Other											
Hassenfratz Thomas A Dpm	All Other	✓										
Dyster Melvin B Md	All Other	✓					✓		✓			
Block Brian Md	All Other	✓										
Canavan J William Md	All Other	✓		✓								
Haar Jean George Pc Md	All Other	✓							✓			
Defrancis Roy Dpm	All Other	✓										
Robinson Peter S Md	All Other	✓				✓	✓					
Fu Cheng Shung Pc Md	All Other	✓					✓		✓			
Dahlie James G Md	All Other											
Carrel Jeffrey M Dpm	All Other											
Gerbasi Thomas R Md Pc	All Other	✓										
Platt Bruce L Md	All Other	✓										

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Atwal Amarjit Md	All Other	✓										
St Francis Hm Williamsville	All Other											
Mercy Hosp Snf	All Other	✓										
Mcauley Residence Snf	All Other	✓										
Garden Gate Hlth Cr Facility	All Other											
Aspire Of Western New York In	All Other											
Buffalo Hearing & Speech Ctr	All Other	✓										
Rycyna Stephen D Md Jr	All Other	✓										
Ali Irshad Md	All Other	✓					✓		✓			
Bell Thomson John Md	All Other	✓										
Gingell Robert Md	All Other											
Brooks Memorial Hospital	All Other											
Child And Adolescent Psy Cl	All Other	✓				✓						
Gateway Longview	All Other											
Heritage Village Reh & Skilled Nrs	All Other											
Womans Christian Association	All Other	✓	✓	✓	✓	✓		✓				
Westfield Memorial Hospital	All Other	✓										
Sisters Of Charity Hosp	All Other	✓	✓	✓				✓				
Mercy Hospital Of Buffalo	All Other	✓	✓	✓								
Kenmore Mercy Hospital	All Other	✓	✓	✓								
Bertrand Chaffee Hospital	All Other	✓		✓			✓					
St Catherine Laboure Hcc Snf	All Other	✓										
Luthern Retirement Home	All Other	✓										
Medina Memorial Hospital Snf	All Other											
Medina Memorial Hospital	All Other											
Manteghi Tara Md	All Other	✓										
Dhillon Samjot Singh Md	All Other	✓					✓					
Matuszak Jason	All Other	✓										
Halliwell Kenneth	All Other	✓										
Benedicto Alberto C Md	All Other	✓										
Barone Steven Michael Md	All Other	✓										

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Mangovski Christina Mary Rpa	All Other	✓										
Claddagh Commission Inc Fsr 2	All Other											
Gunasingham Vyanthanat	All Other	✓					✓		✓			
Baker Hall Day	All Other											
Quebral Agnes	All Other	✓		✓			✓		✓			
Underwood Iii Willie	All Other	✓					✓					
Fitzpatrick Edward	All Other											
Bailey Heather L	All Other	✓		✓			✓		✓			
Thompson James Edwin Md	All Other	✓					✓					
Mattson David Michael Kawananakoa	All Other	✓					✓					
Benamati Karly Ann Pa	All Other	✓										
Vona Karen Lynne	All Other	✓					✓					
Joseph Susan M Rpa	All Other	✓										
Taylor Karen Anne Rpa	All Other	✓										
Sabia Michelle Lynn	All Other	✓					✓					
Raymond Lisa A	All Other	✓										
Michael Wellington Faulk	All Other											
Rana Muzamil	All Other	✓										
Pham Dang Tuan Md	All Other	✓										
Cance William George Md	All Other	✓					✓					
Cornell Waseya Alicia Md	All Other	✓										
Bitikofer Kristin Marie Pa	All Other	✓										
Barwell Jennifer J	All Other	✓					✓		✓			
Proy Janice Maureen	All Other	✓					✓					
Patronik Susan Marie Rpa	All Other	✓				✓	✓		✓			
John R Raabe	All Other	✓					✓					
Fetes Jaime Lynn	All Other	✓										
Liu Hong Md	All Other											
Pili Roberto Md	All Other	✓					✓					
Grijalva Galo Alexander Md	All Other											
Anandacoomaraswamy Dharshan	All Other	✓					✓					

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Cotter Daniel Maurice Md	All Other	✓										
Williams Philip	All Other	✓					✓					
Baker Victory Services Semp	All Other											
Faller Julia Barber Md	All Other	✓					✓					
Thomas Suzanne K	All Other	✓										
Jeffrey Wade Martinez	All Other	✓										
Laudico Thomas Joseph Do	All Other	✓					✓					
Cicchetti Michael Scott	All Other	✓										
Bell Katie M Rpa	All Other	✓				✓	✓					
Dann Sara Kate	All Other	✓										
Walczak Amanda Lee	All Other											
Siddiqui Jafar	All Other	✓										
Rizvi Sarah	All Other	✓		✓		✓	✓		✓			
Bockhahn Jamie Lynne	All Other											
Frachetti Katherine J	All Other	✓	✓	✓		✓	✓		✓			
Chen Hongbin	All Other	✓					✓					
Peterson Andrew Craig	All Other	✓										
Weber Ryan	All Other	✓										
Arica Herring Morrill	All Other	✓										
Saikali Nicolas P	All Other	✓										
Gothgen Nicole Marie Md	All Other	✓					✓					
Schulte Mark	All Other	✓										
Attuwaybi Bashir	All Other											
Singh Baljinder	All Other	✓										
Kasznica John M	All Other	✓					✓					
Walcott Roger	All Other	✓										
Rachel George Weselak	All Other	✓										
Glass Kathleen Zillner	All Other	✓				✓	✓		✓			
Schwaab Thomas	All Other	✓					✓					
Merlino Talia Grace Rpa	All Other	✓										
Henna M Sheikh	All Other	✓		✓			✓		✓			

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Vanstee Breanna	All Other	✓				✓	✓		✓			
Griffiths Elizabeth Alice	All Other	✓					✓					
Damian Daniel Zakroczemski	All Other	✓				✓	✓		✓			
Whitmore Metivia-Anne	All Other	✓	✓	✓		✓	✓		✓			
Leach-Minazzi Danielle Margaret	All Other	✓	✓	✓		✓	✓		✓			
Butt Ayesha Zaheer	All Other	✓	✓	✓		✓	✓		✓			
Kestler Peggy Sue	All Other	✓	✓	✓		✓	✓		✓			
Suburban Adult Services Inc Spt	All Other											
Burns Linda	All Other	✓										
Ji Young Lee	All Other	✓										
Schweickhard Jillian Nicole	All Other	✓							✓			
Mason Thomas	All Other	✓										
Tutwiler Tara Lynn	All Other	✓										
Wall Robbie Daniel	All Other	✓										
Clark Lindsey Dolan	All Other	✓										
Pothini Gouri Bhawan	All Other											
Arndt Debra L	All Other	✓						✓				
Niedzwiedz Nicole	All Other	✓										
Jeffrey James Brewer	All Other											
Taylor Ryann Illig	All Other	✓		✓		✓	✓		✓			
Gissou Azabdaftari	All Other	✓					✓					
Amborski Erin	All Other	✓										
Hennon Mark William	All Other	✓					✓					
Qiu Jingxin	All Other	✓					✓					
Burke Mark Steven	All Other	✓							✓			
Lex Jacqueline A	All Other	✓										
Mccrea Harry Eugene Iii	All Other	✓										
Fabiano Andrew Joseph	All Other	✓					✓					
Sdoia Samuel William	All Other	✓					✓					
Rachala Sridhar Reddy	All Other	✓										
Saby George	All Other	✓					✓					

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Frederick Peter Jonathan Md	All Other	✓					✓					
Ylagan Lourdes Rosal	All Other	✓					✓					
Weingarten Elizabeth Ann	All Other	✓		✓		✓	✓		✓			
Faisal Shah	All Other	✓										
Madhusudanan Mohan	All Other	✓										
Nurkin Steven Jeremy	All Other	✓					✓					
Riedesel Jeremy Martin	All Other	✓	✓	✓		✓	✓		✓			
Santillo John Richard	All Other	✓										
Mancl Tara Beth	All Other											
Handyside Ruth Marie	All Other	✓					✓					
Breeann N Lee	All Other	✓										
Chen George Liwei	All Other	✓					✓					
Mapes Renee M	All Other	✓					✓					
Doerr Mark	All Other	✓										
Miller Justin	All Other	✓										
Murphy Timothy	All Other	✓										
Summit Educational Resources	All Other											
Brewer Tara J	All Other	✓		✓		✓	✓		✓			
Ucpa Of Niagara County Inc	All Other											
Shicha Kumar	All Other	✓					✓					
Vishala Tamirisa Neppalli	All Other	✓					✓					
Billings Nathaniel Proch	All Other	✓										
Afshan Samad	All Other	✓										
Teeter Jennifer	All Other	✓										
Spillman Sarah	All Other	✓		✓		✓	✓		✓			
Ong Evadne	All Other	✓				✓	✓		✓			
Mcvige Jennifer Williams	All Other	✓										
Erie County Nysarc Inc	All Other											
Rutowski Jerome Michael	All Other											
Majewski Sara Ann Md	All Other	✓					✓					
Fininzio Cara	All Other	✓		✓		✓	✓		✓			

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Norbert Sule	All Other	✓					✓					
Francescutti Valerie	All Other	✓					✓					
Kazunori Kanehira	All Other	✓					✓					
Burbulea Ghinita	All Other	✓					✓					
Mastroianni Travis A Do	All Other	✓										
Carr Heidi Marie	All Other	✓										
Dunn Cassandra H	All Other											
Wny Rehabilitation Medicine And Pai	All Other	✓										
Salis Robertus J	All Other											
Karam-Bayoumi Rania Ahmed	All Other	✓	✓	✓		✓	✓		✓			
Lagaly William J	All Other	✓										
Hendler Craig Matthew	All Other	✓					✓					
Elizabeth A Hanretty	All Other											
Cattaraugus Co Chap Nysarc Hcbs 11	All Other											
Warner Place Adhc	All Other											
Kirstein Ruta Marie	All Other											
Card Tiffany Elizabeth Rpa-C	All Other	✓										
Meesala Mrinalini	All Other	✓										
Baker Hall Inc Dba Baker Victory Se	All Other	✓				✓						
Rambarran Brian David	All Other	✓										
Robinson Martha Elizabeth	All Other	✓		✓		✓	✓		✓			
Amber Michelle Nocek	All Other											
Bain Andrew Joseph	All Other	✓					✓					
Powell Aaron Michael	All Other	✓										
Lee Russell D	All Other	✓				✓	✓					
Atwal Ephraim S	All Other	✓										
Shah Medical Group Pc	All Other											
Milligan Janine Marie	All Other	✓					✓					
Xu Bo	All Other	✓					✓					
Nikolaychook Lyudmila Yuryevna	All Other	✓										
Tyler Chad P Do	All Other	✓				✓						

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Jennifer Kathleen Guarino	All Other	✓					✓		✓			
Cohan David M Md	All Other	✓					✓					
Dunleavy Jason Dana	All Other	✓										
Smyers Kristen L	All Other	✓										
Rojek Jennifer L	All Other	✓										
Gurske-Desperio Jennifer	All Other	✓										
Baysal Bora	All Other	✓					✓					
Schaus Benjamin	All Other	✓										
Weingarten Michael	All Other	✓										
Silva Meliton	All Other	✓										
Sherban Ross	All Other	✓										
Jones Joshua Md	All Other	✓										
Syed Arif	All Other	✓										
Matier Jennifer Michalik	All Other	✓		✓		✓	✓		✓			
Mercy Hospital	All Other	✓										
Coolidge Jonathan N	All Other	✓										
Bhat Seema Ali Md	All Other	✓					✓					
Butler Rachael A	All Other	✓					✓					
Woloszyn Tomasz	All Other	✓				✓	✓		✓			
Bock Melissa	All Other	✓					✓		✓			
Munella Brenda May	All Other	✓				✓	✓					
Kalakada Nirisha	All Other											
Malhotra Usha	All Other	✓					✓					
Zhao Yujie	All Other	✓					✓					
Ratliff David	All Other	✓										
Liberati Rachel	All Other	✓		✓		✓	✓		✓			
Arshad Hassan	All Other	✓					✓					
Majid Tawsufe	All Other	✓						✓				
Peerzada Maajid M Md	All Other	✓				✓	✓		✓			
Nehme Elie Antoine	All Other	✓					✓		✓			
Brown Michelle D	All Other											

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Kelly Lynn Manganello	All Other	✓										
Jessica Drexinger	All Other	✓										
Young Jessica Suk-Wah	All Other	✓					✓					
Kaplan Keith	All Other	✓										
Rojas Luisa F Md	All Other	✓										
Hitt James	All Other	✓					✓					
Touchan Faraj	All Other	✓										
Ferri Sarah Ann	All Other	✓	✓	✓		✓	✓		✓			
Bry-Lin Hospital	All Other	✓				✓						
Sarah A Gamel Rpa-C	All Other	✓										
Gleason Bonnie	All Other	✓					✓					
Kotowski Adam Scott	All Other	✓										
Holland Darren M	All Other	✓				✓	✓		✓			
Susan Gayle Mclanahan	All Other	✓				✓	✓		✓			
Singh Tajinder Pal	All Other	✓										
Thota Sharmilee	All Other	✓										
Gillet Bethany Marie	All Other	✓		✓		✓	✓		✓			
Merza Hussein	All Other	✓				✓	✓		✓			
Angel M Macko	All Other	✓		✓			✓		✓			
Hochwald Steven N	All Other	✓					✓					
Rutkowski John M Md	All Other	✓										
Mcclure Matthew Gilmour	All Other	✓										
Tober Sheila Novelli	All Other	✓		✓		✓	✓		✓			
Ogorchock Jessica E	All Other	✓		✓		✓	✓		✓			
Riccione Joseph A	All Other											
Gray Chelsey Michele	All Other	✓	✓	✓		✓	✓		✓			
Habib Fadi	All Other	✓					✓					
Kukar Moshim	All Other	✓					✓					
Jeyapalan Gerald Rajish	All Other											
Peyser Michael Bardo	All Other	✓										
Westgarth Maureen L	All Other	✓		✓		✓	✓		✓			

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Akers Stacey Nicole	All Other	✓										
Fu Philip David	All Other	✓					✓		✓			
Sneed Michele N	All Other	✓										
Thomas Julie A	All Other	✓		✓		✓	✓		✓			
Zinno Matthew Joseph	All Other	✓										
Chouchani Christian P	All Other	✓										
Noack Annaliese Erika	All Other											
Laura Ford-Mukkamala	All Other											
Noel Marie-Eve Christine	All Other	✓										
Wittenbrook Kelly Ann	All Other											
Andrea Sturniolo Pa	All Other	✓										
Kreymer Michael	All Other	✓										
Tauriello Carin Marie	All Other	✓					✓					
Brown-Croyts Laurie	All Other	✓		✓			✓		✓			
Banday Shahid	All Other											
Violante Nicholas	All Other	✓										
Cuthbert David	All Other	✓										
King Laquita	All Other	✓										
Weitzenkorn Dan Edward	All Other	✓										
Speciale Leah D	All Other	✓				✓	✓		✓			
Kauffman Eric Curtis	All Other	✓					✓					
Roswell Park Cancer Inst	All Other	✓					✓				✓	
Carlson Lyndsey M	All Other	✓				✓	✓					
Chautauqua County Department Of Mh	All Other	✓				✓						
Streicher Jamie Flavia	All Other	✓				✓	✓		✓			
Catholic Health Home Respiratory Ll	All Other	✓	✓									
Matier Brian	All Other											
Powell John William	All Other	✓					✓					
Melanson Julia Diane	All Other											
Shea Meggan Kathleen	All Other	✓										
King Indea Besheka	All Other	✓										

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People Inc Cssz38	All Other											
O'Mara Sarah Anne	All Other											
Barrett Lisa Ann	All Other											
Soehnlein Stephanie	All Other	✓										
Harris Kassem Nemer	All Other	✓					✓					
Hernandez Evette M	All Other											
Niagara County Department Of Health	All Other	✓										
Petroziello Michael	All Other	✓					✓					
Singh Amanpal	All Other	✓					✓					
Yacob Gabriel E	All Other											
Khan Najmul Hasan	All Other	✓	✓	✓		✓	✓		✓			
Sroka Raymond David	All Other	✓					✓					
Huffman	All Other	✓										
Qureshi Zeeshan M	All Other	✓										
Rpci Oncology Pc	All Other	✓					✓					
Fakhraei Pirouz	All Other	✓										
Wadhawan Sachin	All Other	✓										
Lorenc Todd	All Other	✓										
Pequeen Theresa	All Other											
Rivershore Ics	All Other											
Bax Chelsie Ann	All Other	✓										
Han Song Yi	All Other	✓										
Pokharel Saraswati	All Other	✓					✓					
Eckler Justin	All Other	✓					✓		✓			
Stevenson Karen Anne	All Other	✓										
Cattaraugus Rehabilitation Center I	All Other											
Juncewicz Edmund Andrew	All Other	✓										
Hanzly Michael Ignatius	All Other	✓					✓					
Scarbinsky Aislinn Marie	All Other	✓										
Raja Quratul Ain	All Other	✓				✓	✓		✓			
Mercy Hospital	All Other	✓										

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Wang Yubao	All Other	✓										
Murphy Nancy Anne	All Other	✓					✓		✓			
Kassavin Daniel S	All Other	✓										
Burke Megan Elizabeth	All Other	✓										
Obst Jaime Rehmann	All Other	✓										
Fasanello Joseph Francis	All Other	✓					✓		✓			
Lema Bethany	All Other	✓					✓					
Taylor Martina	All Other	✓										
Moore Danielle Ashley	All Other	✓										
Galley Jill Marie	All Other	✓										
Bentley Susan Elizabeth	All Other	✓	✓	✓		✓	✓		✓			
Reed Daniel P	All Other	✓										
Sohal Kunwardeep	All Other	✓										
Przybelinski Krista	All Other	✓	✓	✓		✓	✓		✓			
Wagner Patricia A	All Other	✓					✓		✓			
Ajay Narhari Panchal	All Other	✓										
Wilkins Ryan David	All Other	✓										
Johnson Allison Leigh	All Other	✓				✓	✓		✓			
Ingerson Katie Lynn	All Other	✓	✓	✓		✓	✓		✓			
Kindzia Amanda Jean	All Other	✓				✓	✓		✓			
Schwarz Colleen Michelle	All Other	✓				✓	✓		✓			
Wlodarek Beth R	All Other	✓				✓	✓		✓			
Mercy Hospital	All Other	✓										
Rudloff Mary Elizabeth	All Other	✓				✓	✓		✓			
Kass-Hout Omar	All Other	✓										
Karpie John	All Other	✓										
Rueda Jacqueline	All Other	✓							✓			
Kuwik Lauren Marie	All Other	✓		✓			✓		✓			
Sibiga Lauralee	All Other	✓		✓			✓					
Kirsch Stephanie Ann	All Other	✓		✓			✓					
Dibben Eric	All Other	✓		✓			✓		✓			

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Ontiveros Evelena	All Other	✓					✓					
1818 Como Park Blvd Operating	All Other											
4459 Bailey Ave Operating Co Llc	All Other											
Truskinovsky Alexander Moses	All Other	✓					✓					
Corbett Adele M	All Other	✓					✓		✓			
Croucher Thomas Walter	All Other	✓					✓					
Salazar Moreno Wayra Ysi	All Other	✓				✓	✓		✓			
Mcdonald Valerie Ann	All Other	✓				✓	✓		✓			
Nazareth Helen Marie	All Other	✓					✓					
Ireland Katie Roselyn	All Other	✓						✓				
225 Bennett Road Operating Co Llc	All Other											
Walters Julie A	All Other	✓										
Klopp Laura Eve	All Other	✓					✓		✓			
Lyon Cheryl	All Other	✓	✓									
Christopher Andrea	All Other	✓					✓					
Rogers Roger	All Other	✓										
Gleason Kirstin	All Other	✓	✓	✓		✓	✓		✓			
Baer James Robert	All Other	✓					✓					
Jain Charu	All Other	✓						✓				
Drakopoulos Marinos	All Other	✓					✓					
Perry Nicholas Anthony	All Other	✓					✓					
Zsiros Emese	All Other	✓					✓					
Swartz Aimee Jean	All Other	✓										
Gallagher Sarah Quinlivan	All Other											
Alraiyes Abdul Hamid	All Other	✓					✓					
Shrestha Pujan	All Other	✓						✓				
Sleeper Deborah Ann	All Other	✓				✓	✓		✓			
200 Bassett Road Operating Company	All Other											
Medfirst Urgent Care Pllc	All Other											
Murak Stephen Adam	All Other	✓					✓		✓			
Glose Heather Julia	All Other											

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Bush Deborah L	All Other											
Mcnichol Meghan	All Other											
Bougard Katherine Elizabeth	All Other	✓		✓			✓		✓			
5775 Maelou Drive Operating Company	All Other											
2850 Grand Island Blvd Operating Co	All Other											
2600 Niagara Falls Blvd Operating C	All Other											
Cleveland Sarah Sheehan	All Other	✓					✓		✓			
Dunkirk Operating Llc	All Other											
Malay Jacqueline Alyse	All Other	✓				✓	✓		✓			
Akkinepally Sita Lakshmi	All Other											
Rehab Ctr Cattaraugus Children	Uncategorized											
Rehab Ctr Cattaraugus Adult	Uncategorized											
Cattaraugus Co Arc Mr	Uncategorized											
Erie Chapter Nysarc, Inc. D/B/A Heritage Centers (Bridges To Health)	Uncategorized											
Varga, Margaret	Uncategorized	✓	✓			✓						
Cazenovia Recovery Systems, Inc. (Housing)	Uncategorized	✓				✓						
Hejna, Temperance	Uncategorized	✓				✓						
Medina Memorial Hospital	Uncategorized											
Gustavus Adolphus Child & Family Services	Uncategorized											
Tender Loving Family Care	Uncategorized											
Erie Co. Department Of Mental Health	Uncategorized											
Cattaraugus County Nysarc	Uncategorized											
Mcmahon, Sheila, B.S.	Uncategorized											
New Directions Youth & Family Services, Inc.	Uncategorized											
Notaro, Julie	Uncategorized	✓				✓						
Redick, Robert	Uncategorized	✓	✓			✓						
Baker Victory Services	Uncategorized	✓				✓						
Community Services For The Developmentally Disabled	Uncategorized											
Living Independent For Elders (Life)	Uncategorized	✓										
Hillside Children?S Center	Uncategorized											
Manuszewski, Amanda, Ms	Uncategorized											

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Ann Stenger (Ruch) Crna	Uncategorized	✓					✓					
Constantino, Mark-Ot	Uncategorized											
Garrison,Tracy	Uncategorized	✓				✓						
Gunderia, Purav, B.A.	Uncategorized											
Ola Kanj Ahmed Md	Uncategorized	✓					✓					
Farris, Colleen	Uncategorized											
Cazenovia Recovery Systems. Inc. (Turning Point House)	Uncategorized	✓				✓						
Hillside Children?S Center	Uncategorized											
Cazenovia Recovery Systems. Inc. (New Beginings)	Uncategorized	✓				✓						
Smith, Karen	Uncategorized	✓	✓			✓						
Jasinski, Carly	Uncategorized											
Cazenovia Recovery Systems. Inc. (Ivy House)	Uncategorized	✓				✓						
Mccullough, Kecia	Uncategorized	✓				✓						
Fazzino, Jeffrey, Ms/Lmhc	Uncategorized											
Niagara County Department Of Mental Health	Uncategorized	✓				✓						
Hillside Children?S Center	Uncategorized											
Women'S Christian Association Hospital Dba Wca Hospital	Uncategorized	✓			✓	✓						
Lobuzzetta, Mindi	Uncategorized											
Bower, Karen-Pt	Uncategorized											
Cooper, Christina B.A.	Uncategorized											
Valvo, Krystal	Uncategorized	✓	✓			✓						
Menorah Licensed Home Care	Uncategorized											
Lawson, Melinda Pt	Uncategorized											
Fritton, Lori	Uncategorized	✓				✓						
Prus, Amanda, M.S.W.	Uncategorized											
Marconi, Joanne, B.S.W.	Uncategorized											
Aspire Of Western New York Inc	Uncategorized											
Griffin, Michelle, B.S.	Uncategorized											
Mccarty-Neveu, Tina	Uncategorized											
Kibler, Mitchell	Uncategorized	✓				✓						
Delaware Center For Rehabilitation & Specialty Healthcare	Uncategorized											

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Hillside Children?S Center	Uncategorized											
Bossard, Julie, M.S.	Uncategorized											
Karemba, Felistas	Uncategorized											
Henri T. Woodman Md	Uncategorized	✓										
Frank, Heidi, B.A.	Uncategorized											
Baker Victory Services	Uncategorized	✓				✓						
Cazenovia Recovery Systems. Inc. (Casa Divita)	Uncategorized	✓				✓						
The Gerry Homes Dba Orchard Grove Residences	Uncategorized											
Bowback, Ann	Uncategorized	✓				✓						
Chautauqua Dmh Health Home	Uncategorized											
Laura Contreras-Goode Crna	Uncategorized	✓					✓					
Myles, Shieda, M.S.W.	Uncategorized											
Lake Shore Behavioral Health	Uncategorized	✓				✓						
Aspire Of Western New York Inc	Uncategorized											
Zimmerman, Karen	Uncategorized	✓	✓			✓						
Peterson, Christine	Uncategorized	✓				✓						
Jaimes, Christine	Uncategorized	✓	✓			✓						
Lupkin, Ivar	Uncategorized	✓				✓						
Chautauqua County Department Of Health	Uncategorized	✓						✓				
Zemla, Vickie	Uncategorized	✓	✓			✓						
Borgogelli, Lynn	Uncategorized	✓				✓						
Rebecca Tingley Crna	Uncategorized	✓					✓					
Fisher, Kristen	Uncategorized											
Siepierski, Rebecca	Uncategorized	✓	✓			✓						
Dipasqua, Aimee	Uncategorized	✓				✓						
Boyle, (Tilli) Alicia, L.M.S.W.	Uncategorized											
Catholic Health System Oral (Ltc) Pharmacy, Inc.	Uncategorized	✓										
Eustace Mary	Uncategorized											
Hopkins, Roland, Ma/Crc/Lmhc	Uncategorized											
Aspire Of Western New York Inc	Uncategorized											
Cardiovascular Group	Uncategorized	✓										

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Depaul Adult Care Communities, Inc. - Woodcrest Alp	Uncategorized											
Hillside Children?S Center	Uncategorized											
Pope, Tylica	Uncategorized	✓				✓						
Mojola Omole Md	Uncategorized	✓					✓					
Mary Schultz Crna	Uncategorized	✓					✓					
Skolikas, Martha	Uncategorized	✓	✓			✓						
Boris Rozuk Crna	Uncategorized	✓					✓					
Metzger, Mark	Uncategorized	✓				✓						
David Nowak Md	Uncategorized	✓					✓					
Sandeep Kaur Crna	Uncategorized	✓					✓					
Pls Iii Llc Dba We Care	Uncategorized											
Cattaraugus Rehabilitation Ctr Nhtd	Uncategorized											
Antonios Papanicolau-Sengos Md	Uncategorized	✓					✓					
Frida Gelfer Md	Uncategorized	✓										
Erika Stewart Np	Uncategorized											
Cattaraugus Rehab Str Tbi	Uncategorized											
Hanson, Michael	Uncategorized	✓				✓						
Smith, Kevin	Uncategorized	✓	✓			✓						
Cazenovia Recovery Systems. Inc. (Supportive Living)	Uncategorized	✓				✓						
Waterfront Center	Uncategorized											
Claddagh Commission Inc.	Uncategorized											
Buffalo Psychiatric Center	Uncategorized											
Chautuaqua Nursing & Rehabilitation Center	Uncategorized											
Aspire Of Western New York Inc	Uncategorized											
Cutrona, Thomas, B.A.	Uncategorized											
St Francis Williamsville	Uncategorized	✓										
Chappell, Baron, B.A.	Uncategorized											
David Hohn Md	Uncategorized	✓					✓					
Baker Victory Services	Uncategorized	✓				✓						
Hillside Children?S Center	Uncategorized											
Cazenovia Recovery Systems. Inc. (Cazenovia Manor)	Uncategorized	✓				✓						

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Steven Jaeckle Pa	Uncategorized	✓										
Cazenovia Recovery Systems. Inc. (Liberty Hall)	Uncategorized	✓				✓						
Cattaraugus Rehabilitation Ctr Nhtd	Uncategorized											
Menorah Campus Adult Home, Inc	Uncategorized											
Buscaglia, Annelisa, B.A.	Uncategorized											
Lutheran Home & Rehab Center / Luteran Retirement Home	Uncategorized	✓										
Huntley, Gary	Uncategorized	✓				✓						
Depaul Adult Care Communities, Inc. - Kenwell Alp	Uncategorized											
Outpatient Therapy Clinic	Uncategorized											
Palumbo, Alison, M.S.W.	Uncategorized											
Anzalone, Adrianna	Uncategorized											
Vaughn Sheeran Pa	Uncategorized	✓					✓					
Alisankus, Anton	Uncategorized											
Heritage Village Retirement Campus	Uncategorized											
Griffing, Cindy	Uncategorized	✓				✓						

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